Appendices

Decision-Making Business Case on community services in mid and south Essex: The future location and configuration of community inpatient beds, the freestanding midwife-led birthing unit and ambulatory care services at St Peter's Hospital, Maldon

July 2025

Appendices List

No.	Title
1.	Consultation Feedback Report
2.	Report from the Commission into St Peter's Hospital and associated options with care beds and birthing unit pathways across mid and south Essex
3.	Pre-consultation engagement report
4.	Community Consultation Working Group Terms of Reference
5.	Audit of stroke rehabilitation patients in MSE (undertaken in September of 2023)
6.	Intermediate Care and Stroke Rehabilitation community inpatient bed modelling (undertaken by the CCTF)
7.	Refreshed Intermediate Care community inpatient bed modelling (presented to the Community Consultation Working Group)
8.	East of England Clinical Senate Report 2022
9.	East of England Clinical Senate Report December 2023
10.	Review of proposed plans to relocate the midwife led birthing unit and the proposed impact of relocating ambulatory services from St Peter's Hospital (which include maternity outpatients) from the Regional Chief Midwife
11.	Integrated Impact assessment
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15.	Health Overview and Scrutiny Committee's consultation feedback responses
16.	Letter from NHS England Regional Director confirming the formal assurance of the Pre-Consultation Business Case and associated documents

17.	Letter from MSEFT Chief Executive confirming MSEFT's commitment to continued work on the future of ambulatory care services within the Maldon district

Appendix 1 – Consultation Feedback Report

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Public consultation report

NHS Mid and South Essex Integrated Care Board

Community capacity public consultation January – April 2024

August 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.

We would also like to thank the numerous community organisations who took the time to get involved, from giving their views in focus groups to making consultation information available in their public spaces.

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Key findings

These key findings are a high-level summary of key points in this report. To fully understand the outputs of the consultation, readers should consider the detail provided 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 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.

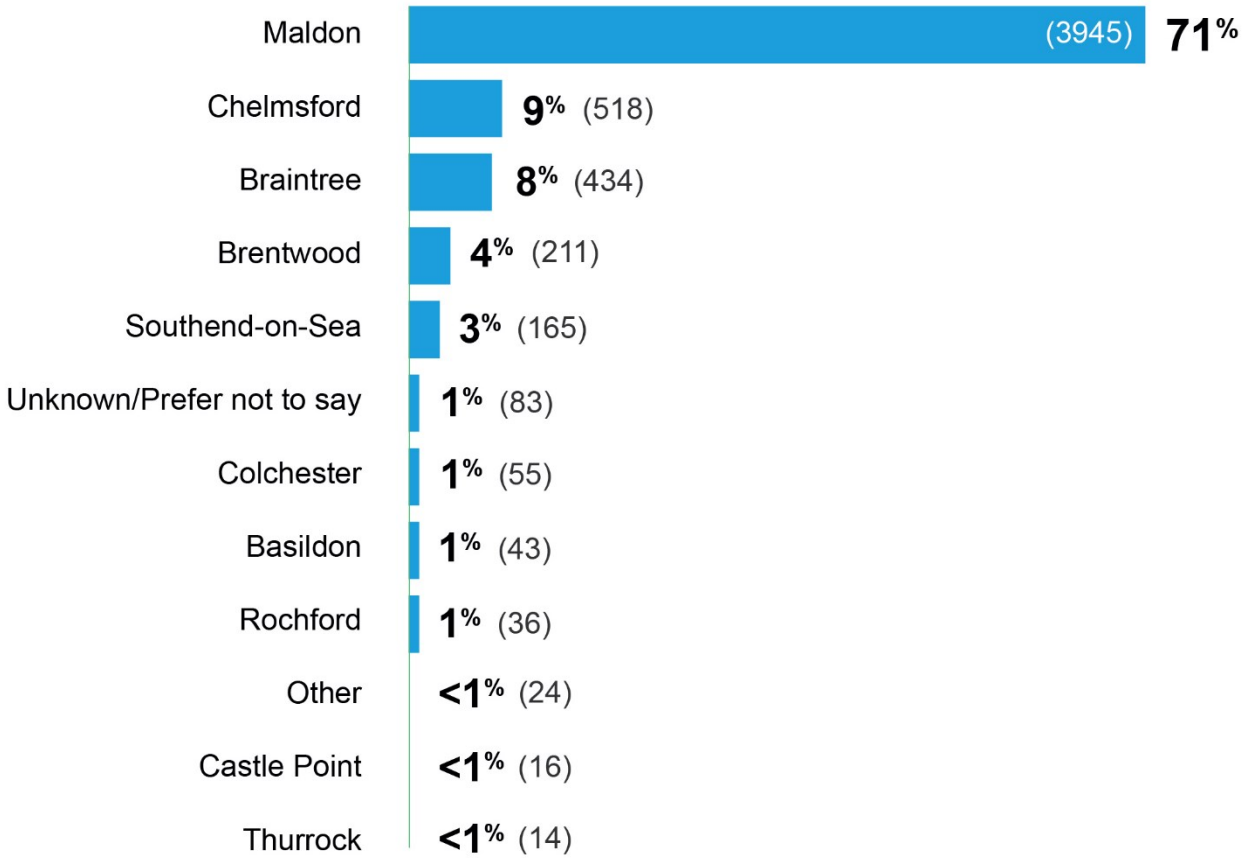


Figure 2 Locations of respondents (N=5544)

The greatest proportions were aged 55-64 years (22%; 1193 respondents) and 65-74 years (23%; 1253 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).

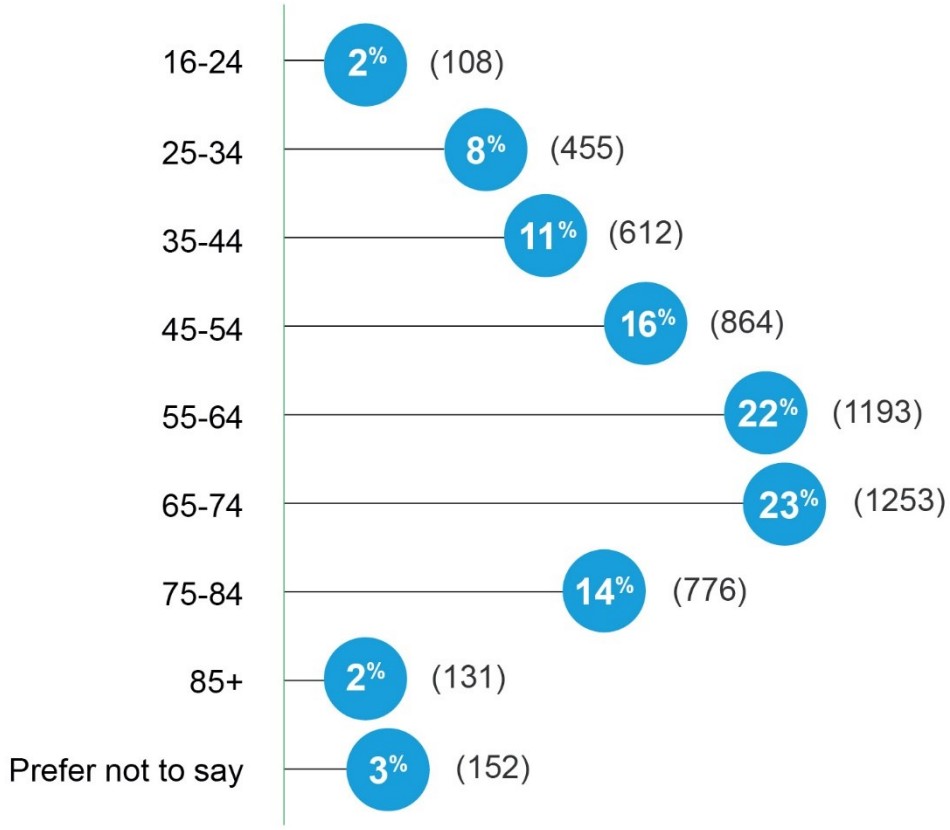


Figure 3 Ages of survey respondents (N=5544)

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
Total engagements	**2494**

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

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 hearing. It was estimated that for people travelling to Brentwood Community Hospital by public transport from the Dengie and Southend-on-Sea areas, the journey could take in the region of two hours and involve multiple modes of transport. In one of its written submissions, Healthwatch Southend shared that a journey from Southend to Brentwood Community Hospital taken by a volunteer took two hours each way off-peak and cost between £9.00 with the use of rail cards and buss pass and £28.10 without. 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 people to visit family and friends who are in hospital, with individuals facing long and difficult travel. 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:

A small number of respondents supported the proposal, this included 3% (57 respondents) who completed the consultation survey and a handful of individuals / staff engaged with through the other consultation methods. Some reasons given, included:

- WJC is an appropriate facility.
- Better option for Maldon residents.
- Proximity to Broomfield Hospital for complications.
- Potential to improve outcomes and confidence of midwives.
- St Peter's Hospital is not fit for purpose.
- Negative experiences at St Peter's Hospital.

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.

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 form 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.

Maternity service staff expressed frustration about inaccuracies in the consultation document in terms of it failing to consider the low birth rate at St Peter's Hospital 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 Hospital.

Feedback received in response to the consultation challenged a statement made on page 32 of the consultation document that WJC '...*is a modern purpose-built suite"*. Evidence presented at the consultation hearing described the facility as a 'converted ward with some limitations'. It should be acknowledged that the statement included in the consultation document might have influenced participants' responses. The data show that 57 respondents (3%) offered reasons in support of the proposal. For information: 19 respondents (1%) commented that WJC is an appropriate facility. Four used the term 'modern'. One used the term 'newer'. None used the phrase 'purpose-built'.

Next steps

This final report is informed by feedback received from local people and organisations on a draft version published in July 2024.

The report will inform a decision-making business case that will be reviewed by NHS England. And it will be conscientiously considered by Mid & South Essex Integrated Care Board as members make decisions on the matters set out in the consultation at an extraordinary board meeting to be held on 30 September 2024 at Chelmsford Civic Offices.

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.

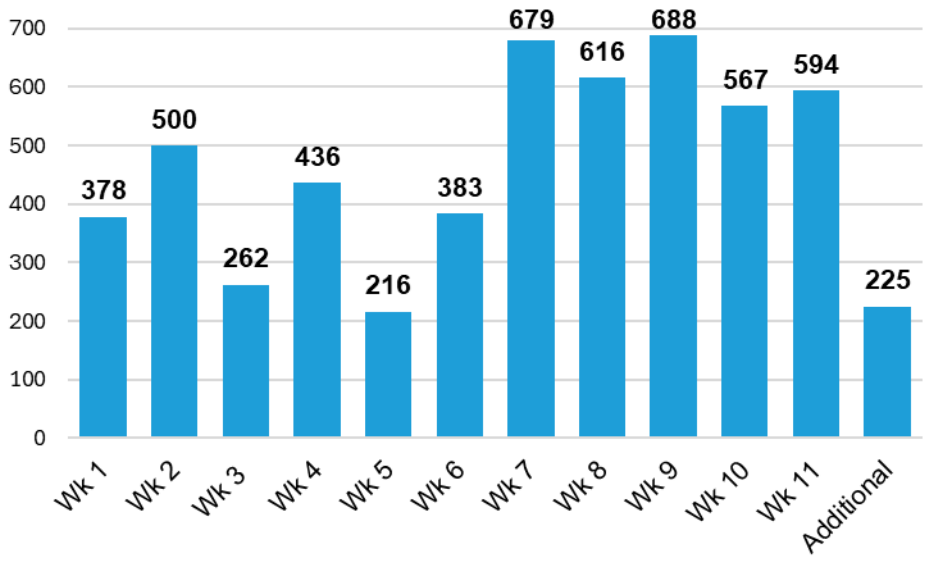


Figure 6 Number of surveys submitted each week.

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
Total			**310**

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
Total		**407**

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
Total				**61**

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
Total		**577**

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
- 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
Posters	Distributed across mid and south Essex ● Two general consultation posters ● Two general event posters (two colour versions each) ● One hearing event poster (two colour versions) ● Seven in person event posters – one for each location (two colour versions each) ● Five online event graphics – one for each (two colour versions each)	17
Pull up banners	Located in high impact areas ● Two general pull up banners ● Three consultation-topic pull up banners ● Two location-based pull up banners, located in relevant community hospitals	7
Social media graphics	35 different designs developed: ● Two general graphics (two sizes each) ● Two general event graphics (two sizes each) ● Two consultation hearing event graphics (two sizes each) ● One maternity hearing event graphic (two sizes) ● One YouTube live hearing event graphic (two sizes) ● Seven in person event graphics – one for each location (two sizes each) ● Five online event graphics – one for each (two sizes each) ● Four topic specific graphics e.g. one birthing unit, intermediate beds etc (two sizes each) ● One location specific FAQ graphics (two sizes) ● Three podcast social graphics ● One apology graphic for early closure of survey (two sizes) ● One FAQs graphic for local FAQs (two sizes) ● Two consultation extension graphics (two sizes each) ● Two deadline approaching graphics (two sizes each) ● One consultation closes graphic (two sizes)	35
Digital screens banners	● Two general designs	2
Web banners	Shared across all health and care partners in mid and south Essex ● Two banners for use on virtual views ● One podcast thumbnail	3
Email banners	Shared across all health and care partners in mid and south Essex ● Two general banners ● Two event banners ● Two YouTube promotion banners	11

Materials	Details	Quantity
	• Two banners for local FAQs emails • Two consultation extension email banners • One consultation closes email banner	
Email signatures	• Two general signatures	2
Teams backgrounds	• Two general designs	2
Voiced presentation	• One voiced presentation to help explain proposals to residents who could not attend the events or prefer audio	1
Presentations for use at events - multiple	• Various presentations developed to help explain proposals to residents and staff.	Various
Healthy debate podcasts	• Two recordings developed with subject matter experts to help explain the proposals.	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

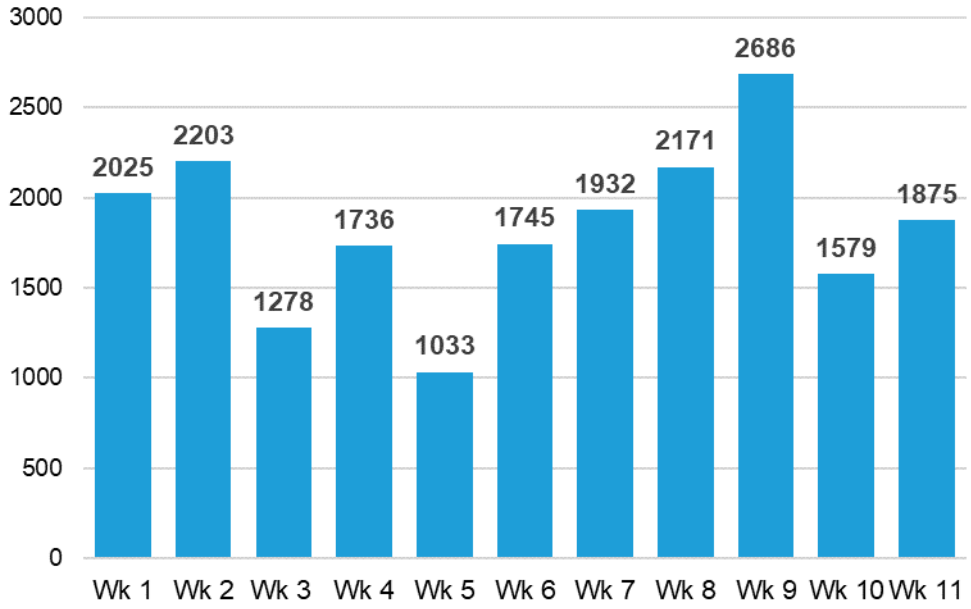


Figure 7 Virtual Views visits by week

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

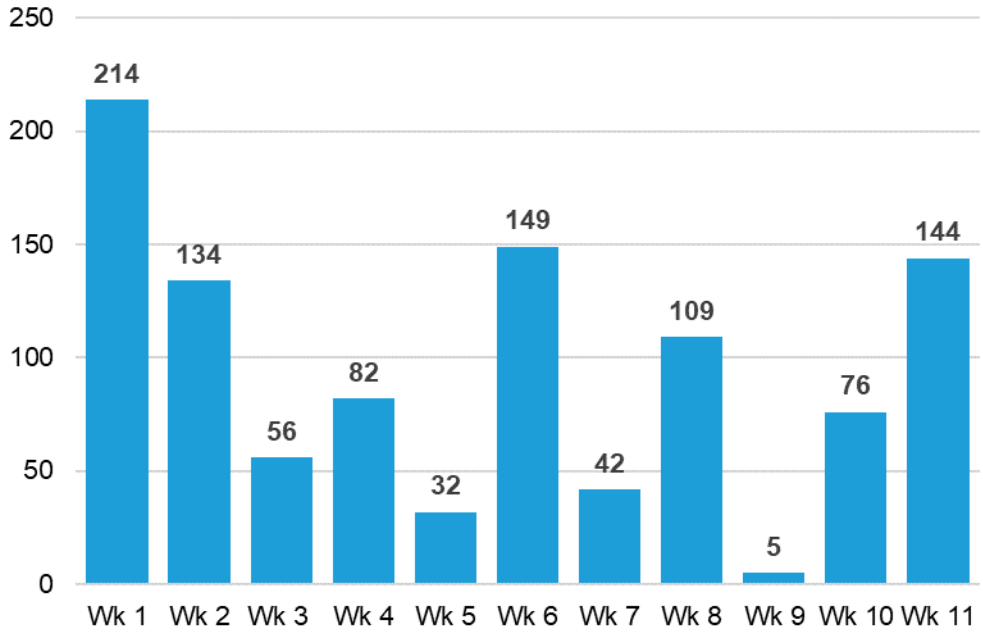


Figure 8 Social media engagement per week

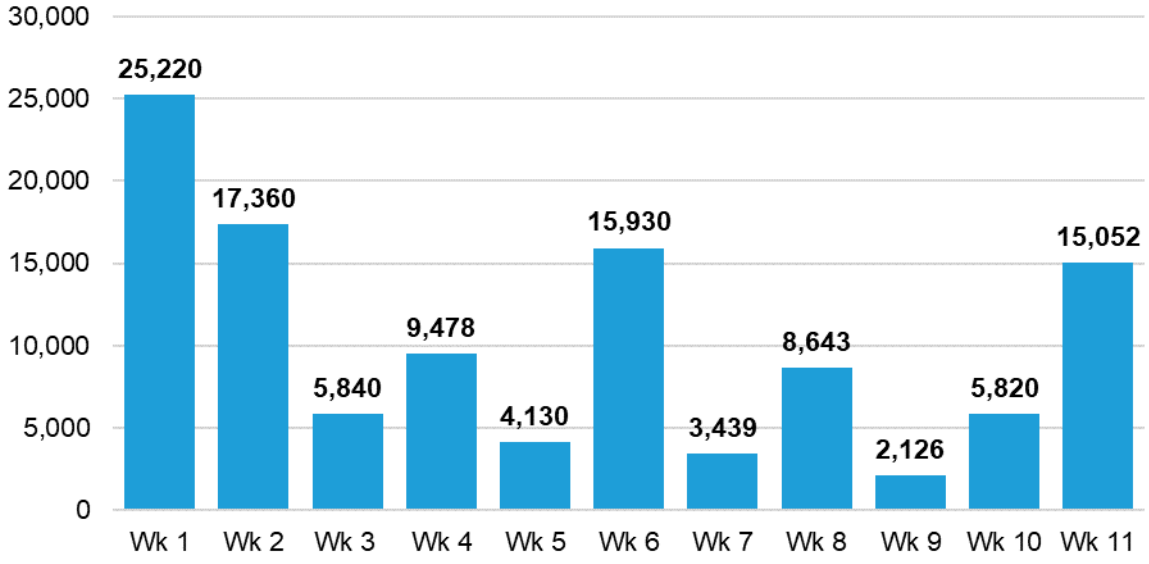


Figure 9 Social media impressions per week

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.

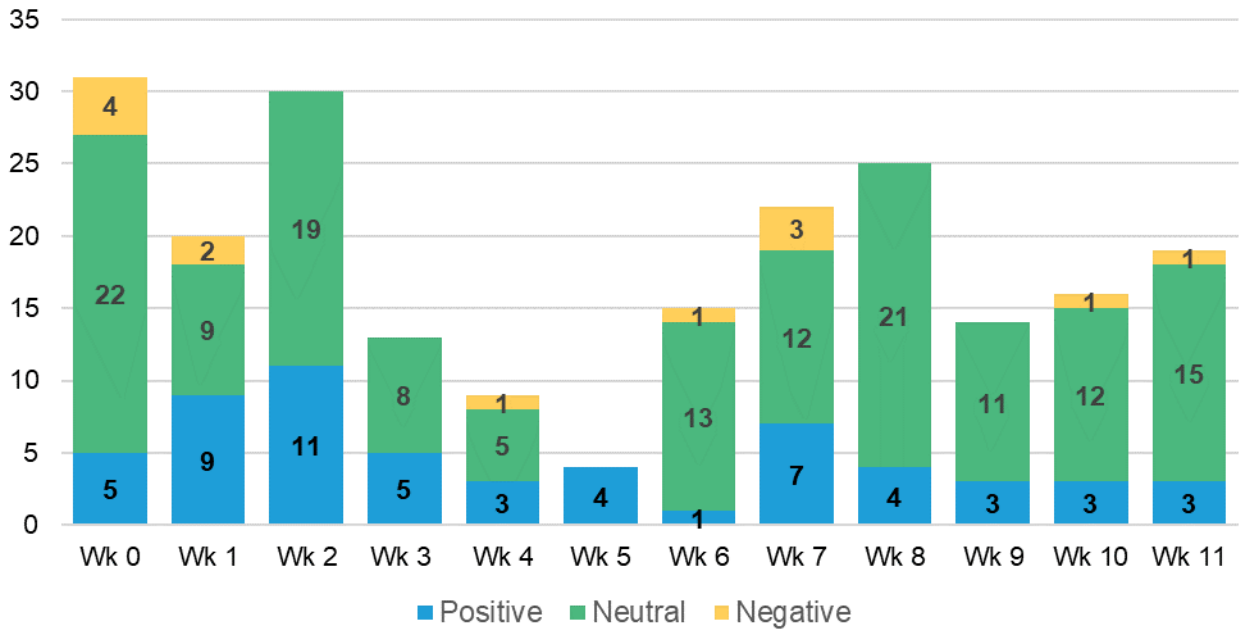


Figure 10 Media coverage by week and by sentiment

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 VCSOs 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 VCSOs 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.

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.

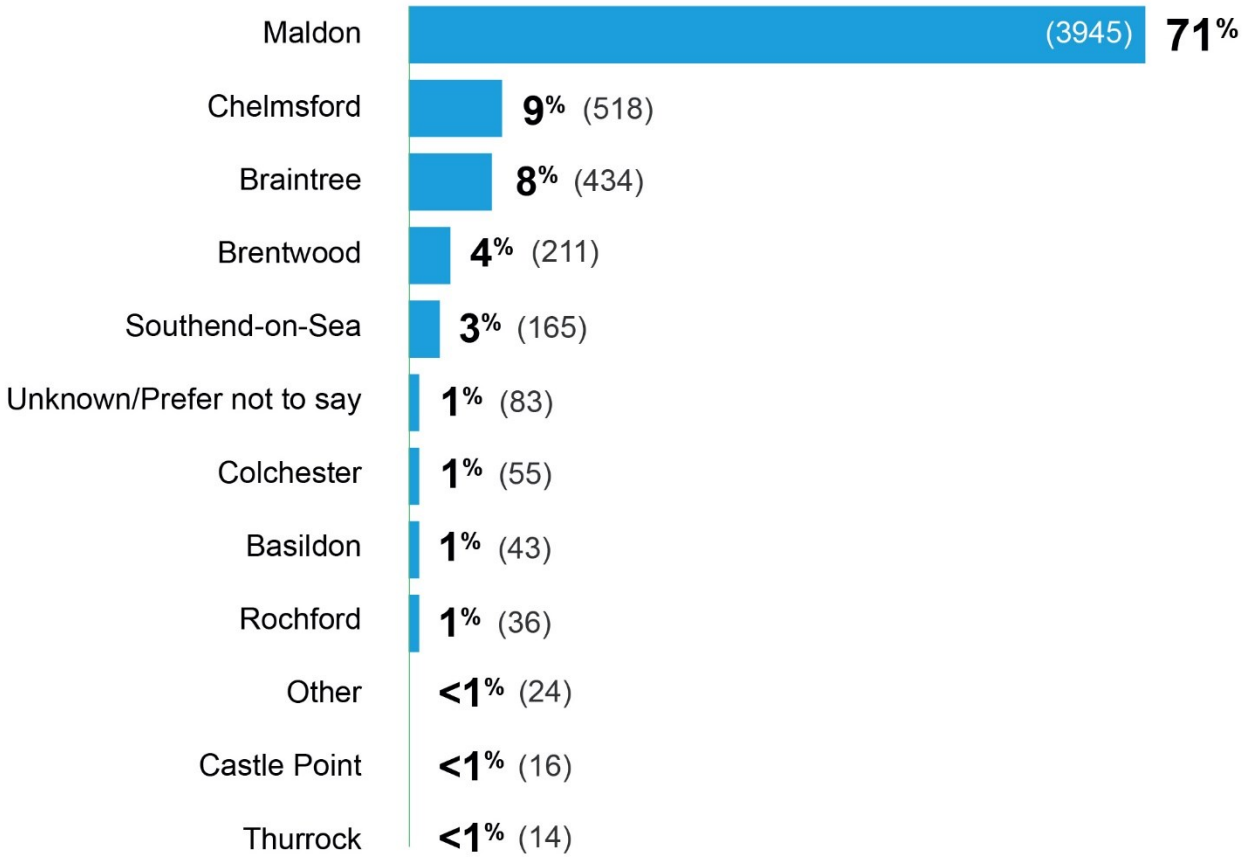


Figure 11 Location – all survey respondents (N=5544)

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).

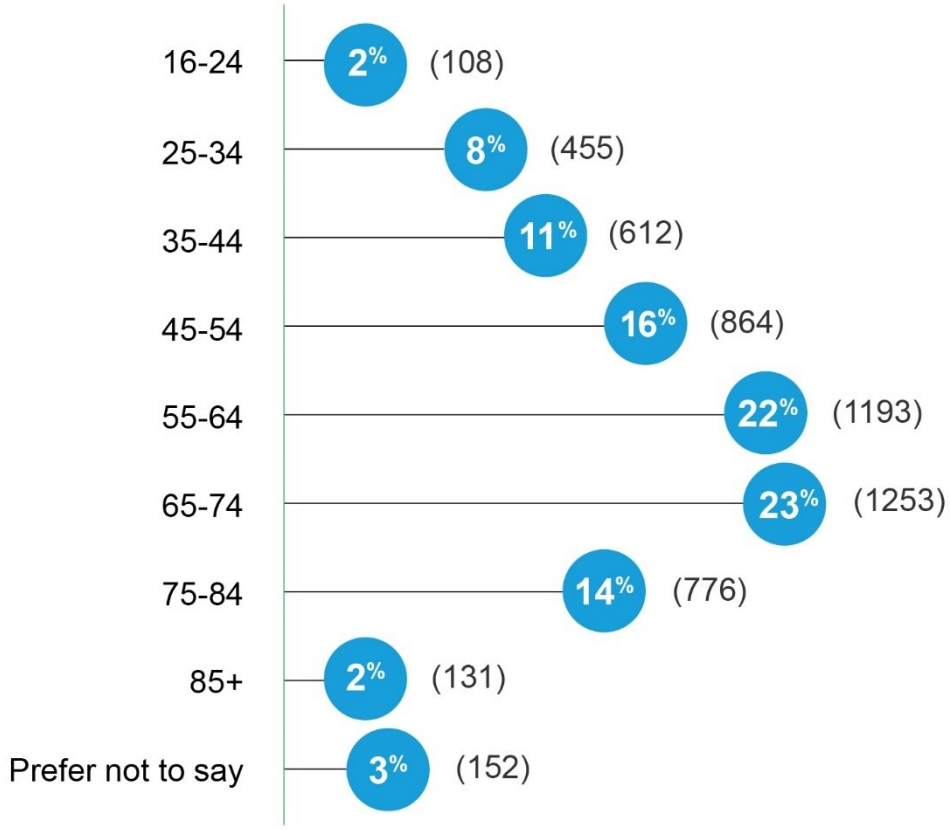


Figure 12 Age breakdown – all survey respondents (N=5544)

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
Total	**2494**

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.

5 Issues and learning opportunities

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.

- The ICB's efforts to promote the consultation were criticised by residents of Maldon and their representatives. A criticism raised several times was that information about the consultation had not been delivered to every household in the area. The ICB promoted the consultation extensively in the media, online and through partners. There was a very strong response to the consultation.

Issues raised in feedback to the draft consultation report

- Staff in the stroke rehabilitation team that was moved from St Peter's Hospital in Maldon to Brentwood Community Hospital noted that their employer, Provide, had told them they were to respond as members of the public, not employees. The consultation survey offered all respondents the opportunity to identify themselves as a member of staff, which many did. Clearer communications from employers explaining the difference between an opportunity for employees to respond to a public consultation, and employees being consulted by their employers could have avoided this confusion.

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, here 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?”

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 in the *Report of public consultation hearing* published alongside this report.

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.

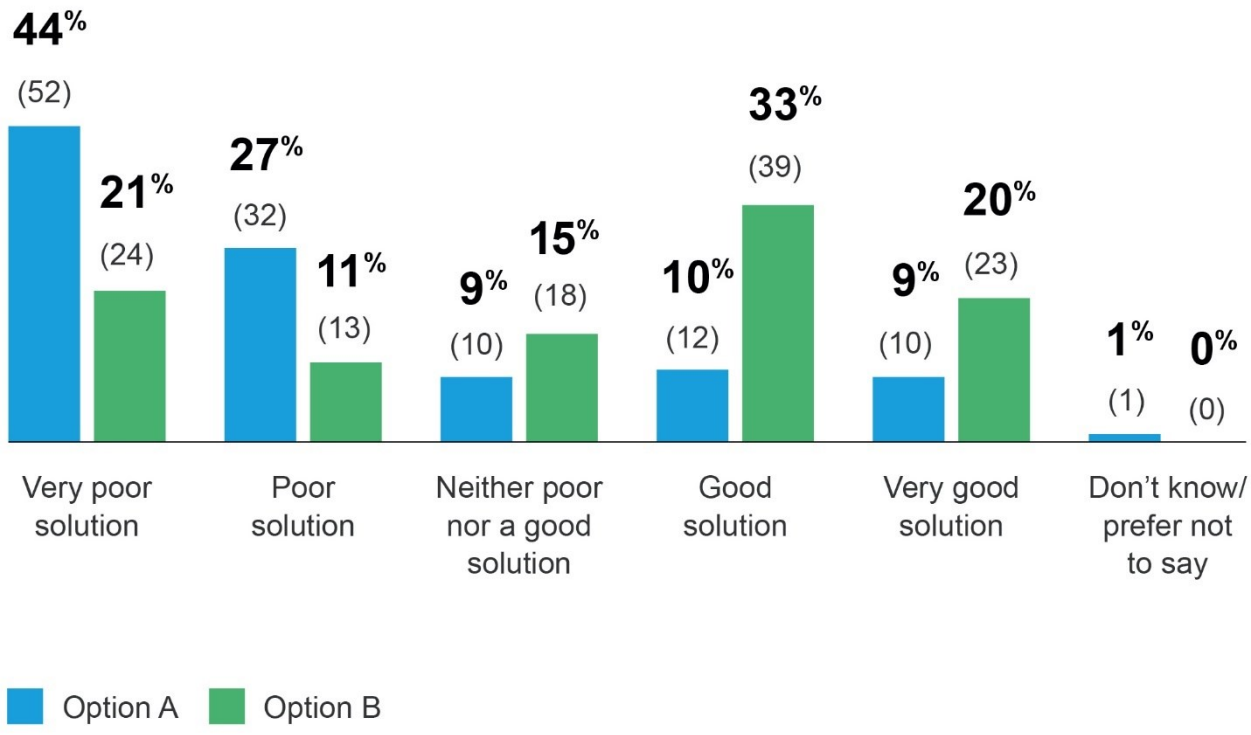


Figure 13 Stroke rehabilitation and intermediate care inpatient services – preferred option - staff & clinicians (N=117)

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).

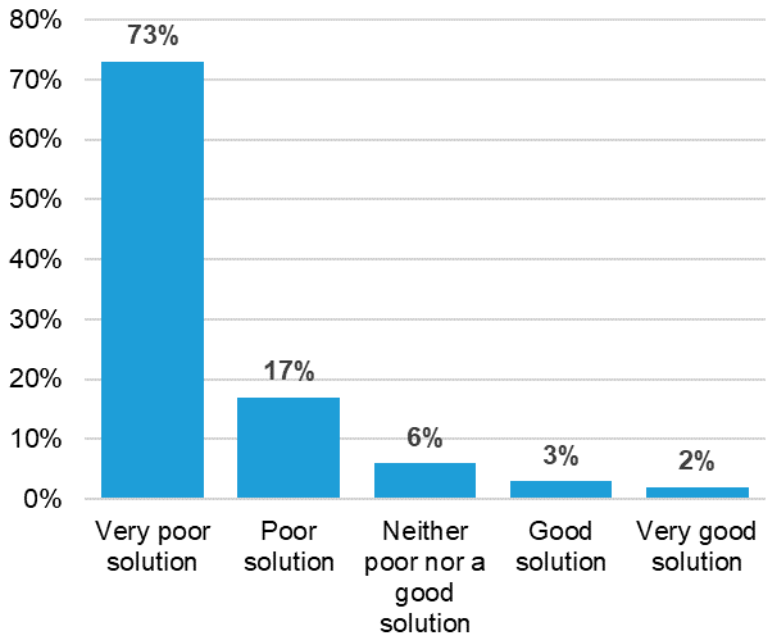


Figure 14 Midwife-led birthing unit – rating – staff & clinicians (N=66)

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: - Information skewed in the consultation document - Effect of extensive perineal trauma (resulting from unexpected deliveries) on subsequent deliveries.	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
Acknowledgment of financial constraints and deterioration of St Peter's Hospital. Proposal provides a standalone unit. Acknowledgement of success of WJC and high number of births. Although perceived as 'driving to the next county' - estimated 40-minute drive. Supports optimisation of resources – operating one unit efficiently rather than at half capacity. WJC isn't very popular with the majority opting for the birthing unit at Broomfield; - Having more birthing people opting for the low-birthing unit at Broomfield will positively impact the profile and boost the hospital's overall reputation. - St Peter's Hospital team can encourage birthing people to choose WJC, but will be a gradual change process.	Maternity births and overnight stays were 'relocated' to WJC in October so in effect it is not an option. Not the best solution for Maldon residents - queried impact on quality of care for local residents and increased travel distance. Upset among St Peter's Hospital staff; - Pre-COVID statistics at St Peter's Hospital have not been considered. - 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. 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. Concern about impact on breastfeeding support – highlighted that if St Peter's Hospital closes, the capacity to provide this crucial care must be retained.

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.

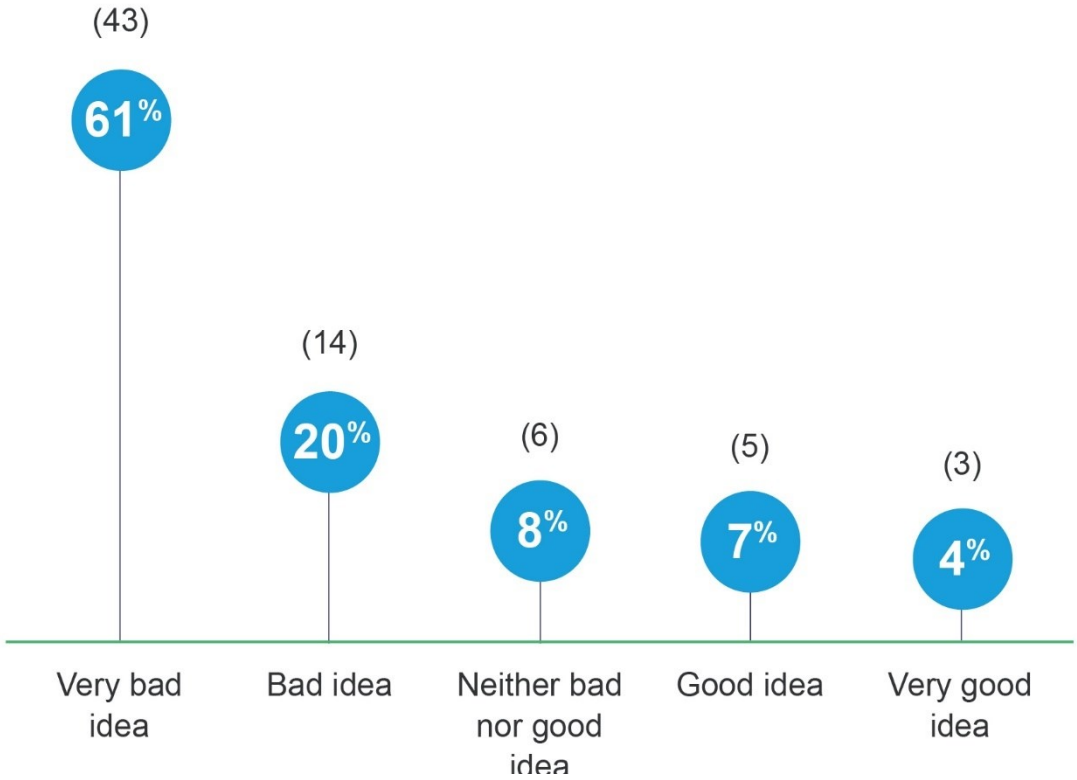


Figure 15 All other patient services – rating – staff & clinicians (N=71)

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.

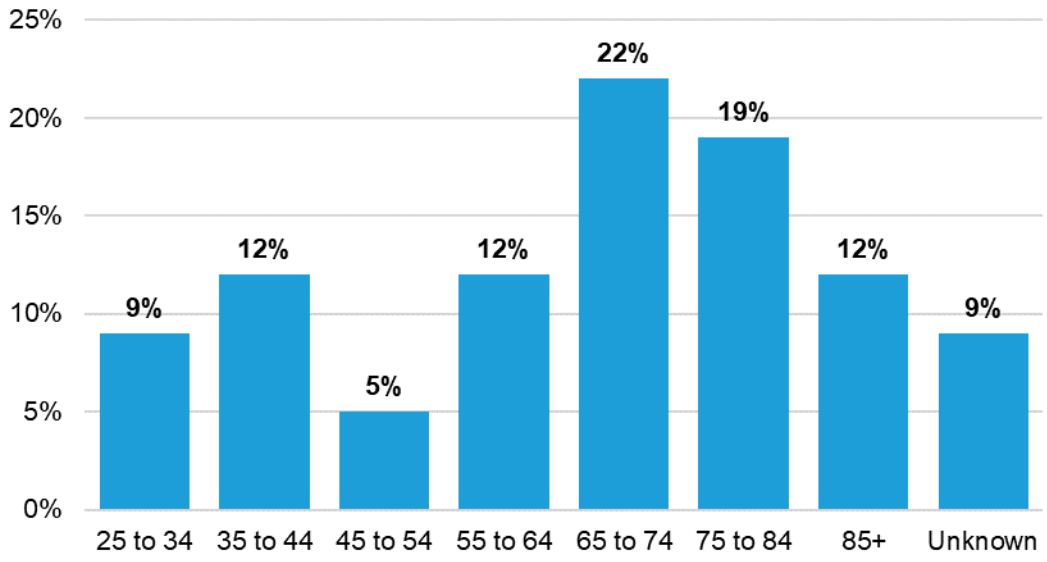


Figure 16 Age breakdown of individuals engaged with from VCSOs (N=58)

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).

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	<1%
Student	13	<1%
NHS provider organisation	12	<1%
Other public body	9	<1%
Primary care provider (including GP/GP practice, high street optometrist, pharmacist etc.)	7	<1%
Social worker	6	<1%
Private provider organisation	2	<1%
NHS commissioner	1	<1%

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)

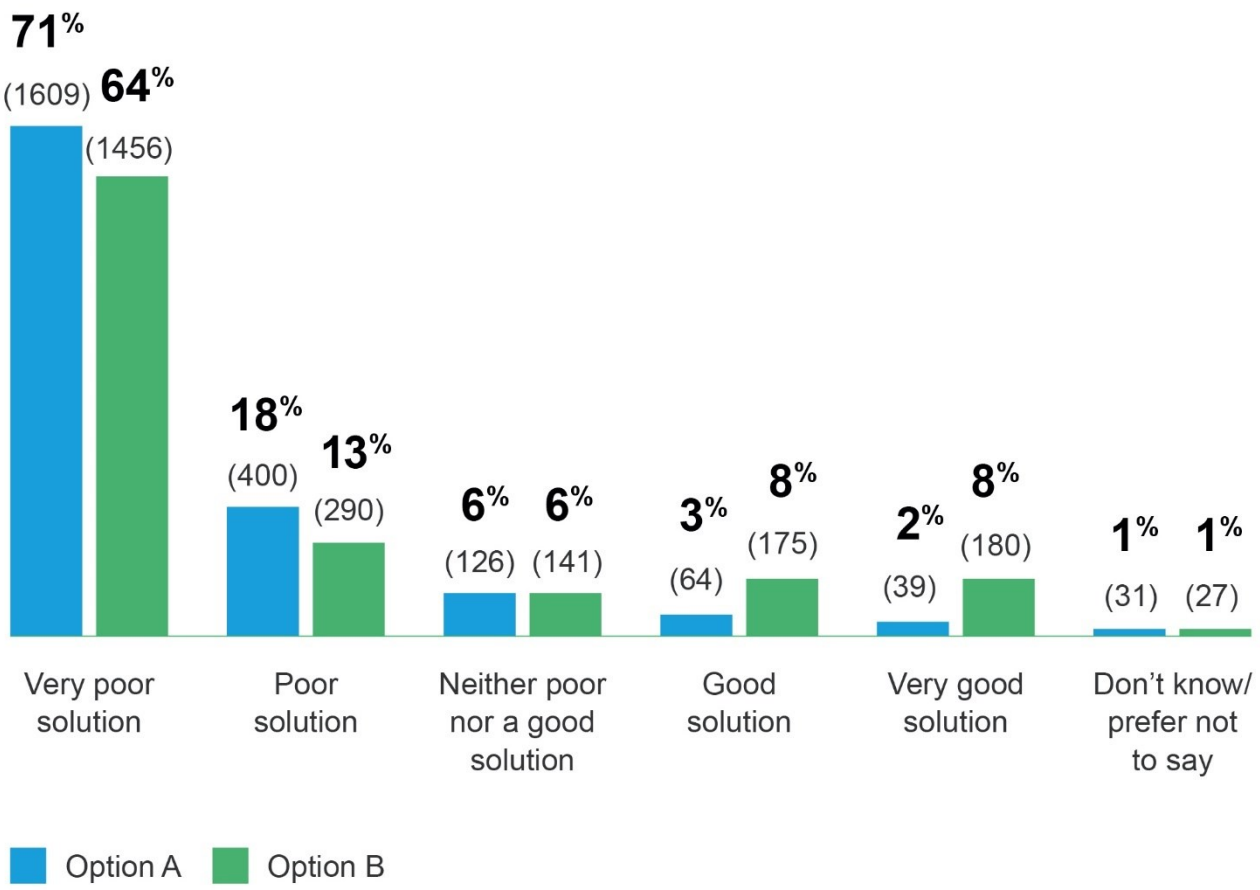


Figure 17 View on the proposals for stroke rehabilitation and IMC inpatient services – all survey respondents (N=2269)

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.

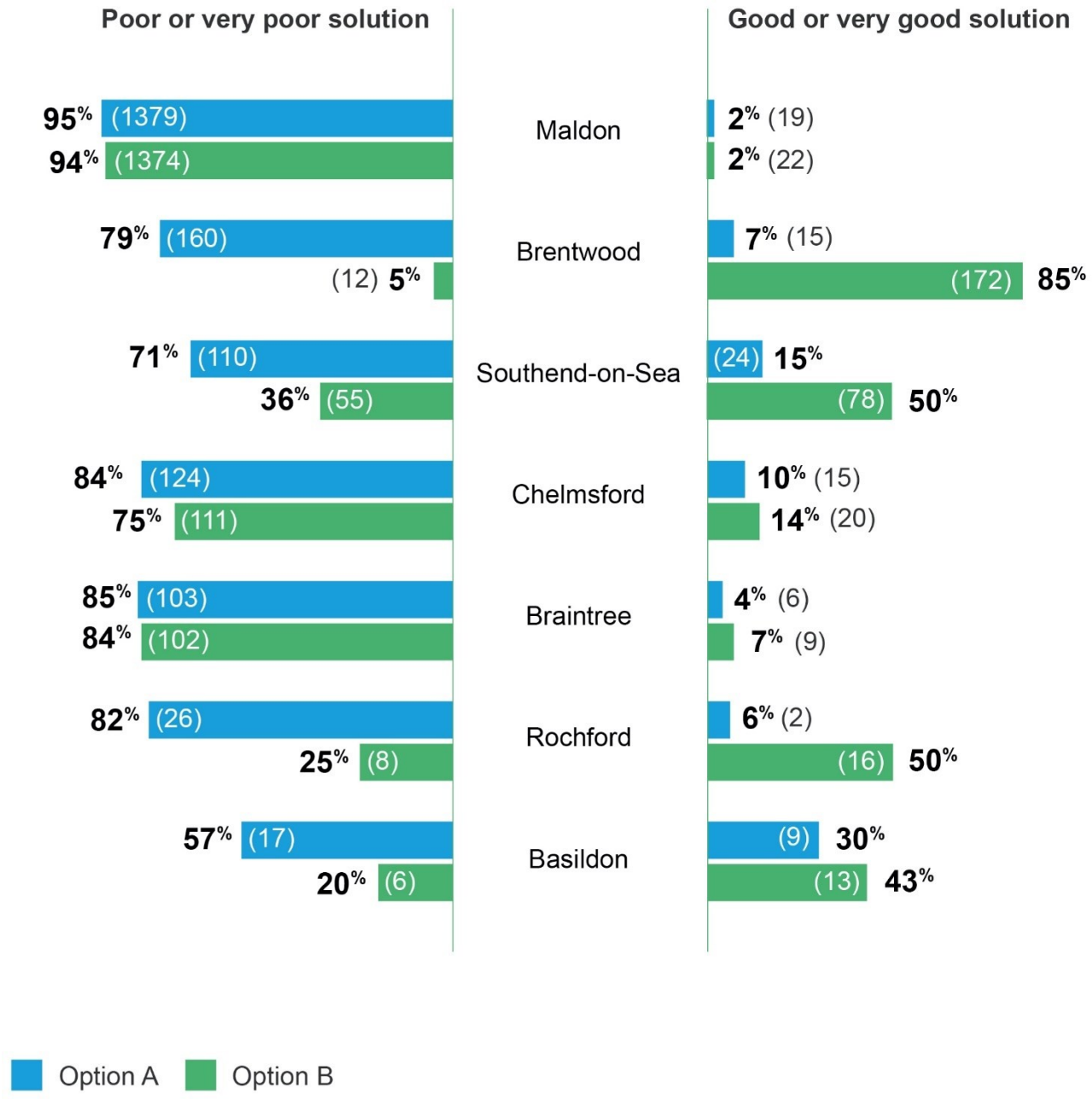


Figure 18 View on the proposals for stroke rehabilitation and IMC inpatient services – all survey respondents by location (N=2,269)

	Maldon (N=1,464)	Brentwood (N=203)	Southend-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)*
Option A											
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)
Option 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)	Southend-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)
Preferred option											
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).

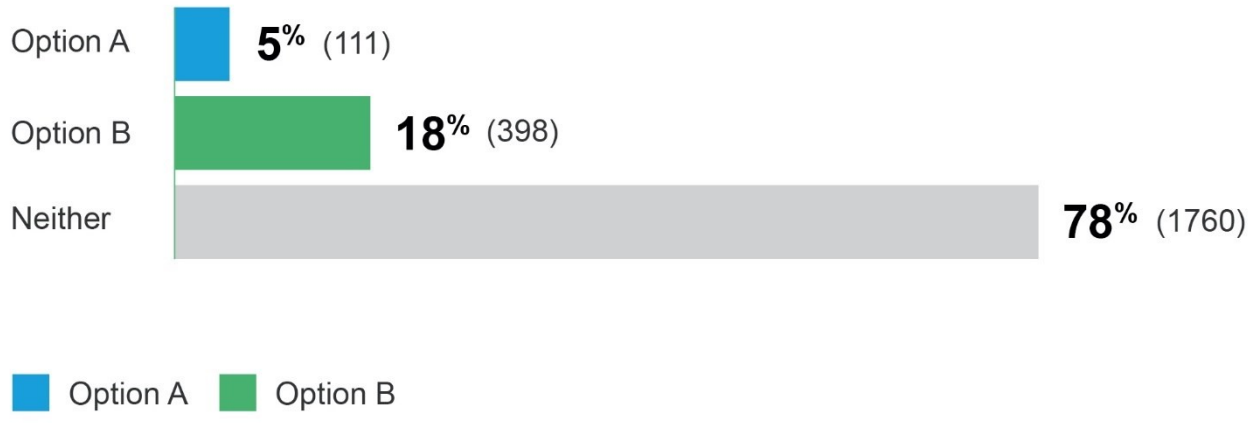


Figure 19 Preferred option - all survey respondents (N=2,269)

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.

Option A - Reasons for support	**% (No.)**
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)
Option B – Reasons for support	
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: - Supports staff travel - Established teams already at both sites - Provides greater flexibility - Reduces pressure on Brentwood Hospital	1% (19)
Reasons for objection to both options	
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: - Limited options / no option to keep services in Maldon	3% (63)

- Not enough beds - Impact on local economy - Brentwood Hospital should be for Brentwood residents only - Brentwood Hospital not up to standard / concerns about quality of care - Lack of joined-up support and differing service requirements - Lack of consideration for transition to community-based care or family care - Concerns about discharge	
Impact on staff / staffing challenges of proposed models	1% (13)
Other consideration / comment	
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)
	% (No.) (N=103)	
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).

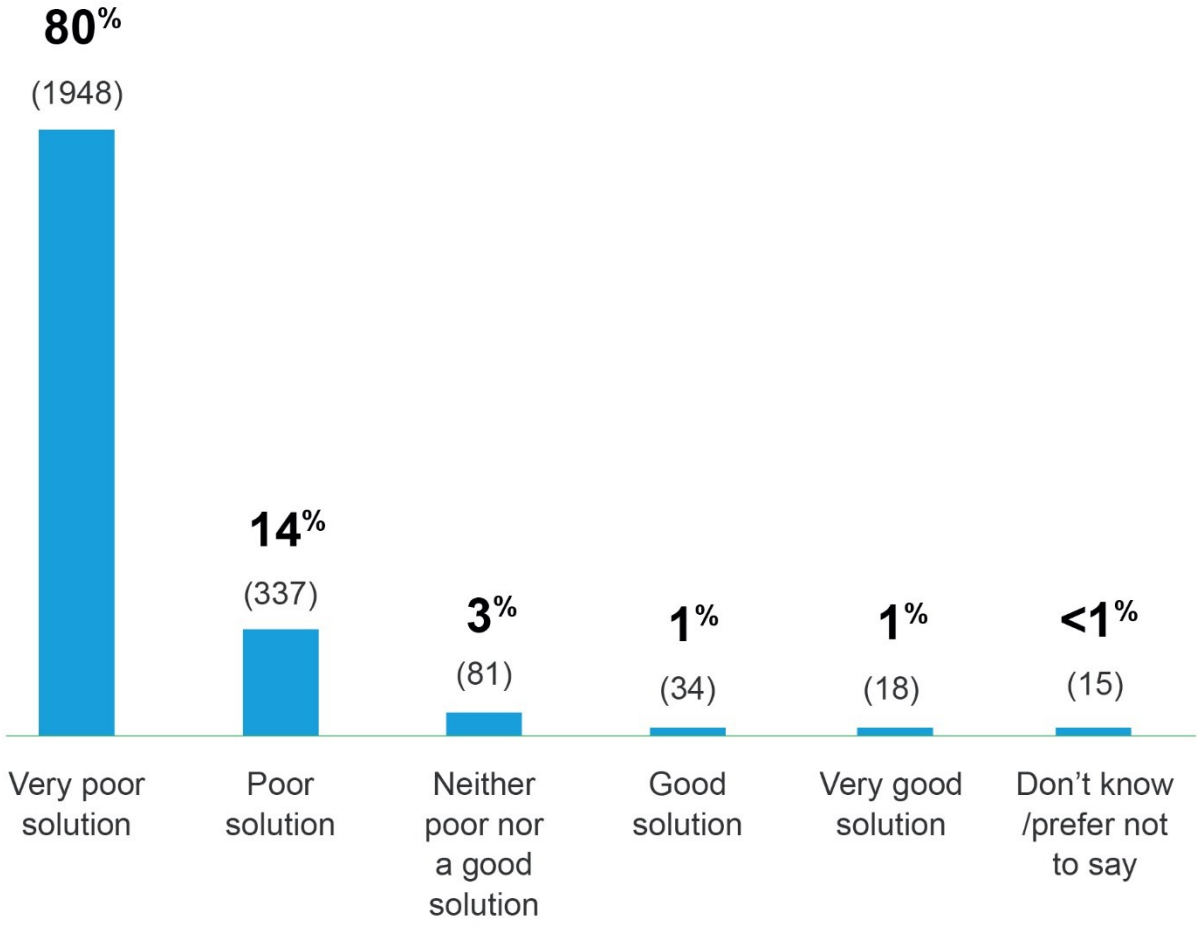


Figure 20 Views on the option regarding the freestanding midwife-led birthing unit (N=2,433)

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.

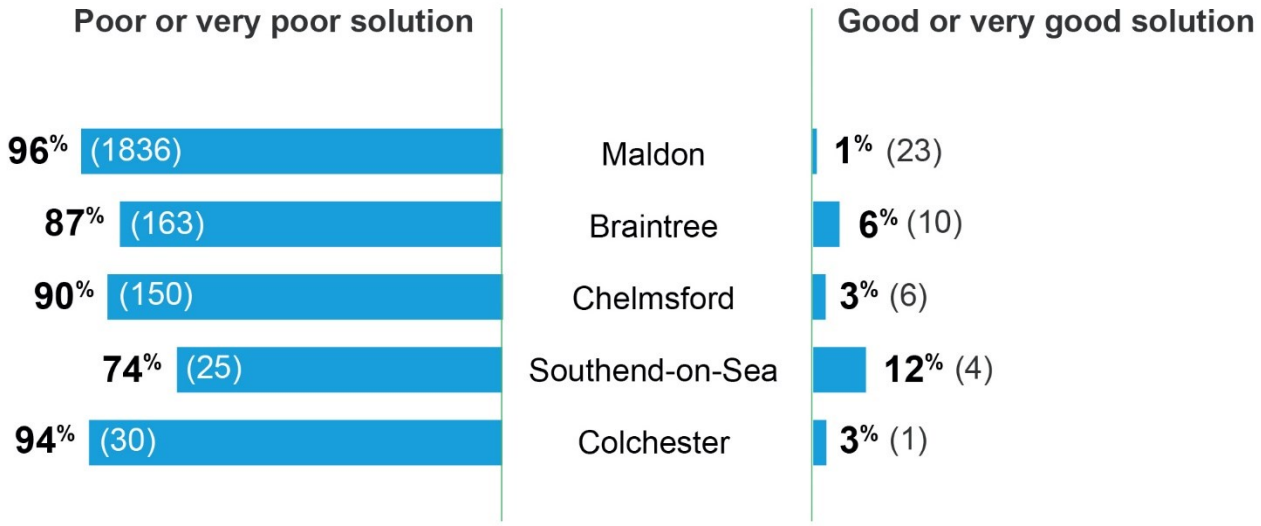


Figure 21 View on the freestanding midwife-led birthing unit proposal – all survey respondents (N=2,433)

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	<1% (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	<1% (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 sparce [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 Hospital and the reduced options for local women (38%: N=903). Concerns related to:

- St Peter’s Hospital 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 an appropriate facility (1%; N=19). Several other reasons or 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) (N=11)
- Better option for Maldon residents (N=9)
- Proximity to Broomfield Hospital for complications (N=8)
- Proposal makes sense (N=4)
- Negative experience at St Peter's Hospital (N=2)
- St Peter's Hospital is not fit for purpose (N=2)
- Improves access (central location) (N=1)
- Dependent on whether WJC can cope with demand (N=1).

Reasons for support	**% (No.)**
Other benefit / reason	2% (38)
WJC is an appropriate facility for the service	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: - Information skewed in consultation document – low births at St Peter's Hospital are a result of staff being pulled to other hospitals to support staffing - Impact on local economy	3% (66)
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: - Access to local antenatal classes and support (previously offered at St Peter's) - New mothers being sent home too soon (due to increased demand) - Impact on breastfeeding rates and mental health. - Increased pressure on community services	2% (42)
Maldon residents have been continuously let down / decision already made ('cash grab')	2% (37)
Impact on ambulance service *(not acknowledged in consultation document)*	2% (37)
Broomfield Hospital is not fit for purpose / negative past experiences	1% (28)
Impact on staff, with concerns relating to: - Staff dissatisfaction and retention (adding to recruitment crisis) - No local base in Maldon - Increased travel / coverage of wider area (i.e. for home births / visits)	1% (18)
WJC is not fit for purpose / negative past experiences	<1% (9)
Other consideration / comment	
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.

	16-24 (N=37)	25-34 (N=295)	35-44 (N=334)	45-54 (N=281)
	% (No.)	% (No.)	% (No.)	% (No.)
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)	<1% (1)
Don't know / prefer not to say	0% (0)	0% (0)	<1% (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 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)

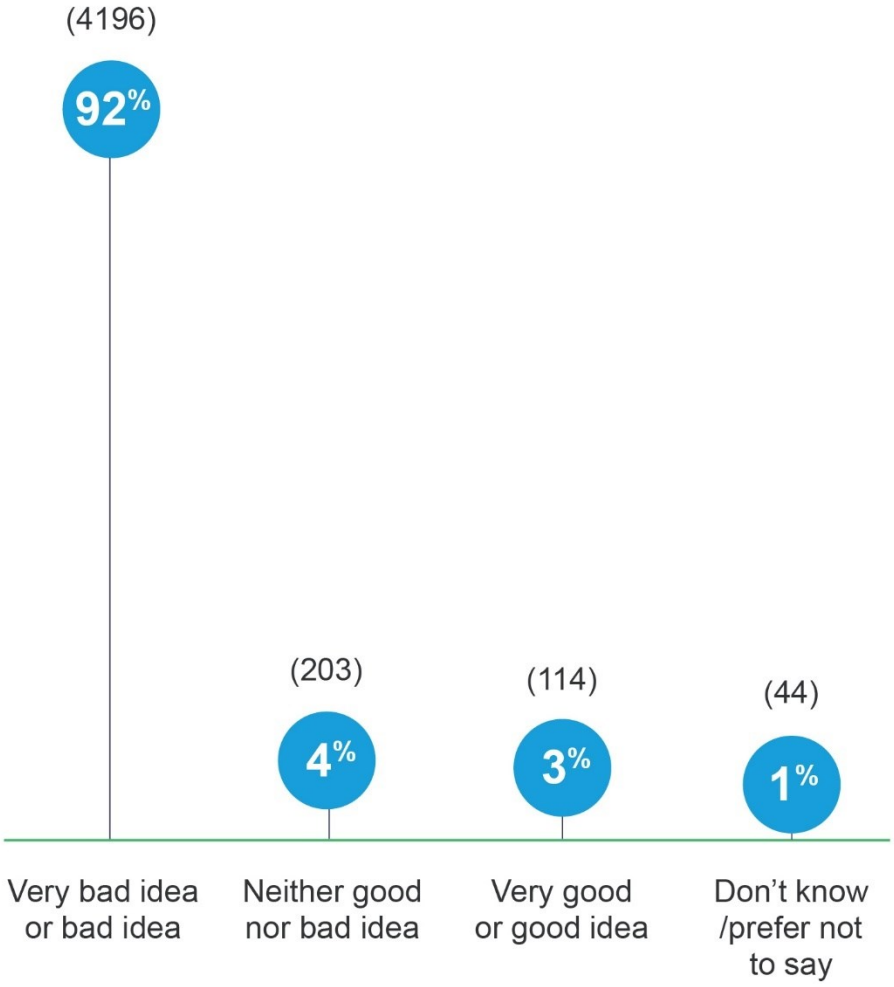


Figure 22 View on the idea for all other patient services at St Peter's – all survey respondents (N=4,557)

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)
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: - No new infrastructure to support population increase - Idea being short sighted with no vision for the future	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: - Preferences to access other patient services in one location - Greater confusion for patients / difficulty of synchronising appointments - Less cost-effective model including costs to make multiple sites suitable	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: - Query regarding evidence of better outcomes - Impact on local economy - Consultation must be stopped - Impact on Brentwood residents - Does not reflect views of staff - Negative experiences at other hospitals	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)
Positive	
Benefits of option B (stroke and rehabilitation and inpatient services), including: - Mix of beds at Brentwood - More rehabilitation beds in CICC - Fairer option - Reduced travel time for carers / families - Central location for access	1% (73)
Benefits of Option A (stroke and rehabilitation and inpatient services), including: - Specialised care	<1% (23)
Benefits of proposal regarding a freestanding midwife-led birthing unit, including: - Proximity to Broomfield - Services available more consistently	<1% (9)
Benefit of relocation of outpatient services / other benefit, including: - Cleaner more modern facilities - More cost effective - Reduce length of stay and increase patient outcomes	<1% (24)
Other	
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[1] 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.

[1] 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[2]. 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'.*

[2] 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)[3] 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.

[3] 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[4].
- 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.

[4] 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[5] 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:

[5] 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 bub(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 given for supporting 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 an appropriate facility.
- Better option for Maldon residents.
- Proximity to Broomfield Hospital for complications.
- Potential to improve outcomes and confidence of midwives.
- St Peter's Hospital is not fit for purpose.
- Negative experiences at St Peter's Hospital.

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 to 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 – VCSO focus group report template MSE ICB consultation

Appendix 4 – Notes from the public meeting on 9 February 2024

Appendix 5 – NHS MSE Consultation document – ONLINE VERSION

Appendix 6 – Data tables survey analysis

Appendix 7 – Additional consultation survey analysis report

Appendix 8 – Draft consultation report feedback and amendments log

Appendices to accompany:

Public consultation report

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

Appendix 1 – Consultation survey questions

Appendix 2 – Equality monitoring information

Appendix 3 – VCSO focus group report template MSE ICB consultation

Appendix 4 – Notes from the public meeting on 9 February 2024

Appendix 5 – NHS MSE Consultation document – ONLINE VERSION

Appendix 6 – Data tables survey analysis

Appendix 7 – Additional consultation survey analysis report

Appendix 8 – Draft consultation report feedback and amendments log

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

..... your views are important.

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

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

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

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

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

Data processing statement

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

Stand will keep your information confidential.

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

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

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

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

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

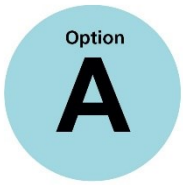
3. Which of these services would you like to share your views with us on? *

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

Community hospital stroke rehabilitation and intermediate care inpatient services

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

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



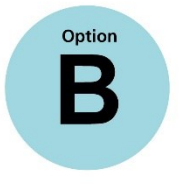
This option would mean:

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

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

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

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



This option would mean:

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

25 **25 intermediate care beds** at Brentwood Community Hospital, Brentwood.

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

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

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

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

It is a very poor solution	It is a poor solution	It is neither a poor nor a good solution	It is a good solution	It is a very good solution	Don't know / Prefer not to say
☐	☐	☐	☐	☐	☐

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

It is a very poor solution	It is a poor solution	It is neither a poor nor a good solution	It is a good solution	It is a very good solution	Don't know / Prefer not to say
☐	☐	☐	☐	☐	☐

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

- ☐ Option A
- ☐ Option B
- ☐ Neither

Please tell us the reasons for your answer.

Midwife-led birthing unit

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

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

This option would mean:

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

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

It is a very poor solution	It is a poor solution	It is neither a poor nor a good solution	It is a good solution	It is a very good solution	Don't know / Prefer not to say
☐	☐	☐	☐	☐	☐

Please tell us the reasons for your answer.

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

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

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

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

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

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

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

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

It is a very bad idea	It is a bad idea	It is neither a bad nor a good idea	It is a good idea	It is a very good idea	Don't know / Prefer not to say
☐	☐	☐	☐	☐	☐

Please tell us the reasons for your answer.

Will you or your family be affected by these proposals?

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

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

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

Other suggestions

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

About you

Why are we asking these questions?

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

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

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

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

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

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

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

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

- ☐ 16 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 to 84
- ☐ 85 and over
- ☐ Prefer not to say

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

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

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

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

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

- [ ] Bisexual
- [ ] Gay or lesbian
- [ ] Heterosexual or straight
- [ ] Prefer not to say

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

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

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

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

18. What is your religion?

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

19. What is your main language?

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

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

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

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

- [ ] Yes, a lot
- [ ] Yes, a little
- [ ] No
- [ ] Prefer not to say

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

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

Thank you for completing this survey.

Please use the return envelope provided.

If there is no return envelope, please seal the survey in an envelope and send it with the correct postage to:
Stand
Enterprise House
Barnard Castle
County Durham DL12 8XT

Appendix 1

Public consultation survey questions

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

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

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

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

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

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

Appendix 2

Equality monitoring information

Focus group report template

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

Mid and South Essex Integrated Care Board

Report template for focus group facilitator

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

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

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

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

Focus group questions

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

Purpose: To get the group talking and warmed up.

Time: 5 minutes

Questions:

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

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

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

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

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

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

Time: 20 minutes

Question:

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

Prompts:

- Why do you think this?

Discussion 1:

Discussion 2: Midwifery-led birthing unit

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

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

This option would mean:

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

Time: 20 minutes

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

Prompts:

- Why do you think this?

Discussion 2:

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

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

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

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

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

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

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

Time: 15 minutes

Questions:

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

Prompts:

Why do you think this?

Discussion 3:

Final comments

Purpose:

Time: 5 minutes

Question

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

Thank you and close

Thank you for attending and your valuable contribution.

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

Appendix 3

VCSO Focus group report template MSE ICB consultation

Appendix 4: Notes from the public meeting on Friday 9th February 2024 in response to the proposed closure of St Peter's Hospital

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

The event was attended by three representatives from the NHS:

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

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

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

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

Welcome and introductions

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

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

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

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

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

Key discussion points

Closure of St Peter's and lack of local provision

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

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

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

Specific questions / concerns raised by attendees included:

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

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

Funding and financial planning

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

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

Specific questions / concerns raised by attendees included:

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

Accessibility and travel (general)

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

Specific questions / concerns raised by attendees included:

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

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

Increasing population and demand

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

Specific questions / concerns raised by attendees included:

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

Community hospital stroke rehabilitation and intermediate care inpatient services

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

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

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

Maternity services

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

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

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

Specific questions / concerns raised by attendees included:

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

All other patient services

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

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

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

Specific questions / concerns raised by attendees included:

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

Closing statements

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

Appendix 4

Notes from the public meeting on 9 February 2024

Mid and South Essex Integrated Care System

NHS
Mid and South Essex

Public consultation

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

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



What is this document about?

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

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

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

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

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Staffing, equality and health inequalities issues 71

Have your say 77

We need your views

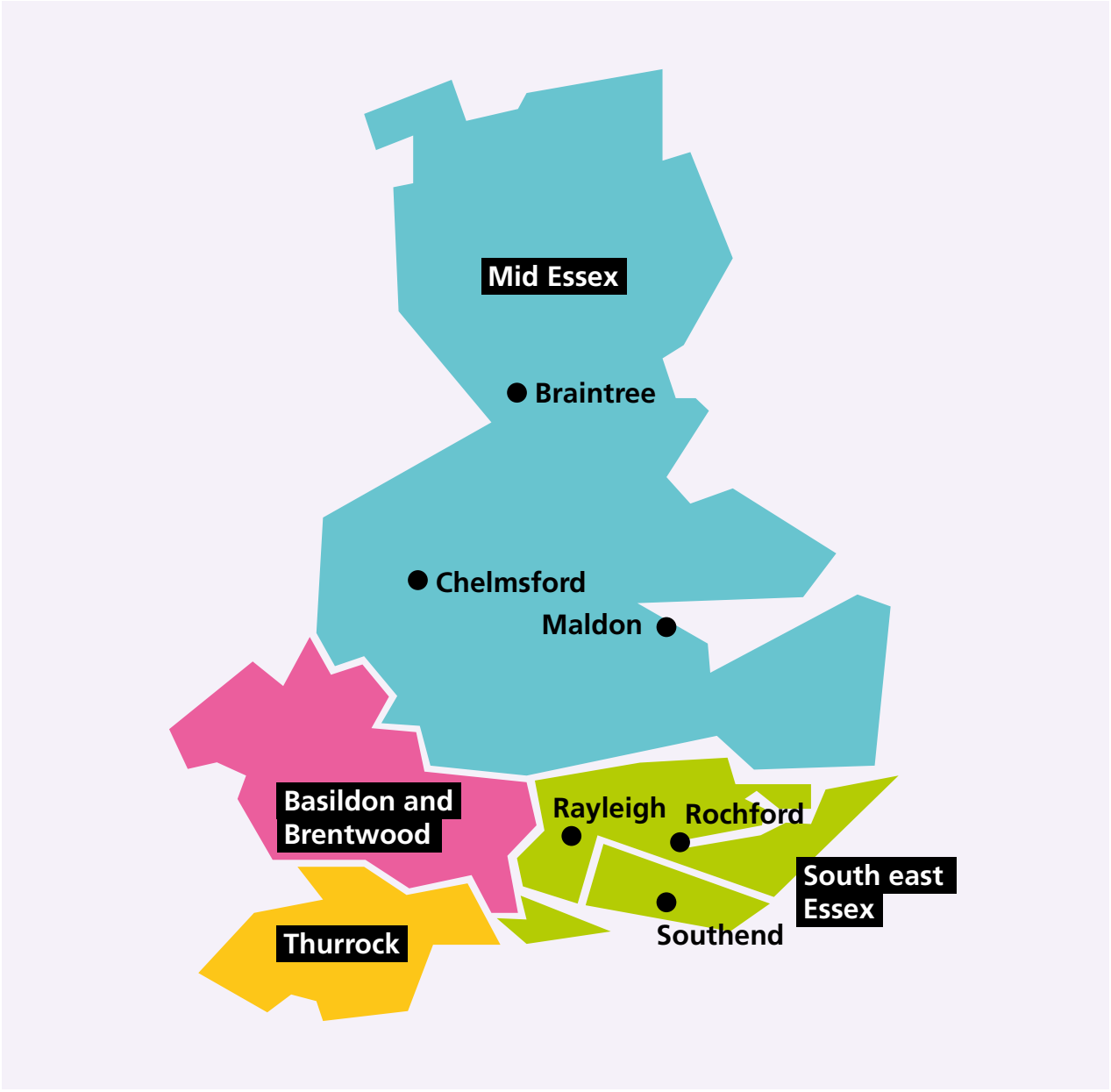

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About this consultation

Overview

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

Diagram 1.1: The areas we cover



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

This consultation document sets out:

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

Our proposals are:

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

And:

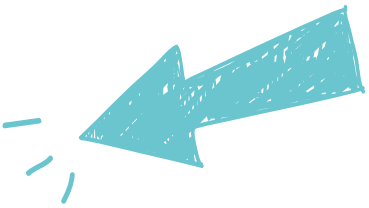
- We're asking for views on the possibility of moving all the other patient services provided at St Peter's Hospital, Maldon to other locations in and around Maldon.

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

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

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

These FOUR services are included in this consultation





Intermediate care inpatient services

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

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

Approximately

2,080



Stroke rehabilitation inpatient services

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

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

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

About

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

We need your views



Freestanding midwife-led birthing unit

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

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

Last year:

6 births/month on average

77 births in 2022/23

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



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

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

How many people use these services each day on average?

250-300

How to respond

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



Attend a public meeting

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

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

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



Give evidence or attend the public consultation hearing

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



Events and focus groups

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



Complete a survey

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

Individual or organisational responses and submissions

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

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

Different ways to get in touch

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

If you need any help, contact us.

mseics.getinvolved@nhs.net

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

https://x.com/MSEssex_ICS

Telephone: 01268 594350

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

We need your views

Who should read this document?

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

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

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

How do I use this document?

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

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

What is not included in our consultation?

This consultation does not affect:

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




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Background to this consultation

Background

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

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

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

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

2019
Pre COVID-19 review of contribution and performance of community beds to improve patient outcomes

2021
Emergency changes during COVID-19 to keep people safe

2022
Review of clinical model and distribution

2023
Urgent winter changes to ensure patient safety and flow

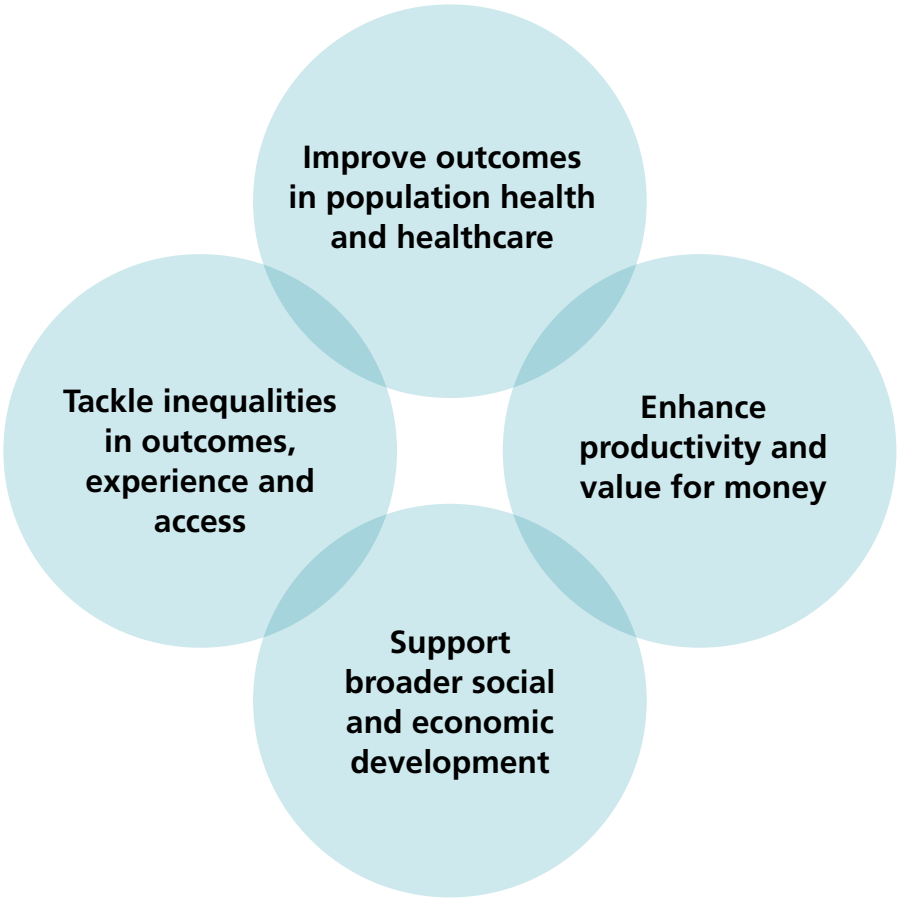
2024
A taskforce of local doctors, nurses, and other service leaders prepare options for public consultation

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

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

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

Our aims



We need your views


I ♥ NHS
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Public, patient and staff involvement

Public, patient and staff involvement

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

- Future configuration of inpatient NHS intermediate care beds and inpatient stroke rehabilitation beds.
- Midwife-led birthing care
- Other services provided at St Peter's Hospital, Maldon

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

Some of the topics explored during these sessions included:

- What does great care look and feel like to you?
- What works well in the services you or your loved one have experienced?
- What is not working so well now and why do you think that is?
- What one thing should we change to improve your experience?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Involving our staff

Staff associated with community inpatient beds

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

Areas explored included:

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

What enables you to deliver great care?

What are the barriers to delivering great care?

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

Things that staff said were important included:

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

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

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

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

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

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

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

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

Staff associated with maternity services

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

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

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

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

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

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

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

We need your views

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


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Why we should change

Community hospital intermediate care services

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

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

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

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

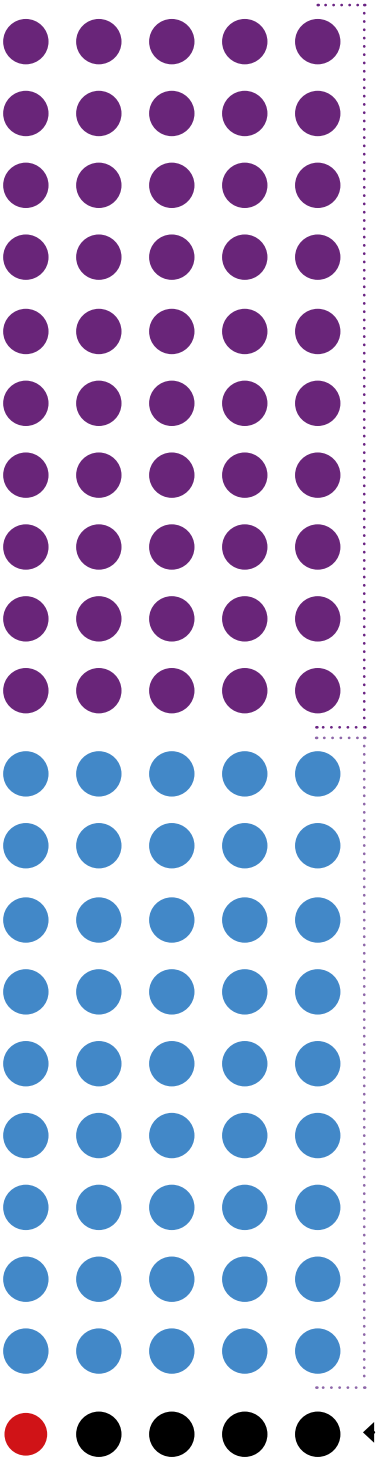
virtual wards, technology that helps patients to manage their care at home, and

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

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

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

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



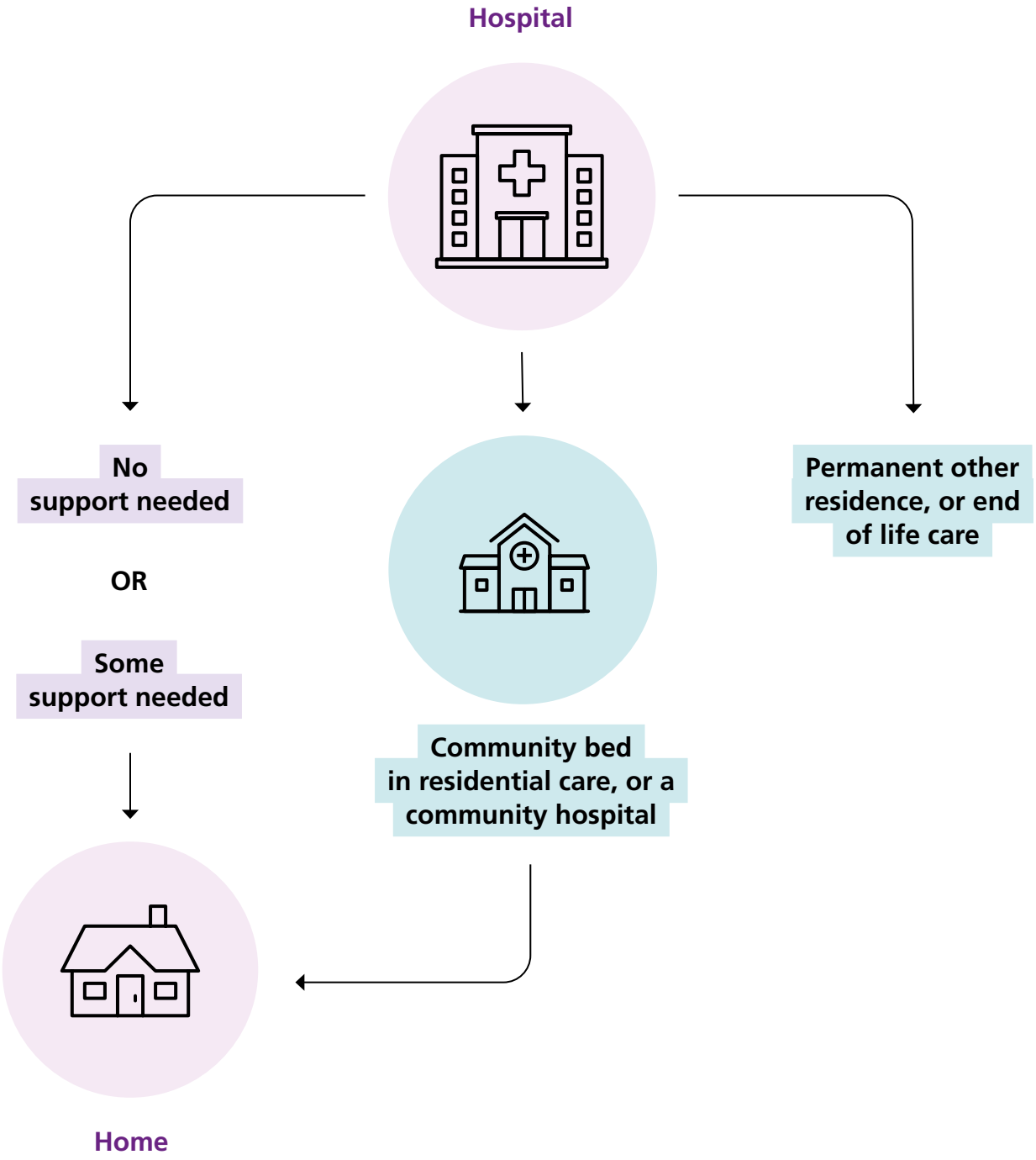
50% should be able to go home without further support

45% should be able to go home with some further support

4% are likely to need a short stay in a community hospital or a residential care home, depending on the type of support need

1% will need to be accommodated where their needs can be met, such as in a care or nursing home

National Intemediate Care Pathway Guidance



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

- 4% of patients discharged from an acute hospital need a community bed,
- This population is set to increase by 8% in the next five years,
- The average time patients need in a community hospital stays the same,
- 95% of those beds are used at any one time,
- Current local authority intermediate care bed capacity in each of Southend, Thurrock and Essex County Councils is appropriately used.

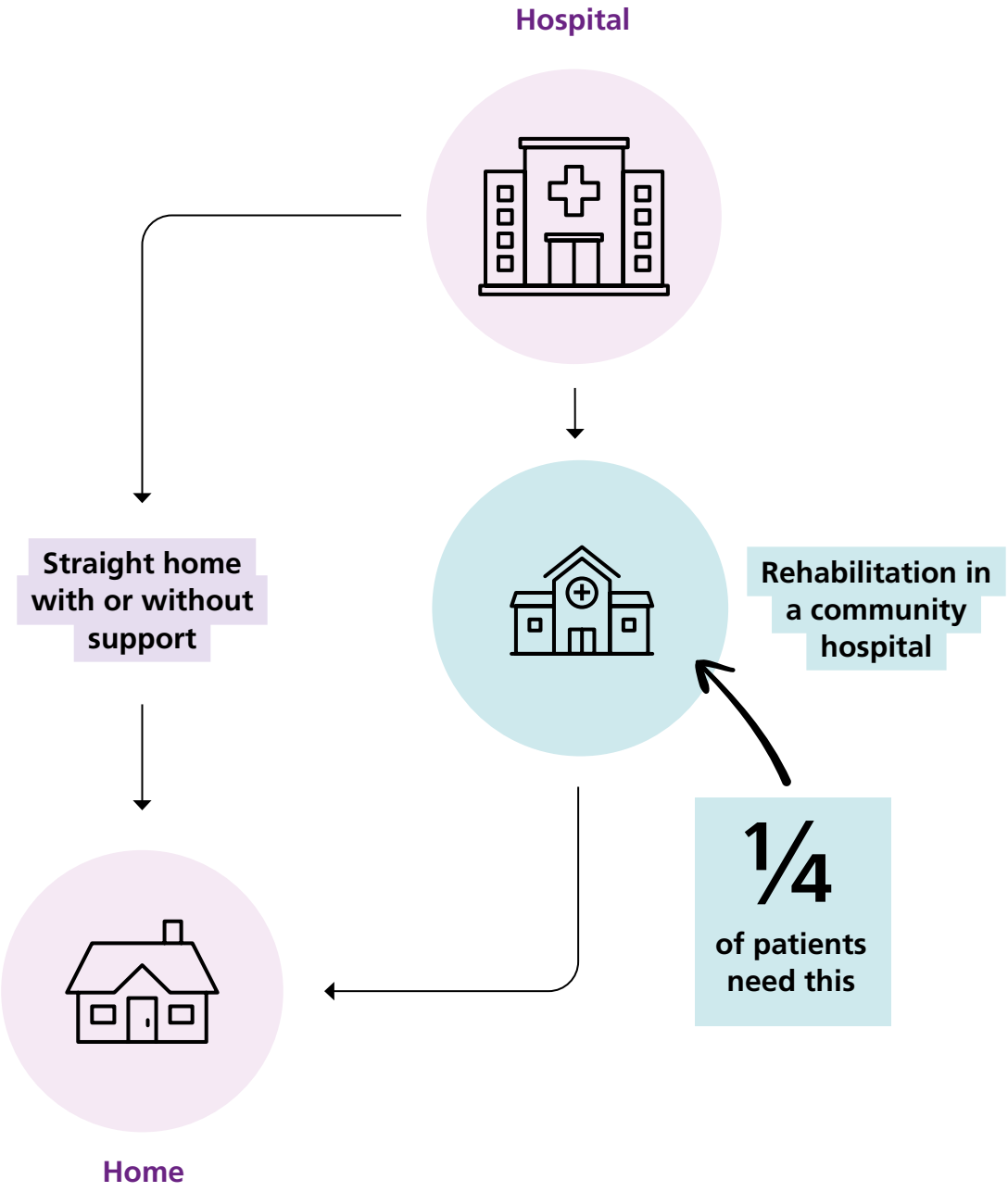
To make sure everyone has the best possible chance of getting the care they need, recovering well, and getting home as quickly as possible, we need to change some of the places where we provide inpatient intermediate care.

Inpatient stroke rehabilitation services

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

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

Stroke service model



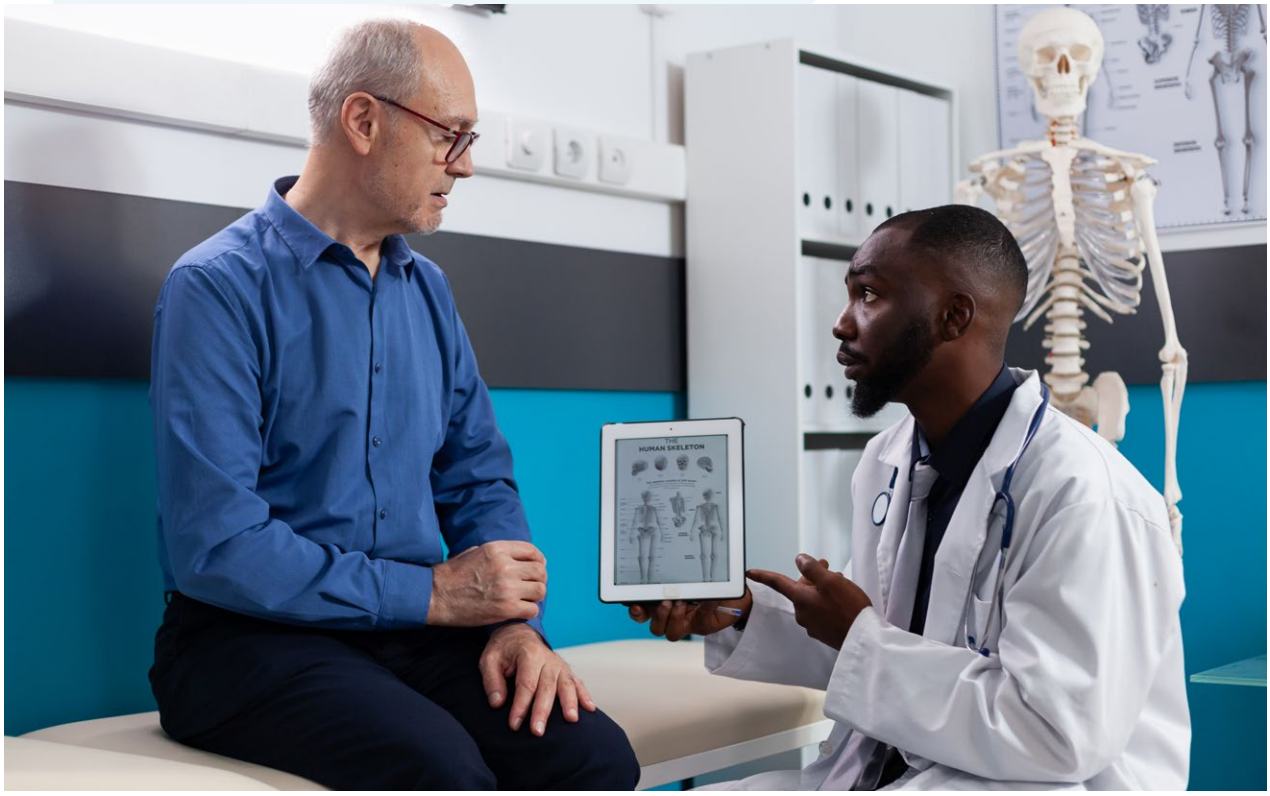
If a patient who has had a stroke would benefit from rehabilitation that can't be provided in their own home, they might be eligible for a stay in a community hospital stroke rehabilitation unit (SRU). There they will have intensive support to help them recover as fully as possible. As soon as it is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

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

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

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

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



Freestanding midwife-led birthing unit

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

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

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

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

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

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

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

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

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

Other patient services at St Peter's Hospital, Maldon

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

These appointments include:

39,000 outpatient appointments

37,000 blood tests

8,500 X-ray appointments

700 ultrasound examinations

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

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

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

The condition of St Peter's Hospital, Maldon

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

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

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

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

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



76%

of the total internal area shows signs of defects

52%

of those defects are high risk

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



We need your views


UNISON
Southend Hospital

How we developed our proposals

How we developed our proposals

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

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

In this process, we identified a need to look at the future of our freestanding midwife-led birthing unit, and the future of all other services at St Peter's Hospital, Maldon. In each case, a working group made up of doctors, nurses, other health and care staff, and service leaders worked together, taking into account the feedback given by patients, staff and residents.

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

The five tests of service change set out by NHS England

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

Stroke rehabilitation and intermediate care inpatient services in community hospitals



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

We took into account that:

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

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

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

We calculated that in our community hospitals we need:

between 77 and 87 intermediate care beds.

between 48 and 50 stroke rehabilitation beds.

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

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

Of those four, there are two that:

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

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

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

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

Freestanding midwife-led birthing unit

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

That left seven potential ideas:

- three variations involving combining the service with the maternity service in Chelmsford,
- three variations using the WJC birthing unit facility at Braintree Community Hospital, and
- an idea to put the service in a new primary care hub in Maldon.

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

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



Other patient services at St Peter's Hospital



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

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

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

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

We need your views


IRTH POSITIONS
MIDWIFE
MIDWIFE

Consultation proposals

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

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

Proposals for

Intermediate care and **stroke rehabilitation inpatient services**

We need your views



Normal operational position

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

Mid and South Essex NHS Foundation Trust,

Essex Partnership NHS Foundation Trust,

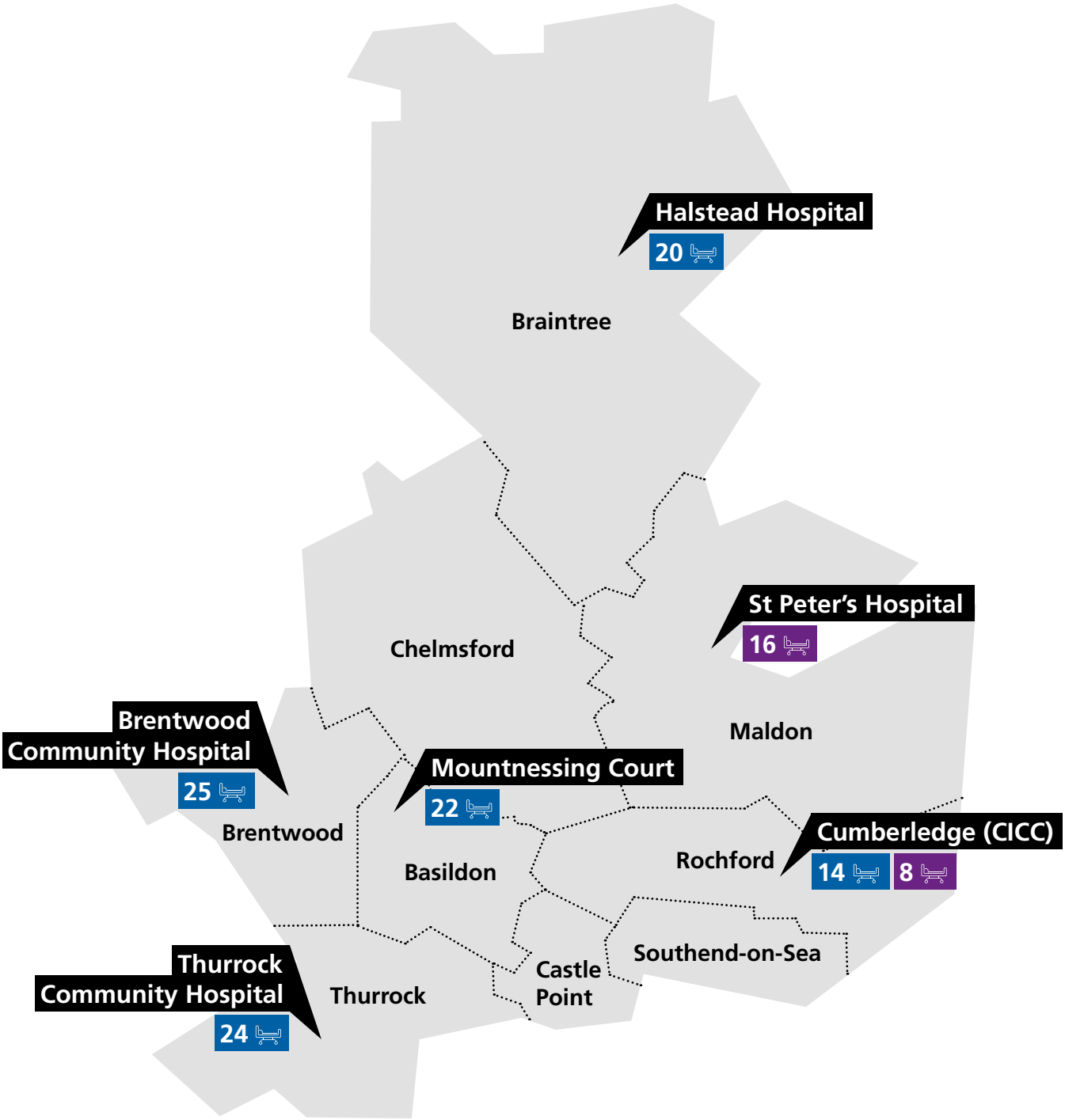
Provide Community Interest Company, and

North East London NHS Foundation Trust.

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

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

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



Key:

Number of stroke rehabilitation beds

Number of intermediate care beds

Temporary operational position (winter 2023/24)

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

closing 16 stroke beds at St Peter's Hospital, Maldon

opening 25 stroke beds at Brentwood Community Hospital, and

converting 6 intermediate care beds in Rochford to accommodate stroke rehabilitation patients.

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

These actions:

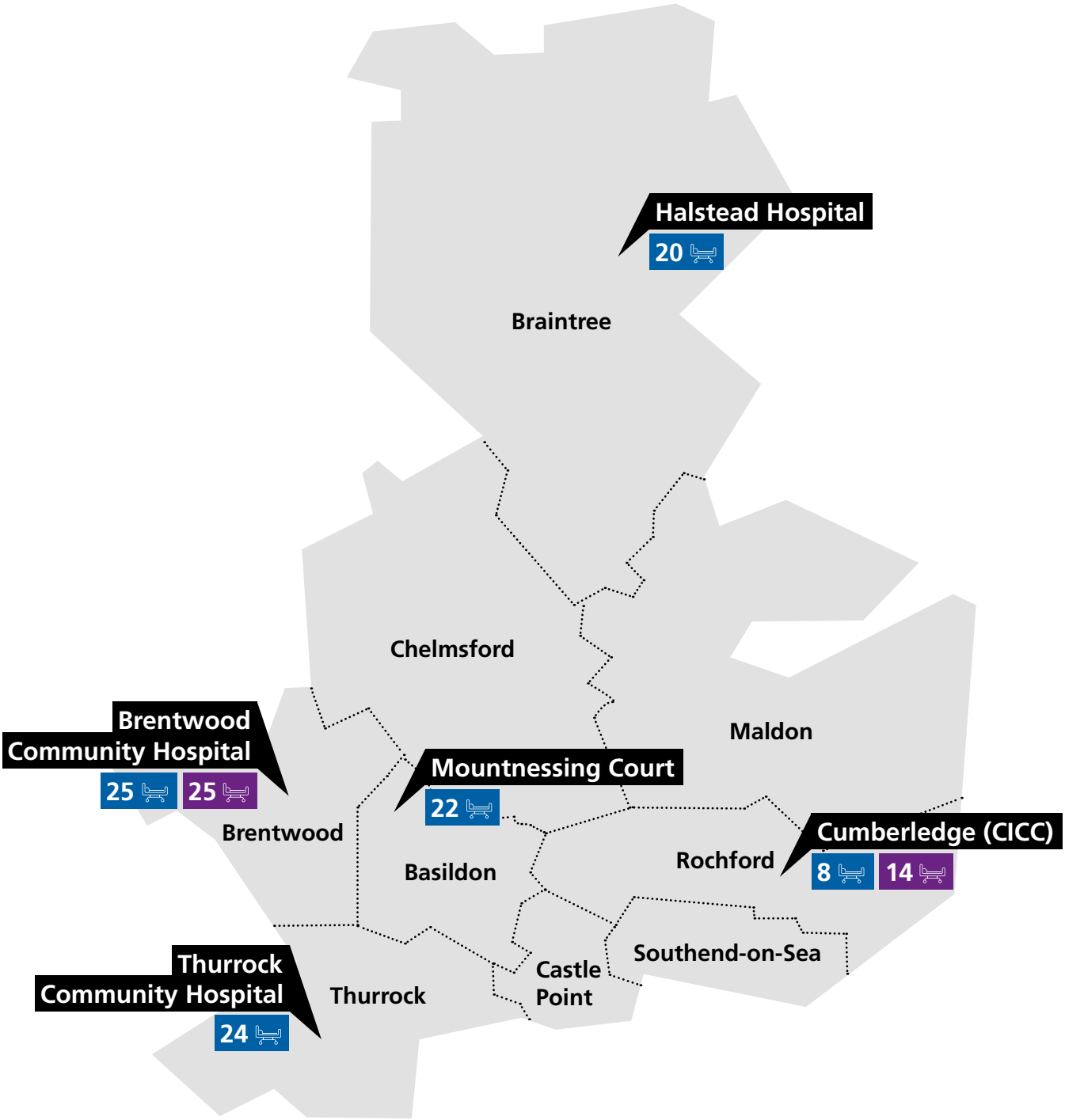
▲15 

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

▼5 

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

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



Key:

Number of stroke rehabilitation beds

Number of intermediate care beds

Our proposals

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

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

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

Impacts for both options

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

Option

A

This option would mean:

50 

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

22 

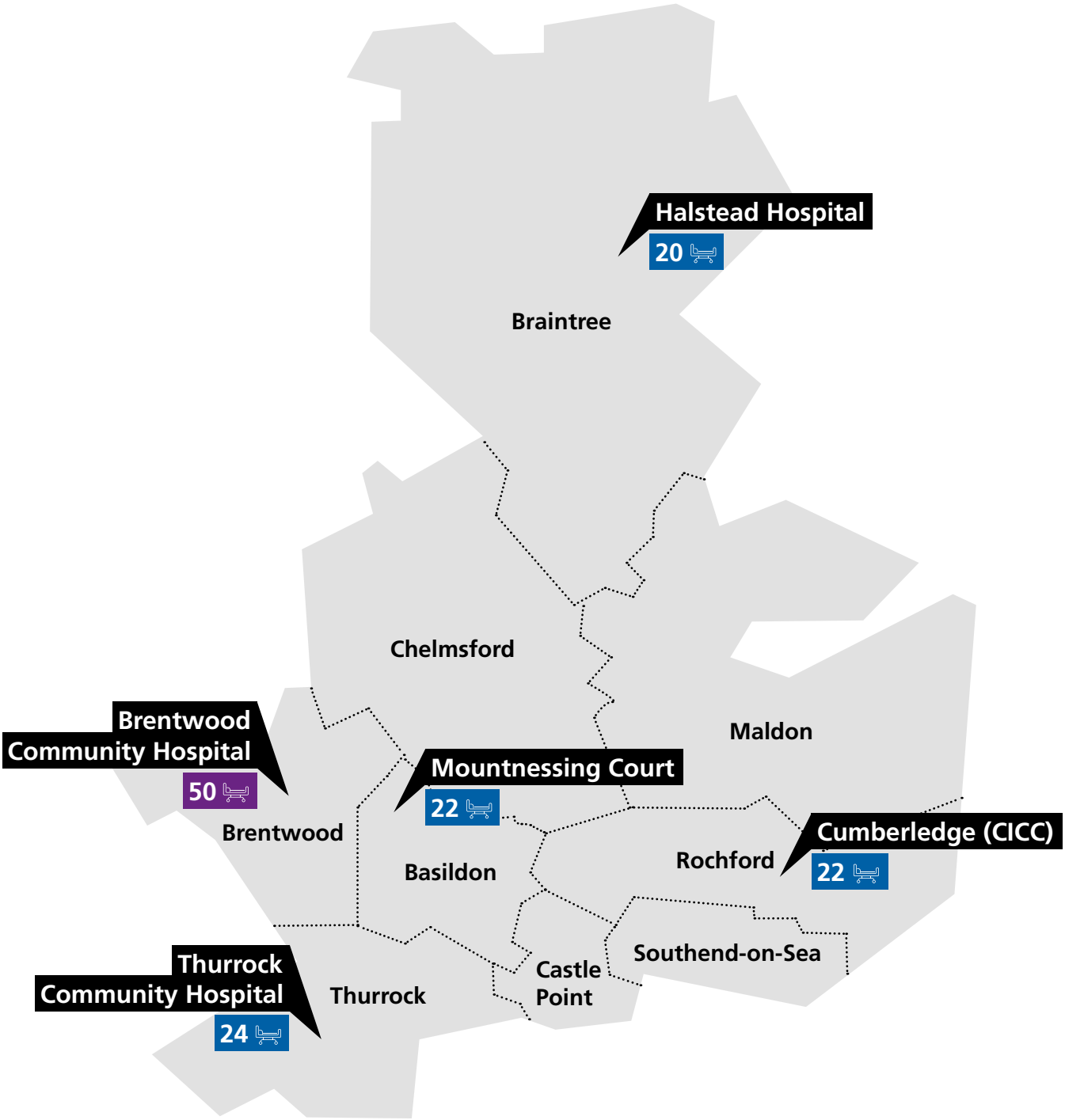
22 intermediate care beds at Cumberlege Intermediate Care Centre, Rochford.



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

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

Consultation option A
for intermediate care and stroke rehabilitation inpatient services



Key:

Number of stroke rehabilitation beds

Number of intermediate care beds

Option A: predicted impacts

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


We need
your views

Option
B

This option would mean:

25 

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

25 

25 intermediate care beds at Brentwood Community Hospital, Brentwood.

22 

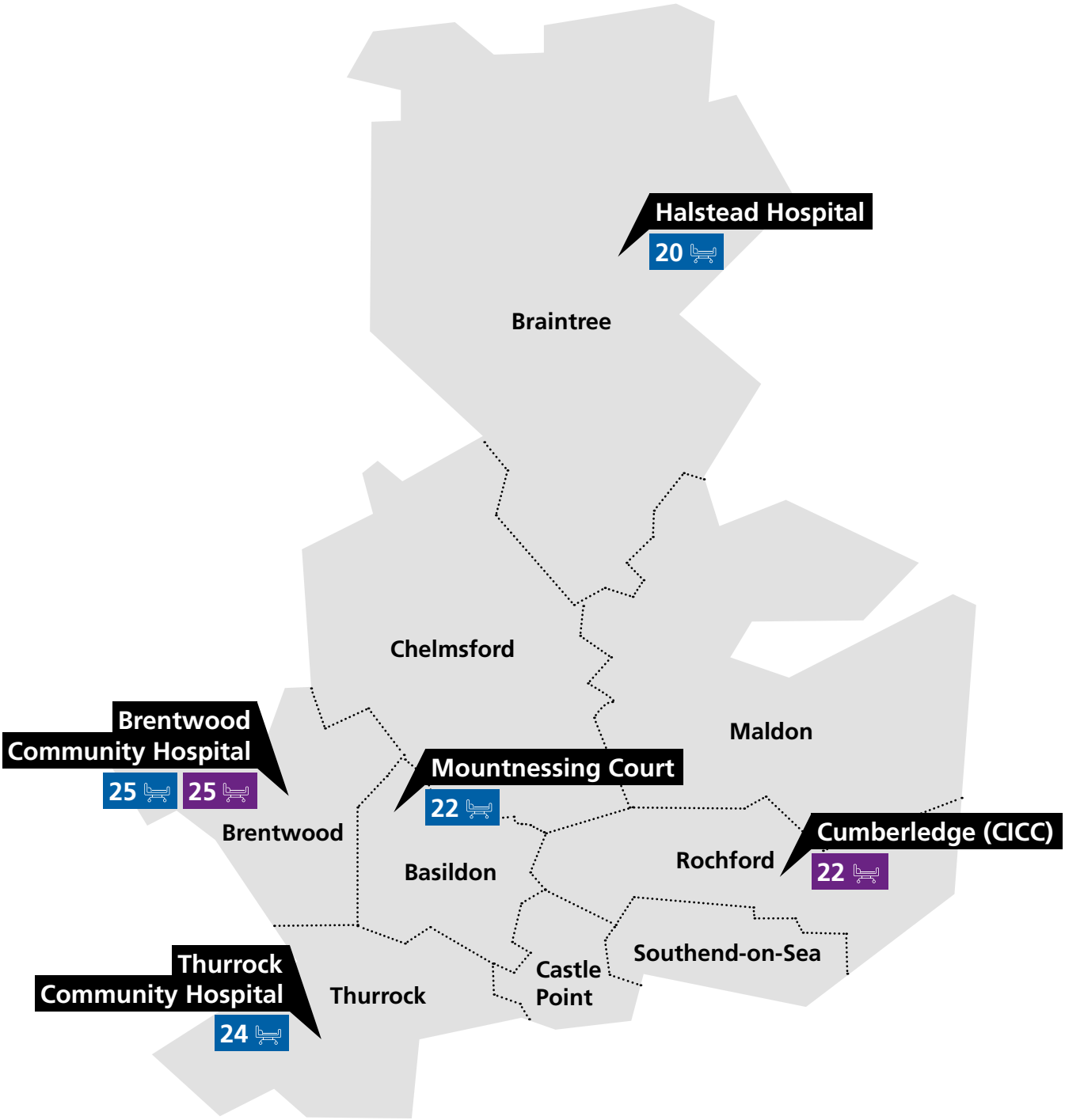
A **22-bed stroke rehabilitation unit** at Cumberlege Intermediate Care Centre, Rochford



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

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

Consultation option B
for intermediate care and stroke rehabilitation inpatient services



Key:

Number of stroke rehabilitation beds

Number of intermediate care beds

Option B: predicted impacts

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

Other ideas we considered

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

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

We discarded two of those four ideas:

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

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

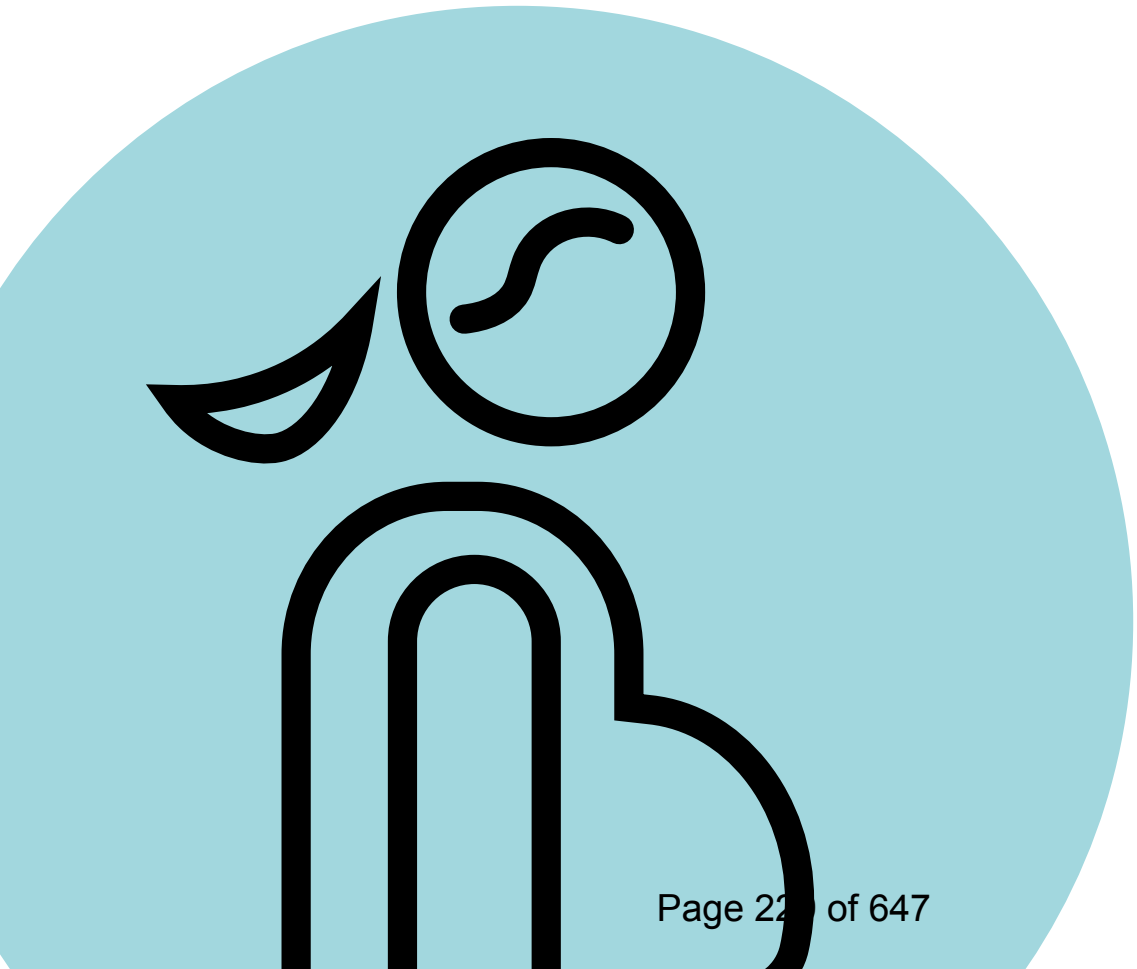
*In the pre-consultation business case (PCBC), Idea 1 appears as option 4, and Idea 2 appears as option 5.

Proposal for

Freestanding midwife-led birthing unit

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

We need your views



Normal operational position

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

Temporary operational position (winter 2023/24)

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

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



Our proposal

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

Option

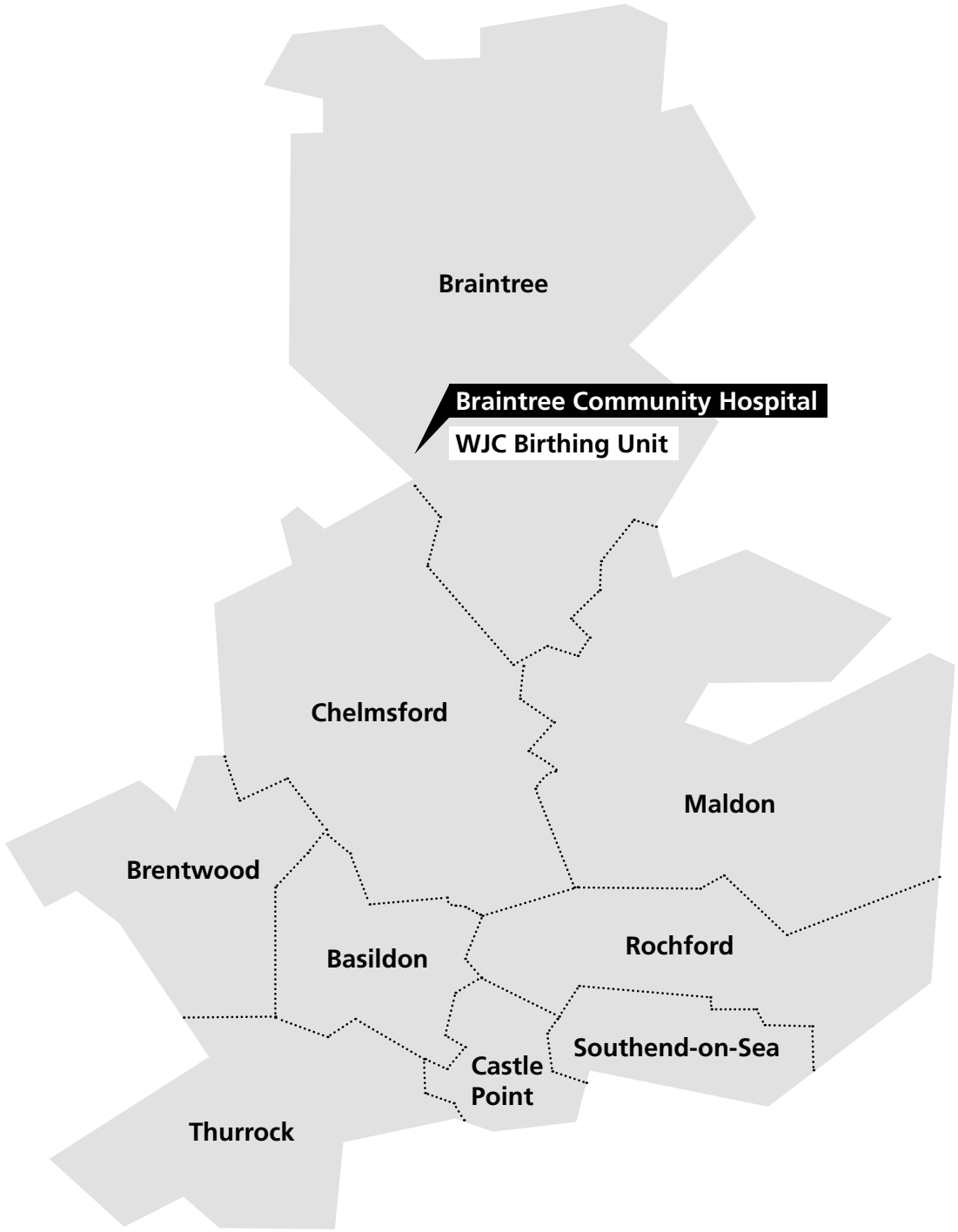
A freestanding midwife-led birthing unit to be based at the WJC Birthing unit in St Michael's Health Centre at Braintree Community Hospital.

This option would mean:

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



Consultation option
for freestanding midwife-led birthing unit



Predicted impacts

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



Other ideas we considered

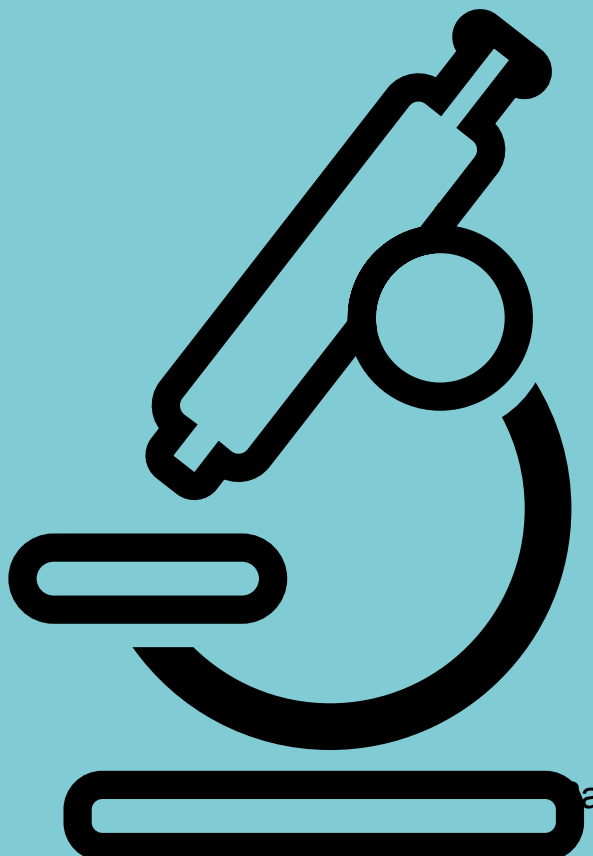
We looked at seven possibilities. We eliminated an idea to have no freestanding midwife-led birthing unit because that would limit birthing choice options in our area. We eliminated an idea to create an inpatient and outpatient maternity service at a primary care hub in Maldon because of the limits on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

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

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

Your views

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



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

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

300 patient appointments on each clinic day

80,000+ appointments each year.



The services provided at St Peter's:

- Abdominal aortic aneurysm (AAA) - screening for swelling in the main blood vessel that runs from your heart down through your body
- Assessment and Rehab Unit (incl. COPD)
- Audiology
- Bladder and Bowel
- Cardiology - heart conditions
- Catheter Clinic
- Children's continence
- Communication station initial assessments
- Day Therapy
- Dermatology - skin conditions
- Diabetes
- Dietetics - food and nutrition
- District Nursing
- Endocrinology - conditions of glands and hormones
- Ears, nose and throat
- Gastroenterology - stomach and intestines
- General Medicine
- Long Covid
- Maternity hub - including obs and gynae, paediatrics, neonatal and midwife OPs, scanning and classes
- Mental health services provided in Cherry Trees Therapy Centre
- Nephrology - kidney conditions
- Neurology - conditions affecting the nervous system
- Ophthalmology - eye conditions
- Optometry - eye examinations
- Orthopaedics - bone, joint and cartilage related conditions
- Orthoptics - eye movement disorders and vision development
- Out-of-hours GP
- Oxygen
- Parkinson's
- Phlebotomy - blood tests
- Physiotherapy
- Podiatry
- Pulmonary Rehabilitation - helping people with lung conditions breathe better
- Radiology and Ultrasound - x-ray and other diagnostic services
- Rheumatology - conditions affecting the joints and surrounding tissues
- Speech and Language Therapy

We need your views

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

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

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

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

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

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

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



Staffing, equality and health inequalities issues

Staffing issues

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

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

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

The ways our staff work were disrupted during the COVID-19 pandemic when we had to move services to keep people as safe as we could. They have been disrupted again as we've had to make temporary changes to services, like closing the birthing unit at St Peter's Hospital, Maldon from time to time, and reorganising stroke rehabilitation beds and intermediate care beds to make best use of our people and facilities this winter. This creates uncertainty for staff and has meant some jobs have been advertised on a fixed-term basis, which isn't as attractive as a permanent job. We are close to London. NHS staff in London are paid more than staff in the other areas of the country, and qualified people in our area can easily travel into London for work.

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



Equality and health inequalities issues

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

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

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

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

Carers

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

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

Homelessness

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

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

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

Mental health

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

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

Substance misuse

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

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

Gypsy, Roma and Traveller communities

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

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

Refugees and asylum seekers

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

Involving people affected by health inequalities

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

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

We need your views


UNISON
Southend Hospital
PRECAUTIONS
NHS

Have your say

Have your say

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

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

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

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

You can attend a consultation event:

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

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

Public consultation hearing

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

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

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

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

NHS staff will have the opportunity to attend dedicated staff events.

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

If you need any help, contact us.

mseics.getinvolved@nhs.net

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

https://x.com/MSEssex_ICS

Telephone: 01268 594350

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

What happens next

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

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

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

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

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

Notes

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We need your views

Appendix 5

NHS MSE Consultation document - ONLINE VERSION

Appendix 6 - Data tables from survey analysis

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

Stroke rehabilitation and intermediate care inpatient services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Freestanding midwife-led birthing unit

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

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

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

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

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

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

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

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

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

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

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

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

All other patient services

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

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

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

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

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

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

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

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

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

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

Alternative solutions provided by survey respondents

Reconsider closure and refurbish / rebuild St Peter's	Specific comments / suggestions included:
	- Reconsider closure / leave the hospital open with investment
	- Explore using existing site and refurbish / rebuild into health hub / centre / hospital / cottage hospital (provision of outpatients as minimum)
	- Explore previous plans for hospital
	- Demolish buildings where necessary and rebuild / update other parts to comply with regulations.
	- Sell part of land for development (section 106) and retain other part for health provision (e.g. open ground floor medical centre and sell upper floors for flats)
	- Consider restructuring site, for example;
	  o Keep main building for administration, staff accommodation, GP and teaching facilities, mental health, pain management
	  o Make parking more accessible (demolish chapel)
	  o Consolidate areas in main building to make more efficient and save on heating costs etc.
	  o Utilise unused areas (rear of building / outbuilding)
	  o Redesign front of building
	- Expand site / consider alternative uses - care home / hospice / day care centre / minor injuries service / A&E / specialist consultations / diagnostic services / screening services / social care / primary care
	
	Funding suggestions:
	- Obtain different quotes / source costs for all options (refurb & rebuild of St Peters into hub / cottage hospital / medical centre etc.) vs relocation of services in Maldon
	- NHS / government investment
	- Selling part of land and using money to reinvest
	- Negotiations with housing developers (part of plans)
	- Approaching private healthcare organisations (joint venture)
	- Private funding from shops on site (e.g. M&S, Costa)

	- Public fundraising / local charity support - Community engagement project (ask community to volunteer their time) - Using money currently used to 'outsource' provision / reducing the number of current provider locations across Maldon - Sourcing investors / other funding - Run as a charity form of hospital - Approach local philanthropists, businesses and other interested parties - Introducing parking charges - Investment in existing services rather than on new roundabout layout Suggestions as to how this can be achieved: - Move all services into temporary buildings on part of site while rebuilding / undertaking work - Rent out temporary premises such as football club / empty nursing homes - Use relocatable buildings to house services that can be moved to them - Use prefabs (in car park) / external units - Provide alternative safer environments on the St Peter's Hospital site service by service
Stroke / intermediate care specific suggestions	Specific comments / suggestions included: - Leave provision as is / continuing to provide inpatient beds at St Peter's (e.g. move onto ground floor) - What other local options are there available in Maldon for inpatient beds / purpose built rehab unit? o Consider local provision of intermediate care beds which could become makeshift stroke beds to relieve pressure - Consider investment in community stroke rehabilitation / hospital at home teams / comprehensive out of hospital solution / post discharge support

	- Explore development of virtual frailty rehabilitation and community specialist neurological pathways
	- Review admission / review criteria
	- Consider increasing bed numbers e.g. add additional 25 beds to Brentwood (whilst keeping intermediate beds)? Use escalation bay on Bayman (Brentwood) for extra 3 beds?
	- Explore idea of Brentwood giving all beds to intermediate care patients due to dramatic loss of beds in South Essex (e.g. at Highwood Hospital and at St Georges and Chadwell Heath Hospitals)
	- Consider more even geographical spread of beds:
	  o 50 / 50 stroke / rehab beds in Brentwood and 50 / 50 in Rochford CICC (heavy investment been made at Rochford)
	  o Alternative hospitals e.g. Braintree, Broomfield, Princess Alexandra Hospital, Halstead Hospital, Southend University Hospital
	  o Move elderly mental health ward from Rochford to Billericay to free up ward space in Rochford for an IMC unit
	- Explore slow stream rehab
	- Explore peripatetic services
	- Provision of 'day therapy' and transport to bring patients to centre for rehabilitation
	- Expanding rehabilitation to accept non-stroke brain injuries / development of specialist neurological rehab community pathway
	- Other health conditions for rehabilitation, particularly in young people, not addressed
	- Provision of more local intermediate care beds, with visiting community physios
	  o Convert existing care / nursing home
	  o Allocation within nursing homes (e.g. Heybridge)
	- Use leisure centres to run rehab classes
	- More physio, OT, counselling and activity centres/services to help those affected to get better quicker and possibly vacate the beds sooner.
	- Better engagement with existing staff

	- Consider virtual stroke wards within the community - Consider 7-day admission and discharge process from the offset - Consultation with the government re: local housing developments contributing to the infrastructure and funding local beds for local people - Commitment needed to improving transport options - Consider digital access in the area - Liaison with Stroke Association when developing plans
Other suggestions	Specific comments / suggestions included: - Privatise the NHS - Consider partnering with private organisations (e.g. Bupa) - Consider relationships with other large organisations within the area (e.g. supermarkets) to support local area - Obtain input from Wernick Ltd or McAvoy Ltd (permanent or modular building specialists) - Community services / teams essential - Consider provision of local A&E services and minor injuries services - Explore option of external / mobile units - Explore rotational clinics / more innovative thinking as to how smaller spaces could be efficiently used (i.e., outpatient services) - Consider local development plan growth forecast for Maldon to establish long-term plan for the area - Consider income generated from sale (not considered in consultation document) - Consider how digital / AI / advanced technology and telemedicine could be utilised (e.g. video calls for outpatient appointments) - Consider costs of building work on other buildings in Maldon / new health hub - Consider community engagement to develop plans - Consider full utilisation of facilities / space at other hospitals (reference to spaces used for COVID wards)

	- Look for sponsorship from builders - Explore lottery / levelling up grants and other grants / fundraising / crowdfunding / other funding options - PFI agreement (like in place at other hospitals) - Appeal to the government for more money to fund services and improve staff remuneration - Ensure housing developers financially support local infrastructure (condition of contract) - Develop pharmacy network - Expand / offer services differently at Broomfield / Halstead / Braintree - Explore mobile services / freestanding units to house patient services - Explore home visits - Conduct full environmental impact assessment
Improve primary care provision	Specific comments / suggestions included: - Expansion / amalgamation of existing practices (to give 24-hour GP / nurse cover) - Opening of a 3rd GP practice - Improve current access (booking systems & opening hours) - Option to operate as part of medical hubs / integrate with outpatient services - Enhancing existing provision with access to blood tests / hospital consultations & reviews / minor surgery
Improve transport routes / networks	Suggestions related to: - Free buses / transport / shuttles - Subsidising a public bus service e.g. for at least 3 return journeys, for next 10 years - Provision of patient transport services - Improve public transport network with direct bus services - Provide dedicated transport services to any new locations - Better and cheaper hospital parking

	- Reinstate park & ride - Investment and coordinated response with transport network -
Midwifery specific suggestions	Specific comments / suggestions included: - Explore continuing provision at St Peter's (including post-natal support)/ to remain open until new local provision up and running - Explore what other local venues are available (Unit in Witham / Rochford / Chelmsford (obstetric cover)?) - Consider provision of midwife clinics in Maldon with weekly consultant access and ECG monitoring equipment (service to offer antenatal appointments / scans, postnatal checks, and services prior to birth such as the stretch and sweeps and checking waters breaking) - Consider breastfeeding support - Consider expansion of community midwifery teams serving rural areas - Consider offering services within GPs (including emergency supplies in all GP surgeries) - Consider open birthing services as required with an on call system - Consider drop-in hub for maternity services - Consider home birth options and increasing capacity to support - Consider support with transport -
Consult when more information can be provided / too little detail provided / information absent	Specific comments / suggestions included: - What buildings / venues are being considered for patient services? - Proposals not properly costed (i.e. all other patient services) - What is the cost required to rebuild St Peter's / cost projections for investment in St Peter's needs to be shared more openly - Future population increases have not been taken into account

	- Review of associated transportation networks and their coordination needed - Not enough people know about consultation - Put process on hold until after general election
Improve offer / provision at Brentwood Community Hospital	Specific comments / suggestions included: - Enhancing provision including maternity, small injuries unit and preventative services - Re-examining the land at the south transferred to Brentwood with a Section 106 Agreement in 2011
Explore options to attract and retain staff	Specific comments / suggestions included: - Providing new opportunities to train in midwifery / stroke rehabilitation - More attractive employment packages - Proposals to include investing in ongoing training and professional development - Provide a specialist modular facility to attract and maintain staff - Provision of low cost housing options

Appendix 6

Data tables survey analysis

Involving people.
Transforming services.

stand.

Report of Sir John Whittingdale OBE MP's additional public consultation survey

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.

Stand | Enterprise House, Barnard Castle DL12 8XT | WeAreStand.co.uk

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 everyone who responded to this survey. Without your input this report would not have been possible.

We are grateful for the support and co-operation of Sir John Whittingdale OBE MP and his staff in producing this report.

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Executive summary

Introduction

On 25 January 2024, Mid and South Essex Integrated Care System published proposals for changes to community hospital services that, if approved, would lead to the closure of St Peter's Hospital in 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. 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.

Concern that the questions put to residents in the official consultation questionnaire designed by NHS Mid and South Essex did not allow local people to give sufficiently detailed responses and make their views heard in full led the Member of Parliament for Maldon, Rt Hon Sir John Whittingdale OBE, MP to run an additional consultation survey.

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

Sir John was assured by local NHS leaders that responses to his survey will be taken into consideration as part of the consultation process.

NHS Mid and South Essex asked the independent analysts of its public consultation to support Sir John's office in analysing the feedback collected in response to his survey. This is that report. The report aims to transparently convey the community's perspectives and concerns, providing a detailed overview of constituents' responses to ensure all voices are heard and considered in the decision-making process. The report will be forwarded to NHS Mid and South Essex for consideration by decision-makers.

The survey was promoted by:

- Emailing constituents that 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
- Survey linked to on social media and in newsletters.

1,108 constituents responded to this survey.

Demographic and location information was not collected.

Key findings

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 in Maldon.

Transport and Parking Concerns

- Respondents highlighted difficulties travelling, particularly by public transport, to hospitals other than St Peter's 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

1 Introduction

1.1 Context and background

On 25 January 2024, Mid and South Essex Integrated Care System published proposals for changes to community hospital services that, if approved, would lead to the closure of St Peter's Hospital in 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. 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.

Concern that the questions put to residents in the official consultation questionnaire designed by NHS Mid and South Essex did not allow local people to give sufficiently detailed responses and make their views heard in full led the Member of Parliament for Maldon, Rt Hon Sir John Whittingdale OBE, MP to run his own consultation survey.

The questions were set by Sir John's office and the exercise approved by the Independent Parliamentary Standards Authority.

Sir John was assured by local NHS leaders that responses to his survey will be taken into consideration as part of the consultation process.

This report presents an independent analysis of the feedback collected through this initiative. It aims to transparently convey the community's perspectives and concerns, providing a detailed overview of the constituent responses to ensure all voices are heard and considered in the decision-making process.

1.2 Objectives

The stated objective of the survey was:

- To "allow constituents the opportunity to submit more detailed responses to the proposals than the official consultation questionnaire permits".

2 Methodology

Rt Hon Sir John Whittingdale OBE, MP organised this consultation survey.

This report presents an independent analysis of the feedback collected through this initiative. It aims to transparently convey the community's perspectives and concerns, providing a detailed overview of the constituent responses to ensure all voices are heard and considered in the decision-making process.

2.1.1 Survey

Constituents were given the opportunity to respond to the survey from 5th March – 11th April 2024.

The survey questions were set by Sir John's office and the exercise approved by the Independent Parliamentary Standards Authority.

The survey was sent out in an email allowing for open responses to all questions. Constituents either responded by:

- Completing the questions in the body of an email.
- Printing the questions out and completing them in paper format and returning them by email or by post.
- Sending correspondence not directly answering the questions, but still providing their views.

The survey questions are available at Appendix 1.

2.1.2 Number and range of responses

A total of 1108 respondents took part in the survey.

2.1.3 Notes on analysis

All of the questions were open questions which meant:

- all responses were coded,
- respondents interpret questions in different ways,
- the base sizes (total number of responses) to questions differ, so for the most part percentages have not been calculated, and
- comments received that were inappropriate to a particular question have been extracted and moved to the most relevant question. Where this is the case, it has been noted in this report.

2.1.4 Data protection

Participants provided data on the basis of consent. Every effort has been taken to ensure that individuals cannot be identified in this report.

3 Analysis of the survey

3.1 Summary of responses

This section contains the themed analysis of all responses received from the survey by question.

3.1.1 Question 1.1: Are you aware of the proposal to close the existing maternity, stroke and outpatient facilities at St Peter's Hospital? Yes/No? (N=1036)

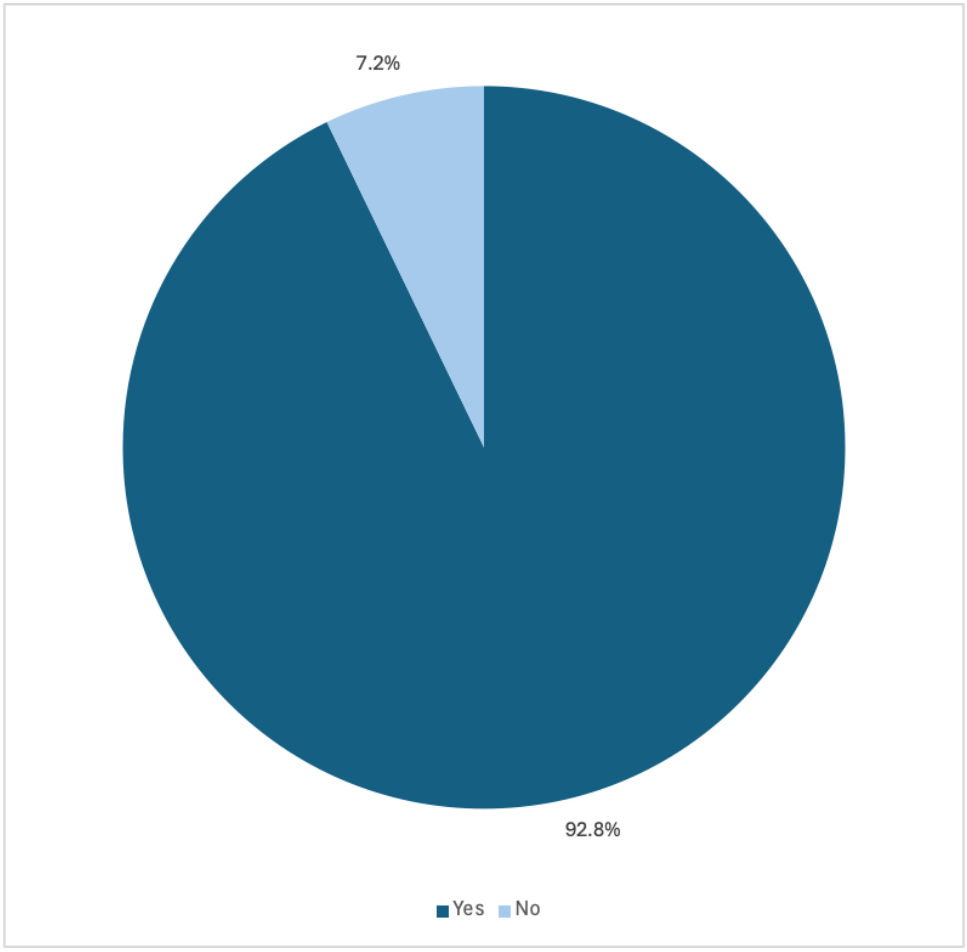
Constituents were asked if they were aware of the proposal to close the existing maternity, stroke and outpatient facilities at St Peter's Hospital. This was an open-ended question.

Nearly all respondents were aware of the proposal to close the existing maternity, stroke and outpatient facilities (Table 1 & Figure 1: 92.8%).

Table 1: Awareness of the proposal (N=1019)

Response	No. of responses	% of responses
Yes	*946*	*92.8%*
No	*73*	*7.2%*

Figure 1: Awareness of the proposal (N=1019)



i. Question 1.2: Further comments

Some respondents provided more than just a yes or no answer. These comments have been themed into the following responses. In total, 36 comments were received (Table 2).

13 respondents described that they heard about the proposed closure either through the local press, social media, a banner or by word of mouth.

> *"By word of mouth not a formal notification. We got the public consultation document from the Library."*

Seven respondents indicated they were only made aware of the proposed closure via their MP, and this was either by email or correspondence surrounding this survey.

> *"No, I was not aware of closure until you informed me via email and post."*

One comment could not be themed and was categorised as other. This comment can be found in Appendix 2.

Table 2: Comments coded around awareness of the proposed closure (N=1036)

Coding	No. of comments
Through local press, social media, a banner or word of mouth.	*13*

Only heard about it through this email, survey – contact from the MP	*7*
I thought maternity, stroke and outpatients' departments had already moved	*5*
Only heard about it recently	*3*
I attended or replied to the public consultation	*3*
We thought these changes were temporary	*2*
There's a proposal to close St Peter's but there isn't a new hospital to replace it	*2*

Some comments were received that are not appropriate to this question (N=18). These comments have been extracted and moved to Question 7. You can find the full list of these comments in Appendix 3.

3.1.2 Question 2.1: How often have you or your family members utilised services at St Peter's Hospital? (N=1025)

Constituents were asked how often they or a family member has utilised services at St Peter's Hospital. This was an open-ended question.

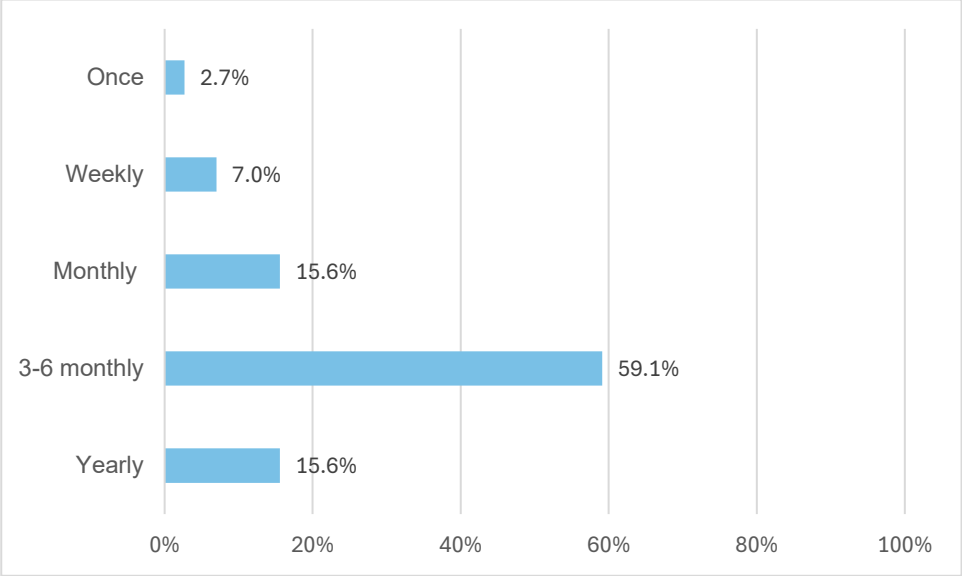
Responses received from 186 constituents allow us to quantify utilisation of the services. These responses can be seen in the below table and chart (Table 3, Figure 2).

Nearly three in five of the respondents that provided data allowing us to quantify usage of St. Peters indicated they or a family member use the services every three to six months (59.1%).

Table 3: How often have you or your family members utilised services at St Peter's Hospital? (N=186)

	No. of responses	**% of responses**
Once	*5*	*2.7%*
Weekly	*13*	*7.0%*
Monthly	*29*	*15.6%*
3-6 monthly	*110*	*59.1%*
Yearly	*29*	*15.6%*

Figure 2: How often have you or your family members utilised services at St Peter's Hospital? (N=186)



ii.

iii. Question 2.2: Visualisation of services used

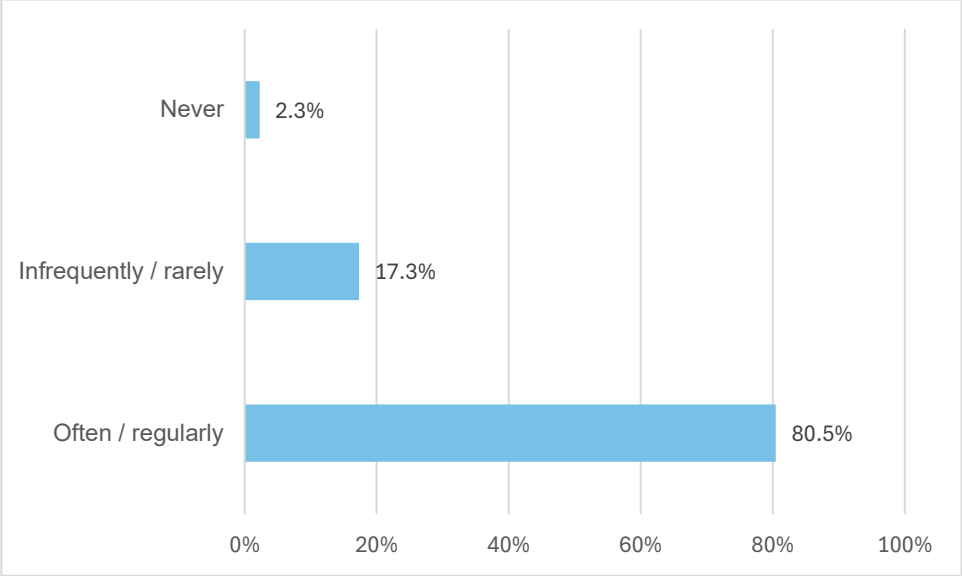
Responses from 399 constituents allow us to visualise usage. Note responses from these constituents could be subjective. These responses can be found in the below table and chart (Table 4, Figure 3).

Four in five of the respondents feel that they use St Peter's often or regularly (80.5%).

Table 4: How often have you or your family members utilised services at St Peter's Hospital? (N=399)

	No. of responses	% of responses
Never	*9*	*2.3%*
Infrequently / rarely	*69*	*17.3%*
Often / regularly	*321*	*80.5%*

Figure 3: How often have you or your family members utilised services at St Peter's Hospital? (N=399)



iv. Question 2.3: How have you or your family members utilised services at St Peter's Hospital? (N=1025)

In Question 2, constituents were also asked how they utilised services. This was an open-ended question.

When constituents were asked how they or a family member utilised services at St Peter's Hospital many responded indicating the services they use, with 1948 comments received (Table 5). A smaller proportion (85) indicated how they accessed the services (Table 6, Figure 4). We will break the responses down per element.

Question 2.3.1: Services

In total 1950 comments were received from constituents to suggest the services that have been utilised at St Peter's Hospital (see Table 5).

Over half of the respondents that answered this question suggested that they attend St. Peters for blood tests, with 625 comments.

> *"Annually for blood tests."*

259 comments suggested respondents attend St Peter's for rehabilitation including physiotherapy.

> *"My mother stayed in the rehabilitation ward after a bad fall. They were very caring to her."*

A good proportion also suggest that they attended St Peter's for scans or x-rays (257 comments).

> *"Infrequently, gastrology, outpatient x-ray outpatient."*

240 comments suggest respondents have attended for maternity services.

> *"…Have had most of my pre-natal appointments there, scans, post-natal stay after birth of both children, continence service, eye checks for children, blood tests."*

In total, six comments could not be themed and were therefore categorised as other. These comments can be found in Appendix 2.

Table 5: How have you or your family members utilised serves at St Peter's Hospital? (N=1025)

Coding	No. of comments
Blood tests	*625*
Rehabilitation including physiotherapy	*259*
Scans or x-rays	*257*

Maternity	*240*
Outpatients	*151*
Audiology	*86*
Eye clinic	*81*
Stroke ward	*51*
Cancer	*28*
Diabetes	*20*
Dermatology	*20*
Heart	*20*
Podiatry	*19*
Mental health	*15*
Cherry Tree clinic	*12*
Paediatrics	*11*
Parkinson's	*11*
Dementia	*9*
Minor Injuries	*7*
OOH GP	*6*
Gastro	*6*
ENT	*4*
Sexual health	*3*
Vaccinations	*3*

Question 2.3.2: Access

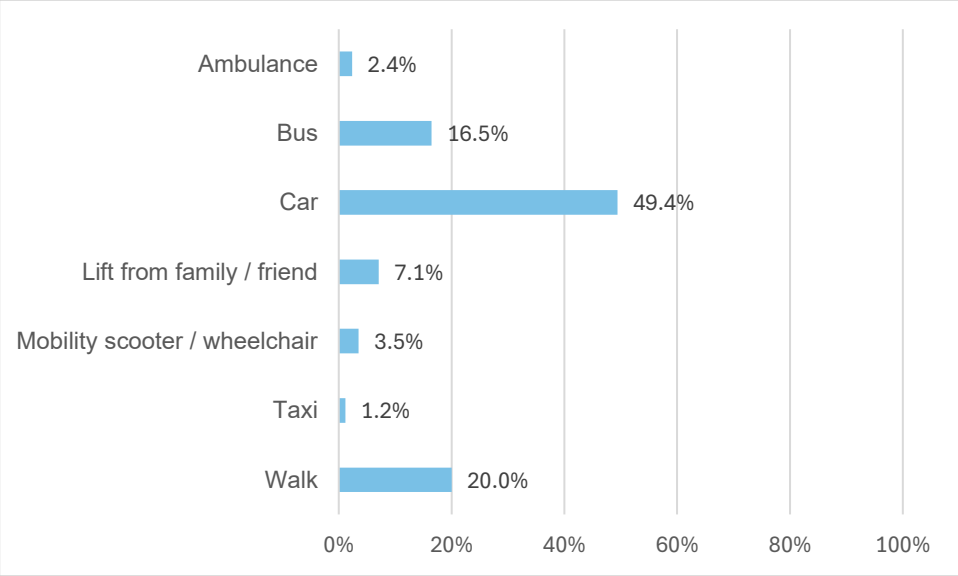
69 respondents told us how they accessed St Peter's Hospital, with just under one in two suggesting they get there by car (49.4%).

One in five indicate they walk to St Peter's Hospital (20.0%).

Table 6: How have you or your family members utilised serves at St Peter's Hospital? (N=69)

	No. of responses	% of responses
Ambulance	*2*	*2.4%*
Bus	*14*	*16.5%*
Car	*42*	*49.4%*
Lift from family or friend	*6*	*7.1%*
Mobility scooter wheelchair	*3*	*3.5%*
Taxi	*1*	*1.2%*
Walk	*17*	*20.0%*

Figure 4: How have you or your family members utilised serves at St Peter's Hospital?



3.1.3 Question 3.1: Which services should continue to be provided in Maldon? (N=1003)

Constituents were asked which services should continue to be provided in Maldon. This was an open-ended question.

The full list of services respondents discussed can be found below (Table 7). In total 1891 comments were received telling us the services they feel should continue.

Many comments indicate that respondents feel all services should continue at Maldon (486 comments).

> *"The services currently provided should be retained as these are essential for all current and future users."*

Blood tests are also high on the agenda for respondents (279 comments).

"Blood tests, X Rays and physio should all continue."

243 comments indicate that maternity should continue in Maldon, with 172 comments mentioning the stroke ward.

"Outpatients, blood test, x-ray, stroke and maternity."

Scans / x-ray, outpatients and rehabilitation / physiotherapy should also continue in Maldon (156 comments, 144 comments, 86 comments respectively).

"…from outpatient appointments, x rays, physio, blood tests, as well as in patient for rehabilitation and maternity."

Seven comments could not be themed and were therefore categorised as other. These comments can be found in Appendix 2.

Table 7: Which services should continue to be provided in Maldon? (N=1003)

Coding	No. of comments
All services	*486*
Blood tests	*279*
Maternity	*243*
Stroke ward - care	*172*
Scans - X-ray	*156*
Outpatients	*144*
Rehabilitation including Physiotherapy	*86*
Additional services should be added / services should be reinstated	*54*
Minor Injuries	*33*
A&E	*27*
OOH GP	*24*
Mental health – counselling (Cherry Tree Clinic)	*20*
Eye clinic	*17*
Audiology	*17*
Intermediate care	*16*
Cardiac - Heart	*13*

Consultants	*12*
All current inpatient services	*10*
Walk in centre	*9*
Convalescence care	*7*
Parkinson's	*7*
Cancer care - Chemotherapy	*6*
Dementia	*6*
Dermatology – skin ulcers	*6*
Respiratory / Pulmonary	*5*
Diabetes	*4*
Paediatrics	*3*
Don't know	*3*
Podiatry	*3*
Endocrine	*2*
Vaccinations	*2*
Specialist appointments	*2*
Follow-up test results	*2*
Minor surgery	*2*
Pathology	*2*
Fast track	*2*
Injections – muscular	*2*

v. Question 3.2: Do you have any comment on the reason for your answer? (N=1003)

Constituents were asked if they have any comments for the reason for their answer to the initial question [which services should continue to be provided in Maldon…]. In total 1535 comments were received. These comments have been broken down into three areas below.

Ten comments could not be themed and were therefore categorised as other. These comments are available in Appendix 2.

Convenience, accessibility and support for St Peter's Hospital

In total, 522 comments were received that discussed convenience, accessibility and / or support for St Peter's Hospital. The full list of themes can be found in the below table (Table 8).

Respondents felt that the services should continue due to ease of access and convenience, being on a bus route or within walking distance (362 comments).

> *"It is convenient to use outpatients at St Peter's as it is the same distance for me as Broomfield but less crowded and a more prompt service. I am too old for maternity service but Braintree is a long way from Maldon."*

> *"It is unacceptable to ask people to travel miles for these services. They need to be kept under one roof too."*

Easy access or lack of cost associated with parking at St Peter's was noted (76 comments).

> *"Shorter waiting times for getting an appointment and when you attend. only 15 to 20 minutes to drive there. ease of parking."*

Table 8: Which services should continue to be provided in Maldon?(N=1003)

Coding	No. of comments
Easy to access/Closer/local / convenient / bus route / walking distance /	*362*
Parking is easier and free at St. Peters	*76*
St Peter's offers a good, friendly or superb service	*23*
Maldon area and surrounding villages are rural and need access to services – St Peter's serves these areas	*17*
Can be seen quicker at St Peter's Hospital	*8*
The location of St Peter's means you can get to appointments around other commitments such as work and children	*7*
Renovate St Peter's Hospital / don't build new	*7*
Services are currently overstretched and will be worse if St Peter's closes	*6*
The services are used and appreciated, we are lucky to have them and are grateful	*5*
Easier to navigate St Peter's Hospital	*4*
Speedier recovery at St. Peters Hospital – staff/patient ratio	*3*
Jobs lost will have an impact	*2*

Larger hospitals are service focused and not patient focused	*2*

Increased travel and access concerns

In total, 578 comments were received that discussed concerns over increased travel and access. The full list of themes can be found in the below table (Table 9).

188 respondents feel all other hospitals or options were either too far away or too difficult to get to.

> *"Put yourself in the situation of an elderly person who has been given an outpatients appointment for 9am but has to travel there by public transport! It would be impossible. Not everyone has cars, not everyone can rely on neighbours or friends to transport them. It's outrageous to expect this of your constituents."*

Public transport was discussed, with 172 respondents concerned about travel to other hospitals, or services other than St Peter's.

> *"Have only public transport - Broomfield distant and buses rare."*

Difficulties with parking at alternative locations, including the lack of park and ride options was a concern (47 comments).

> *"All of them as if you live anywhere within the Dengie you are looking at a round trip of 50 plus miles to any other hospital none of which are reasonably accessible by either public transport or private car with a minimum journey time of an hour each way assuming you can park at these other hospitals when you get there and that is already a serious issue at Broomfield for example and closure of St Peter's would make this considerable worse."*

Also, worth noting are the concerns of a small number of respondents surrounding unfulfilled promises of a new hospital and the need for a new hospital (6 comments).

Table 9: which services should continue to be provided in Maldon?(N=1003)

Coding	No. of comments
Other hospitals / replacement services too far / difficult to get to / stressful / lack transport / time consuming	*188*
Poor public transport / ridiculous travel times to other hospitals	*172*
Additional costs due to further travel such as taxis / parking / fuel	*51*
Parking elsewhere is a problem / no park and ride	*47*
Currently poor infrastructure - road congestion will get worse with additional travel	*41*
Environmental Impact of additional travel to further services	*35*

Coding	No. of comments
Average age of Maldon residents is increasing but services are decreasing	*15*
We were promised a new hospital, or we need a new hospital	*6*
Risk to life with further travel for some patients – consequence of closure adding additional pressure	*5*
Currently failing ambulance service – capacity will get worse	*5*
Distance to Maldon is far enough for some	*4*
All services should be under one roof	*3*
Don't close St Peter's Hospital until other facility is fully operational	*2*
Loss of other facilities: South Woodham Clinic / St. John's hospital Chelmsford	*2*
People who have had a stroke stay in hospital longer	*2*

Importance of local services

In total, 425 comments were received that discussed the importance of local services. The full list of themes can be found in the below table (Table 10).

Respondents referred to the growing population within Maldon and the surrounding areas suggesting a requirement for more services to support this growth, rather than a reduction (187 comments).

> *"The town is rapidly growing and local services are essential."*

Respondents were concerned about additional travel for the elderly, many of whom don't drive or venture far (74 comments).

> *"All services should be retained. Elderly residents can get there easily."*

> *"…Maldon district has a large number of elderly residents who need local services. Maldon District population is increasing rapidly due to all the new housing and local hospital facilities are vital."*

Table 10: which services should continue to be provided in Maldon?(N=1003)

Coding	No. of comments
Growing population - services should increase not reduce	*187*

Coding	No. of comments
Easy access required for the elderly	*74*
Other hospitals are busy / can't cope with current demand – keeping services in Maldon will help	*69*
Currently difficult to get GP appointments - local services would help to take pressure off GPs	*36*
Further travel not appropriate for some - feeling unwell, certain health conditions, disabilities	*30*
A local service is vital for local people, such as Community hospitals / cottage hospital - less stress / closer to home	*23*
Young mothers need access to services – should have the option to birth locally	*6*

Some comments were received that are not appropriate to this question (N=28). These comments have been extracted and moved to Question 7. You can find the full list of these comments in Appendix 3.

3.1.4 Question 4.1: If you or a member of your family needed maternity services, would you wish to use a midwife-led unit in Maldon? (N=1022)

Constituents were asked if they or a family member needed maternity services, would they wish to use a midwife-led unit in Maldon. This was an open-ended question.

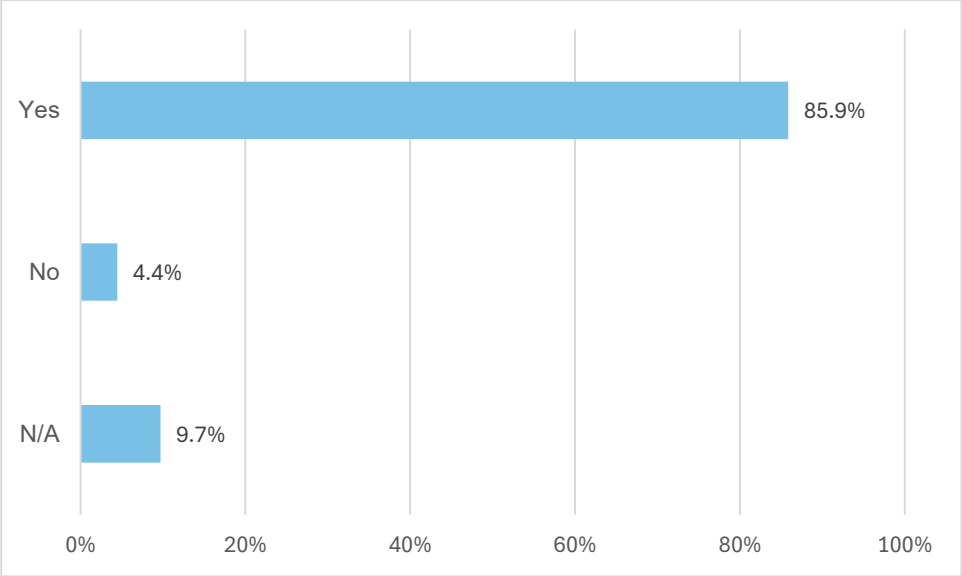
In total, 990 constituents responded with data that could be quantified in the below table and chart (Table 11, Figure 5).

Over four in five respondents that provided information that could be quantified, indicate that they or a family member would wish to use a midwife-led unit in Maldon (85.9%).

Table 11: If you or a member of your family needed maternity services, would you wish to use a midwife-led unit in Maldon? (N=990)

	No. of responses	% of responses
Yes	*850*	*85.9%*
No	*44*	*4.4%*
N/A	*96*	*9.7%*

Figure 5: If you or a member of your family needed maternity services, would you wish to use a midwife-led unit in Maldon?



vi. Question 4.2 Further comments

Respondents also provided comments to this question. These comments have been coded into the following themes below (Table 12). In total, 195 comments were received.

80 comments infer that St Peter's Hospital is closer, quicker or easier to get to.

> *"I am currently pregnant and am very upset because I do not drive which will add constant stress to my pregnancy."*

> *"Braintree is a long way and not served by bus."*

Respondents also reflected on past experiences, with 56 comments expressing satisfaction with their own, or their family/friends' previous interactions with maternity.

> *"I have many friends that have used this service and have found it to be invaluable…"*

> *"Both my children were born at St Peter's and my wife attended classes there. I would like my children to be able to use the same services if they remain in the area."*

In total, six comments could not be themed and were therefore categorised as other. These comments can be found in Appendix 2.

Table 12: If you or a member of your family needed maternity services, would you wish to use a midwife-led unit in Maldon? (N=1022)

Coding	No. of comments
St Peter's Hospital is closer, quicker or easier to get to - some commenting a lack of transport	*81*

Satisfaction / happiness with previous experience at St Peter's – either their own experience or family/friends	*56*
Only offer standard births so there would be the need to transfer elsewhere – no doctors, require back for emergencies	*14*
Population is increasing in area – makes sense to have maternity unit in the area	*12*
St Peter's offers a smaller, friendlier or intimate service	*8*
St Peter's Hospital would be good for check-ups, antenatal, postnatal	*7*
Unable to comment / don't know	*6*
St Peter's would relieve pressure or free up beds	*3*
St Peter's offers more choice	*2*

Some comments received were not appropriate to this question (N=4). These comments have been extracted and moved to Question 7. You can find the full list of comments in Appendix 3.

3.1.5 Question 5.1: If you or a family member needed intermediate care or stroke rehabilitation, would you want this to be provided in Maldon? (N=1032)

Constituents were asked if they or a family member needed intermediate care or stroke rehabilitation would they want it provided in Maldon.This was an open-ended question.

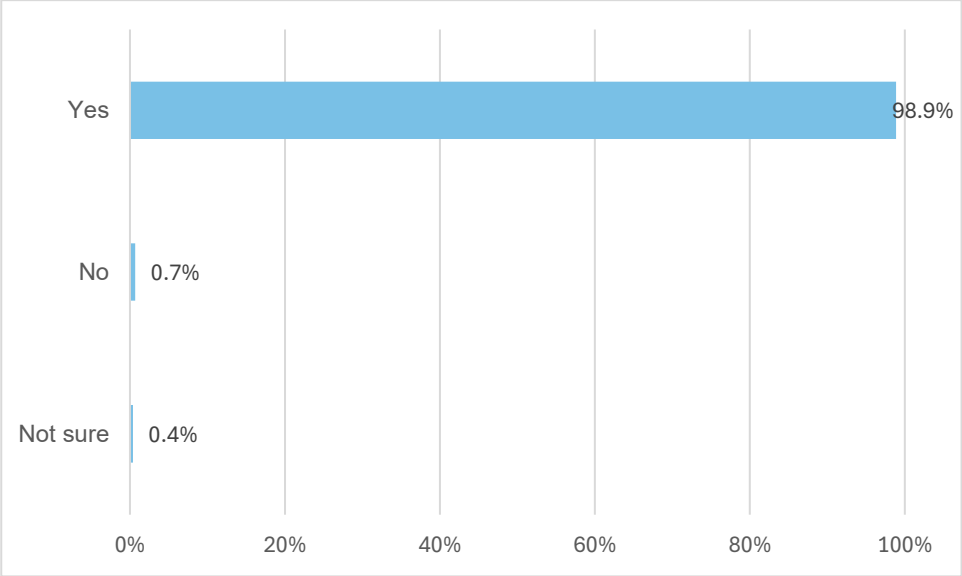
In total, 804 constituents responded with data that could be quantified in the below table and chart (Table 13, Figure 6).

Nearly all indicated that they would like intermediate care or stroke rehabilitation provided in Maldon (98.9%).

Table 13: If you or a family member needed intermediate care or stroke rehabilitation, would you want this to be provided in Maldon? (N=804)

	No. of responses	% of responses
Yes	*798*	*98.9%*
No	*6*	*0.7%*
Not sure	*3*	*0.4%*

Figure 6: If you or a family member needed intermediate care or stroke rehabilitation, would you want this to be provided in Maldon?



vii. Question 5.2: Further comments

Respondents also provided comments to this question. These comments have been coded and broken down into the following areas. A total of 380 comments were received.

29 comments could not be themed and were therefore categorised as other. These comments can be found in Appendix 2.

The importance of local services

In total, 154 comments addressed the importance of local services. A full list of the comments can be seen below (Table 14).

93 comments discuss how patients and / or visitors need local services, and how they will struggle to any of the other options.

> *"...supporting the family member during Rehabilitation is important. I was able to visit every day. If this service had been moved, that would not have been the case."*

> *"Intermediate care/stroke rehabilitation should be available locally for ease of access and to avoid lengthy car journeys for patients and visitors alike."*

24 comments address the need for services to be available in Maldon.

> *"…for the physical and mental recovery of those who need this service, that they can have the support of family and friends! This is extremely difficult for those who now have to travel to Brentwood Hospital to visit their relatives and friends. It was a cruel and insensitive decision to move these services out of the area and shows a total lack of care and empathy for patients and visitors. These services should be returned to the Maldon district as a matter of urgency!"*

Table 14: If you or a family member needed intermediate care or stroke rehabilitation, would you want this to be provided in Maldon? (N=1032)

Coding	No. of comments
Local services needed for patients and visitors – some are unable or will struggle to get to the other options they are too far	*93*
Services need to be in Maldon – more convenient	*24*
Elderly need services to be local / St Peter's Hospital	*23*
Maldon is easier more accessible (including cost)	*7*
Need a local hospital for stroke emergencies – need to act quickly	*5*
Local services will reduce the carbon footprint / better for environment	*2*

Travel concerns

In total, 75 comments discussed concerns over travel. A full list of the comments can be seen below (Table 15).

21 comments discussed the impact of long car journeys.

> *"I assume that such patients are likely to have limited mobility, and so local treatment is an advantage (psychologically as well as practically). Bussing over a long distance, especially on our local roads, is tiring."*

Table 15: If you or a family member needed intermediate care or stroke rehabilitation, would you want this to be provided in Maldon? (N=1032)

Coding	No. of comments
Long car journeys / time spent in the car, including congestion is unacceptable - some people will struggle more than others e.g. stroke victims	*21*
Travelling anywhere else would be difficult or impossible. Services need to be accessible including cost and parking. Parking is terrible at the other options	*17*
The area has poor public transport – no train service	*10*
Stroke patients and some people with disabilities can't drive or get public transport elsewhere - discrimination / extended travel is difficult for them as well as expensive	*10*
Population in Maldon and surrounds requires services to be available, perhaps an additional hospital	*9*

Public transport from Dengie to anywhere other than Maldon is impossible. St Peter's Hospital serves the Dengie well	*8*

Specific comments on stroke care

In total, 34 comments specifically addressed stroke care. A full list of the comments can be seen below (Table 16).

16 comments suggested that rehab or intermediate care should be in Maldon.

> *"Rehabilitation not immediate care."*

Table 16: If you or a family member needed intermediate care or stroke rehabilitation, would you want this to be provided in Maldon? (N=1032)

Coding	No. of comments
Constituents would want rehab and intermediate care in Maldon - not immediate	*16*
Stroke patients need familiar surroundings, their own community	*4*
Stroke services have already moved to Brentwood	*3*
It isn't possible for stroke services to be available everywhere but there should be a pathway and enough available beds	*3*
Inpatients may be expected to travel	*2*
Suggestion: care homes offering provision – even if it is temporary	*2*
Services should be available in Maldon for all Stroke care, including immediate	*2*
Can't rule out future need / not needed it so far	*2*

Support for St Peter's Hospital

In total, 32 comments showed support for St Peter's Hospital. A full list of the comments can be seen below (Table 17).

Respondents suggest that St Peter's stroke care should be reinstated and that is where they would like to receive treatment (13 comments).

> *If I should need stroke or rehabilitation in the future, I would prefer this to be locally in St Peters.*

Table 17: If you or a family member needed intermediate care or stroke rehabilitation, would you want this to be provided in Maldon? (N=1032)

Coding	No. of comments
Rehabilitation at St Peter's Hospital needs to be reinstated – would want to receive care here as it is accessible	*13*
Praise for local, personal, caring highly skilled treatment at St Peter's hospital for stroke / TIA	*8*
To move the service elsewhere is unacceptable	*4*
Good parking at St Peter's Hospital	*3*
St Peter's Hospital is on a bus route	*2*
St Peter's Hospital offers a personal touch – others don't	*2*

The impact of moving services on quality of care

In total, 31 comments discussed the impact of moving services on quality of care A full list of the comments can be seen below (Table 18).

Comments addressed the isolation and recovery of patients (12 comments).

> *"There is no public transport directly to Brentwood from this area and a lot of relatives would be unable to visit their loved ones regularly. Family/friend visits to stroke patients are known to aid recovery. Patients would feel very isolated."*

Table 18: If you or a family member needed intermediate care or stroke rehabilitation, would you want this to be provided in Maldon? (N=1032)

Coding	No. of comments
Patients feel isolated if they aren't local to home / recovery should be stress free not involve long distance travel	*12*
Further travel causes undue stress to family and carers	*11*
A requirement to address staffing, including the additional travel they are incurring – they may struggle with retention	*3*
There's currently a poor ambulance service	*3*
Some patients are at higher risk of stroke	*2*

Acceptable options and requirements

In total, 25 comments discussed acceptable options and what they would like to see happen. A full list of the comments can be seen below (Table 19).

Seven comments were satisfied with care in either Broomfield, Burnham, Billericay or the Dengie area.

"Yes, or Broomfield."

Table 19: If you or a family member needed intermediate care or stroke rehabilitation, would you want this to be provided in Maldon? (N=1032)

Coding	No. of comments
Would be happy with Broomfield, Burnham, Billericay, Dengie area	*7*
If services or facilities were better / more modern elsewhere this would be satisfactory	*5*
Parking should be free with plenty available for staff and patients	*4*
A purpose-built facility or hospital should be built (as promised)	*3*
Services in Maldon are not essential	*3*
New site needs to be accessible	*3*

Some comments received were not appropriate to this question (N=4). These comments have been extracted and moved to Question 7. You can find the full list of comments in Appendix 3.

3.1.6 Question 6.1: Should outpatient services continue to be made available on the St Peter's site or could they be relocated to another repurposed site in the town? (N=995)

Constituents were asked if they thought outpatient services should continue to be made available on the St Peter's site or could they be relocated to another repurposed site in the town. This was an open-ended question, with 858 constituents responding with data that could be quantified - as shown in the below table and chart (Table 20, Figure 7).

Over three in five respondents felt that outpatients should be made available on the St Peter's site (65.0%).

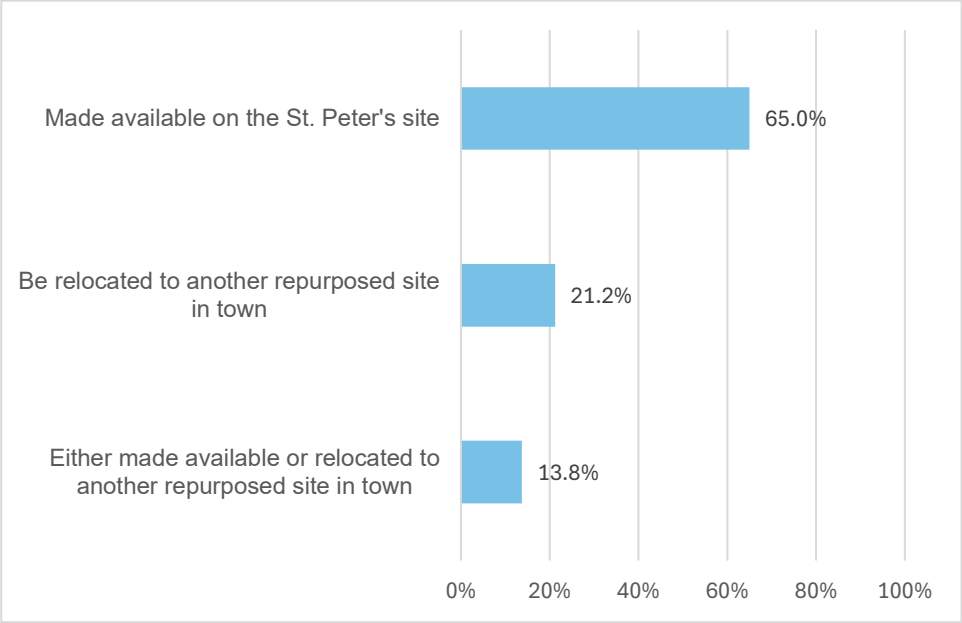
Over one in five indicated that outpatients should be relocated to a repurposed site in town (21.2%).

Table 20: Should outpatient services continue to be made available on the St Peter's site or could they be relocated to another repurposed site in the town? (N=858)

	No. of responses	% of responses

Made available on the St Peter's site	*558*	*65.0%*
Be relocated to another repurposed site in town	*182*	*21.2%*
Either made available or relocated to another repurposed site in town	*118*	*13.8%*

Figure 7: Should outpatient services continue to be made available on the St Peter's site or could they be relocated to another repurposed site in the town?



viii. Question 6.2: Further comments

When constituents were asked about their preferred location for outpatients, 1240 additional comments were received. These comments have been coded and broken down into the following areas.

27 comments could not be themed and were therefore categorised as other. These comments can be found in Appendix 2.

Support for St Peter's Hospital

A total of 503 comments expressed support for continuing outpatient services at St Peter's Hospital. The table below shows the full list of themes (Table 21).

Respondents felt that the St Peter's site was central and easy to access with many mentioning the good transport links and parking (283 Comments).

> *"On the St. Peters site as it is on a bus route with bus stops opposite and there is free parking available too. Car travel to St Peter's doesn't use up any of the town Centre parking that is often full now."*

"They should most definitely remain on the St. Peters site, as far as I can see there is no other suitable site within easy reach of the town centre, especially for anyone having to use the risible bus services."

"Outpatient services should continue to be made available at St Peter's, which is easily accessible by public transport. Any relocation should only be considered if suitable public transport is available."

Table 21: Preferred location for outpatients (N=995)

Coding	No. of comments
St Peter's Hospital is central location and already has good transport links and free parking - ease of access	*283*
Invest in St Peter's and bring it up to a modern standard (including expansion), repurposing costs money spend these funds on St. Peters saving the NHS funds in long-term	*60*
Can't think of a more suitable location than St Peter's – it's open and available, why move it?	*43*
St Peter's is a large site, and all services can be in one place – efficiency, economic, continuity of care	*40*
Elderly population and those with mobility issues will struggle to get anywhere else	*19*
St Peter's is a great site, with many having an emotional attachment. It signifies the history of the town. It is a historical building (main building) and must not be demolished main building	*16*
Don't know where else it could be relocated to / no alternative location offered	*14*
New site would be expensive and a waste of money when already have a site	*6*
New site will not be fit for purpose / it won't have the same services as St Peter's	*6*
Avoid further development costs including price of land - less upheaval / land is available St Peter's Hospital	*5*
St Peter's Hospital is not in a bad state / why relocate this site was purpose built?	*5*
St Peter's can support the growing population	*4*
St Peter's doesn't require parking in the town centre	*1*

£18m isn't that much	*1*

The importance of local services

In total 236 comments discussed the importance of local services as shown in the table below (Table 22).

Respondents indicated the importance of having outpatients locally, either in the town or town centre. (226 comments).

> *"I would like these services to be local at the current site or close by."*

> *"It doesn't matter where, but it does need to be in Maldon."*

Table 22: Preferred location for outpatients (N=995)

Coding	No. of comments
Outpatients needs to be local, either in the town (Maldon) or the town centre	*226*
Elsewhere is too far (Broomfield, Braintree, Chelmsford)	*8*
People rely on local services	*2*

Travel discussions

Respondents discussed travel in 191 comments as shown in the below table (Table 23).

Respondents also felt that outpatient services need to be accessible with good transport links and easy access to public transport (88 comments).

> *"Far better to have services provided at the same site but if relocated parking/accessibility need to be paramount."*

The importance of available and free parking at a new site was also discussed (42 comments). With some respondents inferring that a new site will not be able to offer suitable parking (15 comments). A few respondents mentioned particular concerns over parking at Broomfield and Southend (3 comments).

> *"They could be re-located to other sites in Maldon with similarly easy access by car or bus and with adequate parking"*

Table 23: Preferred location for outpatients (N=995)

Coding	No. of comments
Proposed site needs to be accessible with good transport links and public transport	*88*

New site needs to have parking / free parking	*42*
Parking at the new site will be inadequate	*15*
Maldon has good public transport	*14*
Not enough town centre (Maldon) parking – usually at capacity	*12*
Poor public transport in the area	*6*
There will be a heavier reliance on cars, buses, taxis	*5*
Parking at Broomfield and Southend is particularly bad	*3*
Maldon is congested and a new site will cause more congestion	*3*
Proposed alternatives are not local or accessible relocating would incur longer travel and parking fees	*2*
Maldon (town centre) has good parking	*1*

Quality and continuity of care

Quality and continuity of care was discussed in 156 comments as shown in the below (Table 24).

38 comments discussed continuity of care in terms of keeping St Peter's until the new service is in operation.

> *"They could be relocated to a new site within Maldon providing buses and location was still easy to get to. However St Peter's should stay until this new facility is built and transport routes and parking added."*

Table 24: Preferred location for outpatients (N=995)

Coding	No. of comments
St Peter's should stay until the new site is added / continuity of service is important.	*38*
The new site must have adequate facilities and services, be appropriate and an improvement – extended services such as OOH GP, WIC	*35*
A purpose-built building will be more cost effective and have better facilities – more economical	*23*
All services should be available on one site	*17*

Increase in population in the area (more houses) – lack of infrastructure and a need for more services	*14*
Broomfield lack capacity – long waiting lists	*6*
GPs are at crisis point in the area – difficult to get an appointment, this may get worse	*5*
The outpatient service is relied on and needs to continue – including the elderly population	*5*
Maldon has a growing older population	*3*
New build is preferred – with an increased capacity to include A&E	*3*
Maldon will lose services – with outpatient services being moved to hospitals	*3*
Moving sites / services is not acceptable	*2*
Phased transition from the old building to a new building	*2*

Concerns and recommendations for St Peter's Hospital

A total of 73 comments addressed concerns and recommendations for St Peter's Hospital with the full list of themes shown below (Table 25)

26 comments indicated that St Peter's is now not fit for purpose or will cost too much to bring it up to standard.

> *"St Peters is showing its age. "Repurposed" sites should be much more modern."*

A few comments from respondents expressed concern over parking at St Peter's (4 comments).

> *"I would prefer the existing St Peter's site although some more parking at the site would be handy for those coming from the Dengie."*

Table 25: Preferred location for outpatients (N=995)

Coding	No. of comments
St Peter's Hospital is not fit for purpose or will cost too much to bring it up to standard	*26*
St Peter's shouldn't have been neglected and allowed to deteriorate	*19*
Selling some or all the land would provide the funds for a purpose-built site	*10*

Re-build new on the same site – lots of space	*10*
More parking is required at St Peter's Hospital	*4*
Demolish the older buildings at the back	*4*

Communication and transparency

A total of 36 comments were received in terms of communication and transparency as shown in Table 26.

22 comments discussed doubts about finding a suitable hospital.

> *"Yes as I doubt a good site could be made available given parking and it would surely involve staff travel with increased costs and logistic issues."*

Though fewer respondents discussed this issue, a common theme was the lack of faith and trust in the local NHS services with the majority of the comments discussed within the remit of communication and transparency (see highlighted rows in Table 21, 25, 26 & 27). Some of the discussions covered respondents' doubts about finding, keeping, and accessing an appropriate site, broken promises about a new hospital, the deterioration of St Peter's, a lack of awareness and information sharing about the consultation, and financial implications such as the cost to improve St Peter's Hospital (61 comments).

Table 26: Preferred location for outpatients (N=995)

Coding	No. of comments
Doubts about moving to another appropriate site in town or a new build option – there's a lack of trust as the new hospital didn't happen	*22*
What are the options?	*4*
Re-purposed building could be a temporary option and the service may be removed in the future	*3*
Lack of information has been shared about the consultation	*1*
Many promises, but they don't happen	*1*
Ask staff if St Peter's is suitable	*1*
NHS want to sell the land for housing to make money. What will happen with the money?	*1*
…as long as it happens	*1*
Could be relocated but those in authority should already have planned a solution.	*1*

Belief that an initial move in to town will lead to an eventual move out of town	*1*

Further recommendations

Respondents provided further recommendations in 18 comments as seen in Table 27.

Six comments suggested that the costs and benefits of a new site need to be weighed up.

> *"Potentially relocated, but the benefits vs cost/investment would need to be clearly understood."*

Table 27: Preferred location for outpatients (N=995)

Coding	No. of comments
Costs / benefits should be weighed up on keeping St Peter's and a new site	*6*
Use unused buildings in the town initially – ideally all under one roof	*6*
Option suggested: Council offices (need major changes),	*3*
Need our own hospital – as promised	*3*

Some comments received were not appropriate to this question (N=5). These comments have been extracted and moved to Question 7. You can find the full list of comments in Appendix 3.

3.1.7 Question 7: Would you like to add any further comments? (N=1102)

Constituents were asked if they had any other comments. We have also included the comments from the other questions that were more appropriate here (41 comments). Please note if the comments included from the previous questions are also repeated in this question, we have only included them once.

A total, 1223 comments have been coded and the full list of themes can be found in the following tables.

69 comments could not be themed and were therefore categorised as other. These comments can be found in Appendix 2.

St Peter's Hospital

In total, 444 comments discussed St Peter's Hospital. The full list of themes can be seen in the following table (Table 28).

Constituent's opinion is that St Peter's Hospital has been deliberately run down with a lack of finance. They believe this should never have occurred (89 comments).

> *"St Peter's has been deliberately run down by the NHS, the people of Maldon deserve better."*

> *"I know that the building needs money spent on it (although it begs the question how has it become so run down), but moving services and finding and fitting out new sites will also be expensive. It seems just too good a resource to abandon."*

Respondents feel that St. Peters should be either refurbished or redeveloped and brought up to standard (48 comments).

> *"The main Victorian building is sound. it might need replumbing, decorating etc. the outbuildings at the rear of the main building should be demolished, as they're falling apart. New buildings can be built where they were, so providing up to date facilities."*

Table 28: Other comments (N=1102)

Coding	No. of comments
St Peter's has been deliberately run down (a lack of funding) and left to deteriorate – this shouldn't have happened they should have spent money	*89*
Invest - refurbish, refresh or redevelop St Peter's - bring up standard, potentially find temporary site until the permanent site is ready - other options will also be expensive	*48*
Keep St Peter's Hospital open - it is vital that you fight for us	*45*
St Peter's Hospital is needed and serves the community well – retain services	*38*
Maldon is getting bigger and specifically needs St. Peters and more services to support the growth, not a reduction	*37*
The building is beautiful and made to last, it is historic and is a part of the community - should be a listed building	*28*
Closure will mean access to services will be more difficult - not possible for those that lack transport or the elderly	*20*
Closing St Peter's doesn't make sense – short sighted	*18*
Demolish and rebuild – either all or just the outbuildings, there's plenty of land	*18*

The loss of St Peter's Hospital will impact service provision – it will get worse with longer waiting lists and reduced efficiency	*18*
Previous experience of St Peter's - excellent	*13*
If sold - ensure funds from the sale for medical needs of those in Maldon - replacement / local NHS trust - no guarantee of this	*11*
St Peter's is easy to access – minimises time out of work	*10*
The location of St. Peters is important to Maldon residents	*9*
St Peter's is a great hospital – still fit for purpose	*8*
Public transport to St Peter's is good - easily accessible	*7*
Maternity - St. Peters amazing, best in area - personal service	*7*
St Peter's lack of funding and support - government are to blame	*7*
Ensure there's a replacement in place before shutting St Peter's	*6*
Parking is easy at St Peter's	*5*
Staff have been moved out of St. Peters – maternity	*2*

Concerns with travel

In total, 250 comments discussed concerns with travel. The full list of themes can be seen in the following table (Table 29).

Concerns were raised over poor transport to other hospitals or locations (79 comments).

> *"I think more services are needed in the area, not less. Traffic on a12, waiting lists and parking issues at Broomfield makes the closure of services in Maldon nonsensical. The hospital should be upgraded not demolished. I assume the building will be given to greedy developers for yet more housing which will place even more pressure on overloaded roads and public services. I think Braintree is too far away, especially for non drivers as bus services are limited, unreliable and expensive."*

> *"The ICB survey indicated the distance from Maldon to the new sites for services, it does not include the additional journey times from Burnham and the Dengie villages or the infrequent public transport and connections. it is highly unlikely appointment times will take into account the difficulties encountered when utilising public transport to these more distant sites."*

The retention of services in the area was also addressed, suggesting that services need to be accessible as the area is rural and isolated (39 comments).

> *"We are isolated here by poor transport links that are only getting worse. We need to bring more services local with the influx of people - everyone can see that."*

Table 29: Other comments (N=1102)

Coding	No. of comments
Poor public transport to other hospitals/ locations – will be a struggle for those who don't drive	*79*
It is too far to all the other hospitals / locations (Chelmsford, Colchester, Braintree, Brentwood, Broomfield – the sick shouldn't be expected to travel	*68*
Retain services in the area - they need to stay in Maldon and be accessible – it is rural and isolated	*39*
Parking at other locations including Broomfield is poor	*19*
Further travel comes with additional costs	*15*
Further travel has an environmental impact	*12*
Taxis are too expensive to other hospitals	*10*
Maldon is too far for some (Dengie residents)	*6*
Community transport is possible - not regular	*2*

Importance of local services

In total, 213 comments discussed the importance of local services. The full list of themes can be seen in the following table (Table 30).

Respondents were concerned about the population increase in the area and the lack of additional services to support this (82 comments).

> *"…Do any of the hospital trust executives live in Maldon? And use NHS, as opposed to Private medical services. Are they aware of the population growth of the Maldon and surrounding villages..."*

> *"The residents of Maldon have seen enormous changes to the little town over recent years and all without sufficient investment in the infrastructure. The health facilities are already stretched beyond imagination - try getting a GP appointment. To have existing services removed is wholly unacceptable and a decision not being taken with the best interests of the people of Maldon at its heart. Maldon is no longer a quaint little Essex town. It is a sprawling conurbation and at the very least deserves a health service at local level."*

Table 30: Other comments (N=1102)

Coding	No. of comments
Maldon / Dengie areas are getting bigger and the population is increasing – there's a need for local services	*82*
It is irresponsible to remove vital services that can be treated locally further afield, there's a need for more services - this doesn't help health and is devastating to the local community, could be life or death for some	*43*
Elderly and other vulnerable people rely on a local service or St Peter's – they would struggle to travel elsewhere	*34*
There's a lack of access to GPs in the area - a local service would help / removing the service will make it worse	*25*
There will be more road congestion caused due to service move	*20*
Visits will be impossible especially for the elderly	*6*
It's essential that mental health support (Cherry Tree) is local -it can mean life or death	*3*

Communication and transparency

In total, 150 comments discussed communication and transparency. The full list of themes can be seen in the following table (Table 31).

Conversations and promises were made about a new hospital and medical facility to no avail (40 comments).

> *"Years ago there were plans on displayed for a new hospital at that location with the new buildings being built behind the current ones before the old was demolished. I also understand that the money had been put aside. What happened to that?"*

It is important to note that some conversations highlight a lack of faith and trust in the local NHS (see highlighted rows in Table 28 and Table 29). These discussions focus on the lack of two-way communication, the perception that decisions are already made, as well as the financial implications of refurbishment (223 comments).

Table 31: Other comments (N=1102)

Coding	No. of comments
Conversations and promises over a new hospital / medical facility - one is needed	*40*

You don't listen, you need to listen to our views, we have a vote	*26*
Thanks for listening to our views	*19*
ICB want to sell the site / cost saving exercise – so need it closed	*13*
It's a done deal	*13*
This is a long-standing discussion – no solution	*8*
Need to be more transparent / honest - all of the costs, options, travel time	*6*
Where is the money that was set aside for the new hospital? £20m makes refurb viable	*5*
Should have consulted users before making decisions	*5*
Where did the £18m figure come from? Did you get estimates or use an independent consultant	*4*
More communication would have been appropriate to make people aware – such as the elderly and less technical	*3*
St. Peters isn't the only hospital that needs investment	*3*
What are the options - where do you propose and when do you propose to make the changes / consultation survey not clear	*3*
Misled that the changes are temporary	*2*

Quality of care

In total, 96 comments discussed quality of care. The full list of themes can be seen in the following table (Table 32).

26 comments noted capacity levels at other hospitals.

> *"It is very difficult for some people to travel further afield with Braintree in particular being too far and not readily accessible by public transport. The services provided at St Peters would be greatly missed and surely they take up many appointments from Broomfield which is already seriously overstretched."*

Table 32: Other comments (N=1102)

Coding	No. of comments
Other hospitals (including Broomfield) are overcrowded, overcapacity - local treatment would reduce the load	*26*

Maldon needs a new hospital to support the population growth	*12*
Currently waiting times are long, and service is lacking in the area	*11*
Population is increasing in areas surrounding Maldon too	*10*
A&E is needed	*8*
Crematorium has been built	*5*
Minor injury unit and WIC needed in Maldon	*10*
Hospital transport not available for Maldon residents / very unreliable / costly for NHS	*4*
ICB want to replace services in inappropriate and inadequate premises	*4*
We don't need more houses or flats	*4*
Maternity unit is needed	*3*

4 Summary of findings

In summary, feedback emphasised the following factors as important:

Awareness and communication

Nearly all respondents (92.8%) were aware of the proposal to close the existing maternity, stroke, and outpatient facilities at St Peter's Hospital, awareness was mostly through various unofficial channels like local press, social media, banners, or word of mouth (13 comments). Seven respondents found out through Sir John or this survey.

Usage and service preferences

A significant portion of respondents (59.1%) indicated that they or a family member use St Peter's services every three to six months, with 80.5% using the hospital regularly. Blood tests were the most frequently mentioned service (625 comments), followed by rehabilitation (259 comments), scans / X-rays (257 comments), and maternity services (240 comments). Many respondents (20.0%) walk to St Peter's Hospital, underscoring its convenience.

Support for continuing services

A majority of comments (486) emphasised the importance of continuing all services in Maldon. Specifically, blood tests (279 comments), maternity services (243 comments, 85.9%), the stroke ward (172 comments, 98.9%), scans/X-rays (156 comments), outpatients (144 comments), and rehabilitation/physiotherapy (86 comments) were highlighted. Respondents cited ease of access, convenience, proximity to bus routes, and walking distance as key reasons (362 comments). Many also noted the growing population in Maldon and the need for more, not fewer, services (265 comments).

Transport and parking concerns

Public transport and parking were significant concerns. Respondents worried about the difficulty of travelling to other hospitals (379 comments) and the adequacy of parking at alternative locations (163 comments). Specific concerns about parking at Broomfield and Southend were mentioned (19 comments). The importance of maintaining accessible outpatient services with good transport links in the town or town centre was stressed (314 comments), along with the need for free and adequate parking at any new site (42 comments).

Future of St Peter's Hospital

Many respondents (108 comments) felt that St Peter's had been deliberately neglected and believed this should never have happened. They advocated for investing, refurbishing or redeveloping the hospital (108 comments). There were also worries about the area's rural isolation and the necessity of keeping services local (590 comments).

Issues of trust in local NHS leaders

Despite fewer comments, a recurring theme is a lack of faith and trust in the local NHS leaders. Key concerns include doubts about finding and accessing a suitable site, broken promises about a new hospital, the deterioration of St Peter's, poor information sharing about the consultation, and the costs associated with getting St Peter’s up to standard as

well as the affordability element. Additional discussions emphasise the lack of two-way communication and the perception that decisions are predetermined (290 comments).

5 Next steps

This report is included as an appendix to Mid and South Essex Integrated Care Board's draft public consultation report. Its findings have been considered in the analysis of consultation activities.

The 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 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.

6 Appendices

Appendix 1 – Survey Questions

Questions were shared as open responses:

1. Are you aware of the proposal to close the existing maternity, stroke and outpatient facilities at St Peter's Hospital? Yes/No
2. How often have you or your family members utilized services at St Peter's Hospital? And how?
3. Which services should continue to be provided in Maldon? Do you have any comment on the reason for your answer.
4. If you or a member of your family needed maternity services, would you wish to use a midwife-led unit in Maldon? Yes/No
5. If you or a family member needed intermediate care or stroke rehabilitation, would you want this to be provided in Maldon? Yes/No
6. Should outpatient services continue to be made available on the St Peter's site or could they be relocated to another repurposed site in the town?
7. Would you like to add any further comments?

Appendix 2 – Other comments

During the analysis some comments could not be themed and were categorised as other. Below are the comments received per question.

Question 1.2 - Awareness
"I know the Maternity unit has closed but not the stroke & outpatients..."

Question 2.3 - Services
"…endocrine appointments in St. Peters."
"…health checks."
"…gynaecology."
"… referrals from our GP."

Question 3.1 – Which services should continue in Maldon?
"…general health checks."
"…and 24h pharmacy added."

Question 3.1 – Which services should continue in Maldon?
"…Gastroenterology…"
"…gyno screening."
"Path lab…"
"A full range of clinics and wards, similar to that provided at Orsett Hospital for example (where 2 weeks ago I had to travel to for a CT Scan)"
"…& frailty."

Question 3.2 - Which services should continue to be provided in Maldon? Do you have any comment on the reason for your answer.
"In our hometown of Burnham on Crouch for example, the mainly Maternity Support Services (Cottage Hospital Style) Nursing Home has long been closed, the Burnham Clinic building seems to be in the process of systematically and cynically being run down. The Burnham Clinic used to provide a really wide range of services to all ages to back up GPs and take weight off their Surgeries and as you'll be aware there's even an now an opportunist threat to move the single Surgery out of town which would be a further body blow to the elderly , carless and those with young children alike."
"…Maldon is not especially convenient for me – too far to walk (10 miles) parking is virtually impossible..."
"All the current services should be provided on site, even if it means some of them being housed within portacabin/temporary buildings whilst a new facility is built on the same site."
"…These could all be provided on a Health Hub, Maternity Unit and small inpatient department."
"…also having cancer services in Maldon would vastly improve quality of life for patients…"
"…The new facility should be fully operational before the current hospital is closed…"
"Outpatients, including blood tests, stroke rehab, minor medical procedures. Because these don't need to be centralised."
"Have these services on the ground floor so there is no need for the lift to be accessed."
"Cochrane evidence shows this [visiting], this is the gold standard of medical research."
"They should also consider reopening the cafe that used to be there and look in to some social engagements for the community my late Nan used to love these!!"

Question 4.2 - If you or a member of your family needed maternity services, would you wish to use a midwife-led unit in Maldon? Other comments received
"I accept this has to be under constant review because of falling numbers AT THE MOMENT. Could that changed with all the new housing."
"No lack of trust in service."
"The midwives can be based in the community in a similar fashion to the District Nurses. Does there have to be a community hospital to provide this service/"
"No is better for locals to go to Chelmsford or Basildon who are better equipped."
"No we would prefer one in Burnham."
"Unlikely but yes"

Question 5.2 - If you or a family member needed intermediate care or stroke rehabilitation, would you want this to be provided in Maldon?? Other comments received
"…not necessarily for intermediate."
"…but yes if it cuts the wait time."
"…but would accept that the maternity and outpatient services might take priority if only they could be saved."
"…initially Once it has been assessed patients could possibly be taken elsewhere."
"…I needed rehabilitation after a brain injury and wasn't offered anywhere close enough ended up getting poor service from a general hospital."
"…as I understand that only a few beds at ST Peters were for Maldon District residents…"
"…I sincerely hope this is not a reduction in care very costly and often leads to bed blocking and greater ambulance waiting times."
"But 13 years of Tory rule has decimated the public sector and we no longer have options on where we get rehabilitation, as with many of the real experiences those who cannot afford to buy into the private sector experience."
"Why would we choose to travel further afield to an even busier hospital?"
"…Perhaps not wise having it [stroke care] on the top floor though 😊"
"Yes - the same applies to cardiac rehab."
"Yes and COPD rehabilitation (provide)."

"As mentioned, our friend's recent experience has shown that there is a big gap in the eastern region for adequate support for stroke victims."
"…but in my opinion St Pater's is no longer fit for purpose and has been stated is very expensive to keep open, but a facility like Braintree may be appropriate."
"Yes - I am having to travel to Braintree."
"…or some distance from Maldon, it is likely that longer stays would be necessary in order to help the patient to return to their home (maybe with assistance) in Maldon."
"Yes - it is vital to the speedy recovery of patients."
"Yes if I am still living locally."
"Having a service just put in one location for most of the county feels like a backward step and not forward thinking. The NHS are not planning…The government are partly responsible for this and need to stop the excessive spending on HS2 and put more of that money in the NHS and schools."
"changing location could hinder the patients rate of recovery."
" yes (as appropriate to where they are living!)"
"It I can understand that to provide 24/7 inpatient care could be expensive in St Peters or elsewhere in Maldon…
" i can't understand why you would even ask the question....."
"Was pleased to be able to visit my Nan under these circumstances."
"…we've used this in the years past."
"…this would have been very useful when my mother had the TIA'S."
"…I am sure the service could be updated, if needed to be, to produce excellent care."
"…if non in SWF."
"Time spent travelling and wasting in an ambulance can lead to incurable/untreatable consequences."

Question 6.2 - Should outpatient services continue to be made available on the St Peter's site or could they be relocated to another repurposed site in the town?
"…Unfortunately, any other site would then give more reason to close St Peters for everything else...."
"…potentially with clinicians moving between them (like the private sector does)."
"not as existing."

“We pay for this service in our taxes and rates.”
“If this was to a retirement homes provider who are looking foe space in Maldon it might be that they could also use the top floor to provide additional facilities. to support Care system. There should be a one way system in the Hospital using Spital road as the entrance and access to London Road on leaving.”
“the site has plenty of space to redevelop suitable premises and still probably have acres left over for housing.”
“Car travel to St.Peters doesn't use up any of the town Centre parking that is often full now”
“No Maldon is central for the Dengie otherwise we have to travel over an hour for appointments that can be handled more locally and for those that don’t drive the public transport is a nightmare.”
“it seems to still offer a more personal experience when you attend it, as opposed to Broomfield where you feel you are just a number…”
“What would the site be used for instead - more housing? That means more people needing these services.”
“8 million seems like a drop in the ocean in relative terms. Without a doubt it will be realised Maldon needs its own hospital in the next few years and what then? we will be looking at something in the realms of 500 million pounds…”
“and given the negative experience of new medical centres such as Crouch Vale, why would anyone believe that alternative facilities would either appear or be an improvement?”
“What Maldon needs is 2 community hospitals like the Braintree Community Hospital.”
“I was led to believe that a site had been identified within the Knowle Farm area close to Morrisons supermarket.”
“as I doubt a good site could be made available given parking and it would surely involve staff travel with increased costs and logistic issues”
“There needs to be a sustainable long term plan not one that is 'cobbled together' to quell public concern.”
“Could be moved to new enhanced GP surgery or elsewhere.”
“Witham? Somewhere with better links to faster roads.”
“I myself had some of my oncology appointments at St Peter’s at a time when travelling long distances was not good for me as I was already extremely tired. Moving the outpatients to another Maldon location would be acceptable to me. I am totally against moving them further away.”

"Mundon or Maldon town or Heybridge."
"Handley Gardens??..."
"Have modular units (porta cabins) been considered within the grounds? These are widely used within the NHS. What are the plans for the St Peters site? Who are the land owners?..."
"Even the possibility of using MDC offices is not suitable as it is too far from a bus stop."
"South Woodham Ferrers would also be a good option for drivers."
"The government are failing the people of this area."
"it's more a concern that Maldon would lose these services particularly as bearing in mind the new housing & a growing population."
"I urge you to press for a removal of these plans."

Question 7.1 – Other comments
"… I live in Bradwell on Sea and was lucky enough to have a midwife led birth at this hospital; my other two children were consultant led births at Broomfield and St John's in Chelmsford before it closed…so if this proposal came in to effect you'd be seeing many more babies being born on the side of the A12!"
"Last year, an elderly Southminster relative was hospitalised and, following extensive treatment at Broomfield, needed support in a rehabilitation unit. The only available bed was in Halstead. This was an incredibly challenging situation for both the patient and relatives in the Dengie who could not visit or provide support. Local capacity would avoid these stresses. I understand that the ICB reckons it will take £18m to bring St Peters up to scratch. This is less than 1% of their total operating budget. Assuming the spend is over multiple years, this is nothing more than a rounding error…Finally, can I please take this opportunity to implore you to ensure the British Government is doing everything it can to seek resolution to the desperate situations in Gaza and Ukraine, where healthcare needs are far more acute than those in Maldon!"
"South Woodham Ferrers now has a large Doctors or clinic, about time as this is a large town too."
"I am sure that you are aware of the strong feelings in Burnham on Crouch regarding any relocation of the surgery."
"In the past developers have expressed interest in building a new community hospital in exchange for the StPeters site if they were made to build the facility first this could work but knowing how builders renegradge this would have to be enforced."
"Why isn't the NHS properly funded? It's like defence spending. We know we are going to need it, and soon, but when Russia is marching up the high street it's too late.

Unfortunately what is needed is an increase in Tax. Don't worry polaticians eventually do the right thing once they have exhausted every other possibility."
"It would have been prudent to ask users of the facilities if they wanted St Peter's to be part of an investment plan, to improve the facilities."
"The convenience of the Trust and medics should be ignored. Look at Dorset provision for a sensible central and local provision."
"We would like to see …, screening centres, minor op and cottage hospital/recuperation centres introduced."
"Making a centre of excellence is a good idea at it makes best use of resources, however, that centre of excellence needs to have adequate parking and transport to help those who attend there. …"
"People need urgent care quick what is death rate due to delays in getting care be it pregnancy or anything else."
"it would be appropriate to move the services temporarily elsewhere in the town while that is completed."
"A lot of redundant building on that site..."
"BUT you could sell the main building and the ramshackle chapel to a private developer to turn into flats with, perhaps, access from Wellington Road, and parking for the flats only…."
"Look at Google Maps there is an extremely large area from the road to the rear of the main building on which you could put a (perhaps) 2 storey building and parking. I think the gates onto the main road need changing - they are not wide enough now. I don't care if they are historic, they are just not practical."
"I would like to propose, investors to establish a private clinic, with a part used for NHS."
"the Emporium in the High Street is still awaiting someone to take over the premises…"
"Whipps Cross hospital built in the 1850s like st Peters. They kept the original building and cleared all the old buildings behind hit replacing it with a several storied modern building. It works fine and the same should be done to St.Peters - keep the old original building…"
"Couldn't the council offices be converted to become the new so-called hub right in the centre of Maldon. It seems to be a similar size to Danbury or South Woodham."
"I don't know if the following information will help you regarding St Peter's but Berwick Infirmary was in the same situation. The old hospital has been demolished and a new hospital is being built on the old town centre site. The full history is available on Google … I searched for New hospital for Berwick and noted so many similarities with the situation at St Peter's. *The Conservative M P was heavily involved at all stages. The site was cleared. Architectural plans are on line . Funding was found.*

Maybe the Berwick MP could make a contribution to the proceedings. No doubt you have you own ideas and are exploring a range of options. I had recent experience of a clinic visit with my husband who has dementia and found it very stressful. A complete overhaul is needed."
"Why isn't CVMC used for similar outpatient services and minor injuries?"
"It also serves to keep medical professionals local, recruitment has been an issue for some time. To fulfil the positions of a decent staffing pool and the needs of the community it serves to keep nurses and doctors local and enables them to have a better work life balance."
"New buildings will not make a success of any service viz Danbury Medical Centre fiasco. NHS Staff need to be invested in the services provided for their community and to the wider area not merely fulfilling a business plan St Peters has had this and managed to maintain through years of neglect."
"We need to protect our NHS services so that all can receive them that's why we pay our national insurance to receive care that is on the locality of where we live not miles away."
"we need to relocated services before we shut st peter .they can use some of the empty shop or bank in the high street."
"This closure is …and is required solely to save money for the benefit of the governments illegal migrants project."
"It's about time we stopped having massive hospitals and went back to having hospitals for convalescence and having clinic facilities."
" was turned away at the recent meeting so have been unable to have my say on the matter."
"Unfortunately due to a lack of pressure from the local MP since 1992, even though they were aware all the way through of structural problems with St peters, nothing has ever been brought to the house. Therefore this district has had no chance of appealing to the government for financial aid in restructuring St peters since 1992. The choice to vote against community hospitals on at least 2 occasions has also backfired in the wrong direction. This district requires an MP who is willing to fight hard and just, even with his own party, if need be to get the right results for the people of this town. I call for the MP for Maldon to relinquish his seat at the next General election."
"I know that the building can't be preserved because all workhouses were designed the same and many have been turned into flats, so they look the same from outside but I like to think that Maldon's workhouse should still be a public space, providing care."
"Over the years all the Hospital services that were available in Chelmsford Town have disappeared resulting in longer travel time for Hospital services."
"Business studies have shown that the larger centralised sites become the more inefficient they get. Smaller local facilities are better in every sense."

"his government, are walking all over people of this Country. This country, has major issues, our children are being housed in shipping containers…We are being over run, by people being allowed to come into our country, being housed before our own, free furniture, cars & money, behind the scenes their is an army coming together, ready to harm us. All, those in parliament are forever arguing amongst themselves, while this is happening, but, that is ok, you all concentrate on making our lives worse by closing down, a hospital that makes our lives easier by being there. One more thing, what was the point of this survey, when the hospital has already been sold?"
"Thank you for your update on St Peter's future, it is most welcome. Whilst not answering all of your questions directly there is one important element that is not mentioned here or anywhere else, I have seen. When the original plans for Broomfield were announced, St Peters and St Micheals were to be given the same status i.e. emergency services and modern rebuild on site or nearby. Once again, the authorities have gone back on their word. I would think that in view of the original consultations and assurances Maldon should have at least the same services as Braintree. The Maldon project has obviously been allowed to drag and the redevelopment of the site appears to be a way of raising capital receipts at the expense of services. …. It would be very easy to become political on the topic but I fear we have moved passed that point. I have no doubt however that this matter will feature heavily in any upcoming election…"
" The whole corrupt and failing system needs to be sorted out and updated and funds to be given to the local NHS and schools and roads instead of piling tax payers money into war and politicians pockets and bankers and the higher powers that be. T… and not trying to squeeze everyone and everything making people choose between food and heating and causing massive divides. We need to go back to basics and learn about love, peace, sharing, nurturing and giving. How to grow our own food at home and free energy etc."
"Has it been considered the economic impact in the area to the local shops and cafes bars ect. A good example of this is the closure of Rochford Hospital."
"There used to be a MIND service at St Peter's, I don't think it is there any more and was sorry to hear it had gone."
" Incompetent ICB should be dismissed. They draw huge salary and make a mess of everything, they don't seem to have any commonsense."
"If the St Peter's site is sold then I fail to see how any Contract for Sale can't provide for the purchaser, with no wriggle room (need to substantially build the new building, or secure another existing building, before allowed to break ground to build on the St Peter's site) to build/provide another 'Hospital Hub' within the area. Want the site, which will be lucrative for them, then make them build a Hospital Hub to replace St. Peter's."
"Currently we have ambulances visiting from areas on the other side of the mid Essex area to support current demand this then deprives other areas of services. Should Bradwell B be developed in the future this could be part of the Magnox/NRS development funding as the area will need lots of both infrastructure and local economic development. The housing and employments benefits would attract lots of new business and generate a revival of the level 1 area that is overlooked by Essex County council as they do not deem it a Level 1 area."

"Other comments are that the place is like a workhouse and it's not important to me that they have to stay in one place. Maternity and stroke services don't need to be together for example A lot of rehab is provided by."

" I have voted conservative all my life but I'm struggling to know what to do these days.

With so much money being sucked up by so few leaving many many people unable to afford their rent let alone own their own homes . And with scandal after scandal like dear conservative Baroness Moan potentially making 60 million out of a 210 million pound deal is just to depressing for words.

That and many other greedy scandals over the years suggest that integrity has left the room and the same applies to labour as well . We should not be cutting tax or Ni , if there is any spare cash it should go back to public services .

Maldon district council are still operating a lot of staff from home , wrong . The customer service experience suffers.

When i left school in 1983 their was over 3 million unemployed and Good old Maggy was doing her best to modernise the uk economy . Mostly for the best but not all ,but she believed in hard work and good house keeping. Which is the philosophy i have followed.

I worked hard and got ahead of the game and with good money management and lots of luck i have come out right way up and with a pension. Most people can't keep up with me at work and play and are not going to get where they need to be when it's time to retire .

The boss of Persimmon's homes wanted

100 million for his golden hand shake . It got reduced to 70 something million by the share holders . That hundred million could have built alot of reduced price houses !!

No one individual is worth 100 million . We must start to reverse this trend of excessive greed . The 2 things that come out in conversation when I'm mixing with people is how are our kids ever going to leave home and what happens about our healthcare.

The back bone of this country the solid working men and women should not be treated as a commodity by the wealthy few to make them even wealthier.

I see that the 2% Ni cut is going ahead so so wrong .

Regards a very wavering Conservative voter , I think the only hope the conservatives have is Starmer is short of personality and any decent ideas , my Son and his friends feel the same way."

"…too many targets set, too many levels of management-simplify the expenditure and put it towards prioritising patient treatment & paying the Junior Doctors a proper wage. Anecdotally I pay me cleaner £15 per hour-more that a 7 year fully trained doctor. No wonder so many doctors are leaving the UK for higher salaries abroad."

"There needs to be more joined up work between health, education, housing, transport and highways. Currently the district's infrastructure is overwhelmed by the demands of an increasing and ageing population. Public and community transport is insufficient for the needs of the population. Roads are terrible. Once they planned closures on the 2 main routes from Maldon to the Dengie at the same time! Not enough schools or primary care services. Yet housing continues to be built. I carried out an asset map of the district's voluntary services against the area's demographics to identify gaps and develop an action

plan to address them.. I think they need to do the same for the statutory sector. They might be surprised at the results."
"My experience in the Civil Service where items have to be purchased through 'an approved source' when it could be purchased much cheaper and better quality locally fills me with dread for this project. All new plans should be fully costed and a comparison between converting the current site against buying/renting/converting other site(s) and not until this is done can any decision be made . An assessment of the costs to patients and staff involved must be included."
"There are buildings that may be suitable for clinics and blood testing in Maldon and South Woodham Ferrers, including a clinic and school that were closed a few years ago but are not in dia disrepair. *Mobile X-Ray units could be an option as well."*
"...The Health Authority should now suspend the consultation process until they have published detailed information about exactly where all the various services will be moved to - and exactly when they propose to move them.Finally the Health Authority must, at the same time, also publicly demonstrate they have looked to the future with any new arrangements and addressed in detail the issue of how the new arrangements will meet the inevitable and unavoidable significant increase in demand for health services from the ever growning and ever growing older population of the greater Maldon district."
"...I worked in phlebotomy for years,sat through countless meetings to discuss the "New St Peters" which never happened,we don't even have the promised Health Hubs up and running.When St Michaels Braintree closed it was replaced by an excellent Community Hospital."
"... have no issues travelling to larger hospitals for specialist care / operations but strongly object to the way the facility and services are being provided. The staff are all amazing but the support around them has and is letting them down.
'...More UK patients than ever are waiting for medical treatment. Nationally, over 7 million people in November 2023 were waiting. This is an increase from 4 million in 2007. It will take years to clear the backlog. Is this the time to close St. Peter's? [Source- British Medical Association] …Your local MP Rt. Hon John Wittingdale OBE MP says he was assured recent reductions in services provided at St. Peter's were temporary changes only to be told they are to be permanent. Can you trust what NHS Mid and South Essex Integrated Care Board say? Why did the NHS not arrange a local consultation in Maldon? Members of our family have all used St. Peter's for maternity issues, blood tests, X-rays diagnostics. The service offered is second to none. The staff are charming, highly efficient. They always put the patient's interests first. St. Peter's provides good quality employment for our local people. This is a team of dedicated people here for our common good – Why get rid of them? Dispersing the St. Peter's team and their services will deny us something about the NHS that actually works!"
"Therefore, could some parts of the site be preserved and continue to be used as a functioning hospital whilst some parts could possibly be sold off to raise revenue to help

overhaul the remaining buildings? Also, how about introducing a fixed parking charge to help with revenue? A fixed fee of say £1.00 per vehicle (except disabled badge holders) could well be acceptable to people if they knew the money was going to be spent on the hospital buildings and its services."
"Please look after our town, it needs investment, even our beloved Nat West has gone - make it a town - facility for everyone again. Thank you."
"It would seem that you maybe making progress in improving health services for the people of Maldon but that no improvement in the health services for the people of Burnham can be expectedted and in fact may be withdrawn completely when the proposals for the closure off Burnhams present surgery in the town is implemented and the surgery is moved to a site which is two or three miles outside the Town boundary, depending where you live in Burnham and two miles from Burnham Station, which currently serves patients who rely on the train to visit the surgery. The closures of Burnham's surgery in its present location in Burnham to a site which is two miles away from its present location and outside the present boundary of Burnham limit of would be a very retrograde development for for the people of Burnham who are able walk to the Surgery in its present location, and patients who live outside Burnham would also be able to talk to the Surgery from Burnham Railway Station. (There is no railway access for patients anywhere near the proposed new surgery site at Burnham Waters, which is 2 mile outside Burnham). The medical facilities at Burnham do need to be improved. However they should not be relocated to a site which is more than two miles outside the Burnham town boundary and the Burnham Burnham Railway Station. In my view, consideration should instead be given to modernising Burnham's medical facilities on the present site for the benefit of the residents of Burnham and the inhabitants of the surrounding area who would continued have access to the facility via Burnham Railway Station.?
" It is imperative Government make a commitment to rebuilding our crumbling NHS, it is simply not acceptable to talk how much money they have provided, what is need is a task force (not more consultants) of fully qualified clinicians who are hands on led by a group made up of patients and highly experienced business leaders who can provide a project plan (bought into by the whole of Government so no changes/cuts can made to its brief and power) encompassing all aspects of the recovery from attracting and retaining dedicated staff, infrastructure and maintenance programmes matched to our current and future needs, immediate improvements to stop current deterioration and effective methods of charging non-resident overseas patients."
"have built a good rapport with the excellent qualified nursing staff at St.Peters and understand that some of them are anxious that the move is now imminent and where would they be asked to work. *Something like Springfield or Danbury medical centres would be an asset to the community, or consider re-building in the grounds of St Peters.* *What about Maldon District Council offices?"*
"I feel the "Care" of he NHS should now be preceded by "Don't", for from my experience the compassion and needs of the patient has become irrelevant. Thank you for your e-mail concerning the closure proposals of St Peters Hospital. Whilst I am not within your

constituency I have on many occasions received treatment at St Peters under the NHS UK Referral Service."
"I understand that Broomfield Hospital are currently using demountable accommodation, which suggests that expansion on that site will be very difficult."
" St Peters Chapel is already used for many services why cannot this be utilised as one of the proposed buildings."
"use the £5m you have received in cultural investment and seek other investment to build a replacement hospital in Maldon."
"Just to let you know that the front of the St Peter's has been taped off. Rumour has it there is a broken window upstairs and risk of something falling. Please could you find out when this will be repaired so patients can once again use the front doors. Dare I suggest that the tape gives the NHS Trust a rather good photo opportunity? They might not want to hurry to make, whatever the problem is, safe! Just thought you should be kept in touch."
"A medical. Center should be your priority as Maldon people vote you in and expect you to take notice of their needs, and maybe in the future your family or yourself will need them. However I imagine you enjoy private healthcare when needed."
"Whatever changes are introduced they should not just be about subdividing what we have which seems to be the health authority view, but look for scope on how some services can be improved or reintroduced. A primary example is given in 3 above for a machine that can generate blood results locally. Provision should cater for those services that have become largely privatised by stealth, such as physio. Provision should enable consultants to have local clinics. I trust these comments help."
"I live with the chronic illness [REDACTED] and am a wheelchair user. Due to the condition I was unable to attend the meeting at The Plume Academy on February 9th, cannot tune in to the round table meetings being streamed (planned within ridiculously close succession I might add), will struggle to complete the consultation document, if at all, and will be unable to attend the March 19th Town Hall ICB hearing. I will not be alone in this. I feel under represented, in fact unrepresented...Where is the part of the ICB consultation specifically aimed at and about accessibility? Apart from a phone number to request an alternative versions of the survey. Where are the invitations to the disabled, chronic illness, neurodivergent and special needs community, their carers and groups, ensuring their many complex needs are considered and met? Part of the community who already struggle to regularly access healthcare of any kind, including dentistry and opticians. I have raised the issue of accessibility more than once in my emails. But feel this continues to be overlooked in replies or not addressed or replied to at all. There are many people in the district with long term conditions which severely impact their day to day capacity and function. There will be unpaid carers who will be faced with more complex and longer journey arrangements should facilities be relocated to several centres. Followed by longer periods of providing extra care whilst their relative or friend recovers. Putting more pressure on them. Many of whom already work, thus having two jobs. Add parenting and elderly relative care and responsibilities, that makes four. My husband has done all of them. His health is now suffering. There will be people who simply cannot make the journey to visit a relative outside of the district. Why make the

situation worse? I couldn't visit my husband at all when he had surgery at Broomfield a few years ago. I have been a patient with Neurology since the early 2000s. I have 99% of the time been seen by the Consultant at St Peter's (always assisted by my husband) because my GP acknowledges the challenges I face with travel, as does the Consultant. Along with the impact on my husband. I have been seen by other consultant areas of specialism at St Peter's over the past 20 years, and spent my post-natal recovery there for my first child. Of course, many matters must be attended to at Broomfield Hospital. But not all. I rarely leave the Maldon District or Heybridge/Maldon itself. And rarely see it either, apart from via the windows of my home. I repeat the message. The presumption that any person can travel any distance by any means at any time, is simply not the case and is blatantly ableist and ageist. If, as the M&B reported recently, you are 'angry' about the St Peter's situation. Please convey this message to the ICB and M&SEICS. They are ignoring yet another red flag. We do not want replacement sites scattered across the length and breadth of Essex. We want suitable and adequate provision to continue to be provided here."

"Thank you for very prompt and considerate reply. And for all you are doing on behalf of the Maldon District. I politely urge you to please convey to the ICB that not only must their consultation be inclusive and accessible, but that their proposals to move services out of area simply are not. As detailed in my initial email on the subject of accessibility to you. It is unreasonable that such a large percentage of the population are not being heard. Purely because many are incapacitated, invisible, live in the shadows or are simply too busy with their caring roles. Thank you. It is vital that this part of society is heard and fully, thoughtfully and appropriately accommodated."

"Newpaper [sic] article (mentioned in Section 3: 'We're pulling plug on health hub resources'

District council won't commit more time to project citing lack of progress

By Ellis Whitehouse

MALDON District Council is withdrawing resources from the health hub project.

Following a behind-closed-doors meeting, members voted to not waste any more resources or officer time on the plans until the Mid Essex Clinical Commissioning Group make progress on the health hub.

Past proposals have included refurbishing or replacing St Peter's Hospital, a new hospital somewhere else, a health hub with beds and a downgraded hub with no beds but none have come to fruition.

A council spokesman said: "At the meeting, members expressed their frustration at the apparent lack of progress in delivering this much needed community facility.

"In recent years, the council has fully supported and worked hard to facilitate the provision of a new health care facility for the district.

"Despite seemingly making some progress in the last two years, the location and facilities in the new health hub are yet to be confirmed." Until the Clinical Commissioning Group has chosen a location or facilities it has been decided there is nothing more the council can do as it has "little or no influence over these fundamental points".

The spokesman continued: "While the council fully supports the need Dan Doherty said: "We're very for a new heath hub, it feels it has grateful to Maldon District Council done all it can at this time.

"With the considerable financial constraints facing the authority, it can no longer commit further resources or officer time to the

project at this stage."

In response the Clinical Commissioning Group ignored the concerns raised about a lack of location, confirmed facilities or progress.

Instead director of transformation Dan Doherty said "We're very grateful to Maldon District Council for its long standing commitment to the health hub's development and all the work they have put into the process to date.

"With many demands on the time of both councillors and staff, we do appreciate they have to prioritise their time and resources to best serve the district's residents.

"We have dedicated a great deal of time and effort to the project, so we can deliver a healthcare facility that properly serves the needs of people living in and around Maldon.

He added: "We have listened to what patients and our hospital colleagues have told us and as a result expect the outline business case to include flexible inpatient and maternity beds." The outline business case is still to be completed."

"NO INDEPENDENT QUESTIONS. NO MENTION OF RETENTION. POLITICAL GAIN DOCUMENT. MALDON WILL NOT BE FOOLED!"

"The people of Maldon have been getting an unbelievably poor service from our elected officials, councils and government departments for over a decade now and the impact on the environment, the infrastructure, the services, quality of life and well-being in Maldon is suffering. It's as if after forcing Maldon residents to be the 'Guinea pig' in the turning off of streetlight episode, we are now earmarked as anything goes and no-one can do anything about it. I have presented my responses to your questions further down, but I also suggest this is viewed in the overall context of what's been done, and is still being done, to Maldon in the last decade or so is regard to the infrastructure, the facilities and services (particularly NHS facilities). When politicians bang on about how we should adopt a 'greener future' and change our need to using vehicles etc. and even impose taxes us based on these principles, then it is frankly ridiculous to then propose or support decisions to remove local facilities that adhere to these green policies in favour of people having to drive more just to interact with those facilities."

"Something is clearly being overlooked and that is the criminal waste of time and money that has been expended over the years with NOTHING TO SHOW FOR. Another factor that nobody seems to want to take onboard is the total dereliction of duty by those responsible for the maintenance and upkeep of NHS property. These people are still presumably fulfilling that role within the various health authorities throughout the country doing how much damage to the service and at what cost. ..After the St Peter's debacle has been resolved, it will be time to sort out the admin situation that allowed ST Peter's Hospital building to get into the state it is in. Somebody or bodies made a decision to let

things slide, these people should be brought to account and barred from holding any such roles in the future."
"The coverage on the news shows the hospital in a bad state. They seemed to view the worst rooms where the repairs were not carried out, so resulting in further damage. There are many rooms which are in good condition."

Appendix 3 – Responses moved to Q7

During the analysis some comments were moved from the question they were found to the more appropriate question (Q7). Below are the comments received per question that we moved.

Question 1.2 - Awareness
"…more convenient for certain tests etc than Broomfield NHS Hospital."
"…having elderly parents, closing the stroke unit will be a huge loss, my dad had a stroke last year & heart attack previously, he doesn't drive so Maldon was much easier for him to get to. My whole family have used the outpatients facilities at some point. I had to get a scan in Braintree last week 1hr to get there, ridiculous."
"…Although some of these changes have already taken place so it cannot be considered as a 'consultation"... We were clearly 'misled' and these arrangements for Maternity services and Stroke rehab are permanent and totally unsuitable. The journey time for both, even for those who can drive, is unreasonable long. Those who cannot drive face several changes of buses and train rides. Imagine that for an elderly person, wanting to visit their spouse in Brentwood Hospital – two buses to get to Chelmsford station, then a train, then another bus to get to the hospital. Then the return journey in the dark and not forgetting that some local bus routes terminate in the early evening! This has been a particularly CRUEL, INSENSITIVE and INHUMANE move.
"It appeared to me, by the huge number of people who attended the consultation meeting, that St Peter's is dear to all their hearts and they wished to have their views aired. For those of us who could not attend, your survey is an excellent way for us to express our concerns and experiences and get our voices heard. Thank you. *Keeping resources local for the Patients using these services would enable them to feel safe within their own community knowing that their family can pop in to see them without having to travel too far and this regular contact might also enable them to recover quicker."*
"This is not a proposal it is a given fact that this has already happened and these facilities have already been closed and transferred elsewhere in Essex. The consequences of which are already being felt. Pregnant mothers now having to contemplate up to an extra hours journey to reach their new designated birthing unit due to the increase in distance required to travel.

Question 1.2 - Awareness
Regarding the Stroke Rehabilitation unit - for myself and many others of my age suffering with heart conditions making us more liable to have a stroke find the move of the stoke unit out of Maldon very worrying. It is important that those recovering from a stroke need inspiration and support from close family as well as the professional care. Staff at St Peter's have provided outstanding care in the past and I have seen how this has led to brilliant recovery. Due to the current transport services serving the district it is virtually impossible to reach the new destinations without several different connections. If you are fortunate enough to drive there is the added complication of finding somewhere to park especially at Broomfield Hospital. On a recent visit for a cardiology appointment I allowed myself an extra half hour for finding a parking space. On arrival it was chaos at the car park as people were queuing to get in but couldn't because people were queuing up to get out of the car park and having to pay an attendant at the barrier as the ticket machines were out of order. The cost of using a Taxi to reach these destinations is very costly and is often beyond the means of a lot of patients."
"…unhappy regarding this"
"...I think it will be devastating to the area and could result in lives being lost."
"…Disgraceful."
"…and I'm not happy about it."
"…we are very concerned"
"…and concerned about this closure."
"…WE, were two of those who could not get entry into your meeting, which I think demonstrates the feeling of the residents of the District."
"we are aware of the "proposal" which appears to be a 'de facto" decision as key facilities at the hospital have already been closed! We tried to attend the public meeting at the Plume Academy but were turned away without setting foot on school grounds; I suggest that your figure of 100 prevented in attending was in fact much larger."
"Sadly yes I am aware. I have to take my 93 year old father to St Peter's regularly for Outpatient appointments and have gradually noticed over the last 20 years the deterioration of the buildings and the lack of maintenance."
"I think it will be a disaster for the people of this area if we lose St Peter's…"
"We were actually made aware whilst I was pregnant with my second child in 2022. As there were major concerns about what services would be available due to staff being redirected to Broomfield."
"…hope this can be avoided"

Question 1.2 - Awareness
"Maternity/ Intermediate Care / blood tests/ x-ray/ All these services are vital to a town that is increasing in population Broomfield does not have sufficient parking for the services that are already there !"
"…The wait for the resultant prescription was 90 minutes (about normal) meaning our parking space could not be used by others and increased the cost to us. We have in the past been forced to used Braintree Hospital which is on the wrong side of town to Maldon as is Basildon. I have no idea where the other hospitals are located."

Question 3.2 - Which services should continue to be provided in Maldon? Do you have any comment on the reason for your answer.
"Unfortunately I think the site doglike be used for local Council homes to be built for the local community and youngsters trying to get a home maybe a block of flats and 2/3 bedroom house only not 4 bedroom homes."
"St Peter's could be relocated to a more modern facility in town but local diverse medical services are essential to local people- we live in Burnham and to get to Braintree is over … The French model of diverse medical centres scattered across towns works well for us and it's about time someone recognised that the NHS is just not working in its current format and set about correcting this."
"Maldon needs a new hospital see attached newspaper cutting from the Maldon & Burnham Standard - Feb 15th, 2018."
"Having used the available services at Broomfield Hospital, Colchester and Braintree I would have thought that in terms of servicing the community then a facility similar to Braintree would be appropriate."
"…a health hub the size of maldon/heybridge etc should have a nhs hub or keep st.peters and add services"
"Having attended meetings of the swf health and social care group, and learned about the "integrated care service" and plans to "get more local , get more responsive" this is what is needed rather than consolidating things back to the larger cities, which is what usually happens. these hospitals are already under immense pressure and it only gets harder for an increasingly older population to access them. i believe our current healthcare alliance covers, the dengie, swf, maldon, chelmsford , braintree and more. i believe that all the house building in these areas and consequential increase in population warrants more satellite clinics in swf, danbury, maldon, to reduce strain on southend, basildon and broomfield hospitals."
"…They have recently reroofed the rear of the hospital and upgraded the Outpatient facilities at the rear of the main building and all this cost would be wasted if the closure proceeds. The 300 out patient appointments is likely to rise to nearer 500 a day once all the development in the area is completed. To this figure you can add the visits made to existing patients…"

Question 3.2 - Which services should continue to be provided in Maldon? Do you have any comment on the reason for your answer.
"ALL. But the buildings must be fully checked for safety."
*"*Maternity and antenatal care. Quite simply this is a woman's issue and men cannot appreciate the necessity of being able to get to hospital quickly when in labour. The Dengie peninsular is served by this hospital and women should be able to choose, and have the security of, knowing maternity services are nearby. Broomfield often gets women and babies out within 6 hours of giving birth- it is not long enough for many women. A woman should have the option of support and monitoring and proper health care after what is a hugely physical event. * scans, x Ray and blood tests. These need to be offered at some clinic, if not the St Peters site, on a permanent basis."*
"…feel it would be a catastrophic loss to the community if the maternity (and other) services there are lost."
"We are also very distrustful of the term temporary relocation of the Maternity facility and feel this may turn out to be permanent which would be very unsatisfactory."
"A good example of this is the Crouch Vale Medical centre in south Woodham Ferrers (SWF) where a large facility was formed with a combination of GP services and NHS/Provide services as above."
"Maternity services and stroke rehabilitation are of the upmost importance. New mothers need all the support they can get, the networks and friendships that are made in a local maternity hospital are crucial, it's ridiculous to consider moving these out of town. My Grandmother received rehabilitation post stroke at St Peter's. Had she been moved out of area it would have been devastating for us as a family & would have had a hugely detrimental effect on her metal health & recovery. At such a stressful time, having the addition of travel worries would have made things so much harder."
"I was also extremely concerned to hear the NHS' approach to expanding services now falls to developers to build the building with no care or attention to architectural design, but doing these in the cheapest way possible. Not only do these carbuncles blot the landscape the exorbitant rents the NHS have to pay the developers is not a wise use of public funds and only results in very wealthy developers. The building of new NHS buildings should be taken in house (by the Government) so the noose of future rent payments is removed. I have seen the figure £18m bandied about as the cost it would take to bring St Peters up to standard. This is a small price to pay for ensuring the growing town of Maldon and the surrounding villages have a local hospital to accommodate their health needs.."
"…If the move outpatients to Broomfield there should be a free regular bus service for those over 65 or that can't afford it."
"…transport issues are common, finding public or even charitable transport to meet appointments offered in Chelmsford can be stressful, expensive and sometimes impossible. Facilities at St Peter's Hospital, Maldon reduces the stress and the carbon footprint of accessing so many essential services for both patients and their families. It

Question 3.2 - Which services should continue to be provided in Maldon? Do you have any comment on the reason for your answer.
would feel ridiculous to travel all the way to Chelmsford for what are efficient 5-15 minute appointments."
"Voluntary drivers may not be keen on further distances. I am one who drives regularly to large units. It is a whole day."
"The building is structurally sound, there are many older buildings in this country that are still in use. There are many maintenance problems at all hospitals because when the NHS has to cut back on spending it is maintenance that gets cut the most - this has been a false economy and is bad management on the governments part. Broomfield has problems with leaks and sewage, Brentwood has legionella's - there are problems in all NHS properties. You can't close them all and shouldn't close any unless a new one has been built in its place, the population is increasing so how can the government allow the reduction of hospitals, there should be more not less! *St Peters is owned by the NHS so there is no rent to pay - unlike Brentwood and Braintree which are PFI buildings. As tenants what the NHS can do is limited and this will make it harder to make Brentwood into the centre of excellence for stroke, Bayman Ward does not have enough space for the rehab equipment needed, it only has one sluice room for 25 patients, St Peters Ward had two and a dedicated equipment room. St Peters Ward had two nurses stations Bayman only has one.* *The BBC has put out several times that the flooring meant the bed numbers were reduced at St Peters. This is incorrect. Once the flooring was reinforced the ward continued to operate as 26 beds - half IMC and half stroke rehab. it was only because of covid that the bed numbers went down to 16 - to allow for social distancing. The senior staff have then used this to push to close st Peters. St Peters ward could have operated with increased patient numbers. And as the ICB won't acknowledge this they also haven't acknowledged that during covid Maldon lost its ICB beds, meaning patients and there relatives have to travel further. As Dr Sweeting said at the plume school meeting - Maldon is an ageing population and care should be delivered close to home - his own points back the need for inpatient beds in Maldon."*
"You say the plan is to have local services - but there are no planned sites? and they would have to be bought and built. Why not use St Peters? - its already there."
"Any replacement phlebotomy service provided in Maldon must have adequate parking for outpatient visitors, not just for staff, and will need some form of parking control to prevent abuse by drivers unconnected with the service."
"THIS IS VITALY IMPORTANT ASK THE QUESTION how many beds does Braintree maternity unit have compared to maldon and the distance say from bradwell on sea to Braintree (not half way to broomfield...ITS AN HOUR...same distance as Broomfield!!"
"all services should remain at St Peters. None should have been shipped elsewhere as this directly contravenes the NHS directions regarding fair and legitimate consultations."
"I work at a Crouch Vale Medical Centre and call patients to have routine blood tests. There is usually a full diary for bloods for at least two weeks, tests have to be done by

Question 3.2 - Which services should continue to be provided in Maldon? Do you have any comment on the reason for your answer.
1.15 to allow them to be ready to be collected by the courier. We advise that you can book on line for St Peter's/Broomfield if you'd prefer and you also have appointments into the afternoon. This also frees up appointments for patients who can't travel. The Bloods Department at Maldon is second to none, an absolute necessity locally…Both my daughter and daughter in law were under the care of the maternity unit, they have nothing but praise for the staff. My daughter in law had complications but was blue lighted to Broomfield, her second son was a water birth at St Peter's, my daughter had her specialist led appointments at St Peter's and her post natal care. Recently she was cared for by the amazing midwives prior to a miscarriage."
"Or, if the services are moved to other areas such as Broomfield hospital it would be a good idea for there to be assistance and help with transport for those who need it who would normally access these services at St Peter's."
"I accept that the hospital has suffered under investment but this has been the fault of the NHS. The present thinking is surely to provide local services without people travelling miles especially for the elderly."
"The harkenwell clinic on wantz chase is underused and would be ideal for outpatient appointments. Also frequently used services such as blood tests, x-rays, scans and ultrasound. They could be offered (and some already do e.g. Longfields and Trinity) at GP surgeries and the outreach clinic at the Bentalls Centre in Heybridge. Or at mobile units across the District, especially for people on the Dengie as can take over a hour to get to Broomfield."
"I addition to this, there are many many excellent clinicians & services based at St peters which sadly cannot be accommodated elsewhere in the town. The town is already overcrowded with estate agents and not providing sufficient opportunities/provision of jobs to our young (&more mature) workers....why would we want to cut off another opportunity for employment? Working in the NHS should feel like a privilege (it does to me)....what better way to promote our industry than to have wonderful local source of professionals to look up to and inspire our community and be part of our town. As you know we do not go into healthcare for top whack salaries, we care for our patients....should local employment however be so disparate, any increments we are in receipt if will merely be taken up on transport to and from work. Increasing the need fir more vehicles on the already conjested roads. The lack of public transport links makes this ever less sustainable."
"The NHS is already in a dreadful state in particular services such as physiotherapy where many practitioners fail to use their hands to assess and treat conditions and have resorted to issuing leaflets for treatment regimes which do not treat patients effectively! This is leading to a catastrophic failure in service and decline in the skills of clinicians. Much of this has come about through outsourcing but also through the inability of management and the CQC to recognise how to evaluate services."

Question 4 - If you or a member of your family needed maternity services, would you wish to use a midwife-led unit in Maldon? Other comments received
“The consultation talks about staffing issues. Firstly, if there are difficulties finding staff to man community beds/provide services including midwifery, then that is a political choice related to real terms cuts in NHS funding from central government. Poor pay and working conditions, exodus of staff, difficulty in recruiting are all symptoms of a government whose priorities are not aligned with serving public purpose and has led to shortages of health professionals. Citizens are being asked to pay the price for those political choices. The people of Maldon should have access to that information."
"…Generally it would appear that your overall consultation process has been flawed and decisions made many months ago re Stroke rehabilitation that could now no longer be reversed by consulting now about it. Staff moved, wards put out of action/dismantled and redundancies.The proposed changes re the birthing unit would have negatively affected our daughter who convalesced[sic] in St Peters after giving birth to her babies in Broomfield.” *My main issue is with "all other patient services" where on page 33 you differentiate between "alternative short term solutions" and long term plans regarding new build facililites [sic] that "will not be built for some years".* *I cannot see that you continue that differentiation between "short term alternatives" and "long term new build" on page 69 regarding X ray services. I am astounded that you appear to "have started to indentify [sic] some potential new homes" only recently for the alternative short term solutions. I have heard it suggested via local MP's and polititions [sic] that these might include Carmelite House, White Horse Ln, Maldon CM9 5FW and other locations where car parking is tricky especially after the White Horse car park had all its short term parking bays removed on the 31st March 2024. Your left hand does not appear to know what its right hand is doing?* *Both my wife and I will be negatively impacted by the move of ambulatory services for blood testing and x rays from St Peters to a less than ideal "temporary? alternative". We have used those services every year for many years.”*
“I did use midwife led services at Maldon to give birth to my daughter, been in a car, stuck in traffic, in labour is terrible. No women should have to go through that. Braintree and Broomfield could be dangerously to far for some women. Also the advice when you have a baby is to not have a newborn in a car seat for more than 30 minutes. This means all women need to have access to a birthing unit within 30 minutes of their home - this is now impossible for women living on the dengie.”
“Maternity/ Intermediate Care / blood tests/ x-ray/ All these services are vital to a town that is increasing in population. Broomfield does not have sufficient parking for the services that are already there!”

Question 5.2 - If you or a family member needed intermediate care or stroke rehabilitation, would you want this to be provided in Maldon?? Other comments received

"Why cannot the proposed joint branch of Blackwater & Longfield surgeries in Heybridge be ""sized up"" to also provide some of the ambulatory out patients services at St Peters? Or is this too logical joined up thinking? *You state in your consultation document that you have considered changes and modifications to the existing St Peters site but that if it were to be sold the on site nursing home would not be affected and would remain on site. I do not believe that you have spent more than cursory attention to potential evolutionary changes on site and that there is already a mindset to ""sell the family silver"" to prop up other areas of underfunded services outside Maldon that you are responsible for."*
"I understand that the ICB during their consultation meeting in Brentwood assured the residents there, that they would be prioritised over any patients coming from Maldon. This has never been mentioned to any of the residents in the Maldon district as well as not holding a consultation meeting themselves for the Maldon residents. If not for yourself and our council we would still be in the dark about this whole closure proposal."
"I know the site is in disrepair but surely all round money would be well spent retaining and renovating the site!! Community needs to be protected, encouraged and promoted wherever possible for the good of our ever more disparate peoples."
"There were proposals put in place years ago to use the St. Peters site and renovate - what happened to those? If a suitable site was found within easy access then I would't be against it, but where is the space for one? The St. Peters site is ideal. It would have to be on the outskirts of town now. A good site would have been near Morrisons where the new drive through Costa, Toolstation, etc. are located. Why on earth wasn't that site proposed rather than more retail units. There appears to be no forward planning at all. A condition for the thousands of new houses should have been a community hospital first and foremost with good transport links."

Question 6.2 - Should outpatient services continue to be made available on the St Peter's site or could they be relocated to another repurposed site in the town?
"The Government is throwing money at building new hospitals and improving estates in the NHS so why can't they find funding for this? It's in a perfect position to treat all those across the Dengie where investment in the site could help ease pressures at Broomfield which is completely overcrowded with patients."
"At about the turn of the century, I, (think as a Councillor Maldon Town), and others, attended several meetings, some public, for a replacement Hospital outside the Maldon Town on the southern ring road, Limebrook Way. It was X shaped and initially had the Mental Health Unit as well. The first patients, should have been using this facility in 2004/5. This group was led by Shelia Bremner, (later became a former Chief Executive Officer – NHS Mid Essex PCT I believe). These meetings took place at local venues including the Bewick Suit and the Football Club hall Park Drive, for Public meetings. Details of the Building progressing through the NHS, remember, NHS only had responsibility for the Bricks and Mortar, the contents of the building, beds, equipment, nurses, surgeons, Dr's. were all under a company called Provide and, from memory updates were given by Dougherty, forgot his first name. Regular updates of the finances

for the building, about £14 Million, was, regularly given in presentations by [name removed], at these events. Meetings suddenly stopped!!!"
"I would have thought that outpatient services should be an integrated part of the service of the local NHS. To relocate and separate would surely be inefficient and not integrated using other services on sit"
"When will work start on the promised new purpose built facility? Where will it be located? The lack of detail coming from the ICB is frustrating people and causing a lot of mistrust. Hard to comment on impact when we don't actually know what they are suggesting other than closing St Peter's."
"Yes it certainly appears as if things like hospitals get sold off to developers, creating homes for more people, more people require more services that don't seem to be being replaced. I'm sure you'd agree the NHS is struggling, schools are rammed, the roads are awful, everywhere seems to be jammed with traffic, the waste water systems are overloaded i could go on and on... Where is the forward thinking? Sorry for the negative feedback, keep up your good work."

Appendix 7

Additional consultation survey analysis report

Appendix 8 - Draft consultation report feedback and amendments log

On 10 July, a draft of this public consultation report was published. Local people were given the opportunity to review the report to make sure it had captured all the issues raised during the consultation activity, and invited to attend an online feedback session the evening of 18 July to hear directly from the analysts who drafted the report.

Anyone with feedback on the draft consultation report was asked to submit it to the consultation team by Wednesday 31 July 2024.

The issues raised in feedback have been examined and appropriate changes to the report made.

Amendments log

Page	Amendment	Source
4	First line of Key findings introduction reworded for clarity	Internal review
9	Numbers on graphic amended. The same graphic is amended on p43	Internal review
14	Extra information added to *Travel and Access difficulties* (bullet point 1) to illustrate potential extra travel concerns.	Feedback from Georgina Button, Maldon District Council
15	Additional information added to line 1 of *Anticipated Impacts* to make it clear respondents thought extra travel would make it more difficult to visit family and friends who are in hospital.	Feedback from Georgina Button, Maldon District Council
16	The coding behind the summary of *Support for the proposal* presented here has been reviewed in response to feedback and the presentation of that information has been amended in line with that review (See page 89). This summary has been amended to reflect those changes.	Feedback from Georgina Button at Maldon District Council, Kerry Williams, and Steve Rogers.
17	*Comments about the consultation process* moved to page 21 under the main heading *Comments about the consultation process.*	Internal review
21	Added a point to *Comments about the consultation process* to note that evidence presented in the consultation hearing called into question the use of the phrase "…modern purpose-built suite…" to describe the WJC birthing unit.	Feedback from Steve Rogers
21	Next steps updated to include the date of the decision-making meeting	Internal review
43	Numbers on graphic amended (as at p9)	Internal review

49	Learning point added	Feedback from Cllr Emma Stephens and Tim Olley
49	Learning point added	Feedback from Louise Whitworth on behalf of the Bayman ward stroke team
57	Last line of 7.1 Overview amended	Internal review
86	Numbers on graphic amended	Internal review
89	The coding behind the information in the section starting “The key reason put forth to support the proposal…” and the table that follows has been reviewed in response to feedback and the presentation of the information amended in line with that review. We’ve expanded the section to offer more detail on the other reasons given for supporting the proposal. The numbers of comments made under each theme has been added for clarity.	Feedback from Georgina Button at Maldon District Council, Kerry Williams, and Steve Rogers.
90	Table titled *Reasons for objection*, “WJC is not fit for purpose / negative past experiences” separated from “other negative comment including: …” and added in its appropriate place at the bottom of the list for clarity.	Internal review
91	Where appropriate we’ve amended the numbers in the table from “0%” to “<1%”	Internal review
124	As on page 89, The coding behind the information in the section starting “The key reason put forth to support the proposal…” and the table that follows has been reviewed in response to feedback and the presentation of the information amended in line with that review. We’ve expanded the section to offer more detail on the other reasons given for supporting the proposal. The numbers of comments made under each theme has been added for clarity.	Feedback from Georgina Button at Maldon District Council, Kerry Williams, and Steve Rogers.

We are grateful to the eight groups and individuals responded with comments on the report.

- Louise Whitworth, Sent on behalf of the Stroke Rehabilitation Team at Bayman Ward, Formerly St Peters Ward.
- Kerry Williams
- Georgina Button, Assistant Director - Strategy, Partnerships & Communications, Strategy, Performance and Governance Directorate, Maldon District Council
- Steve Rogers
- Mary and Rodney Kirby
- Cllr Emma Stephens
- Susan Frederick
- Tim Olley

Questions log from the online feedback session held on 18 July

Asked by	Question	Response given
Martin Beckwith-Brown	The analysis has been confused by using a geographic spread that are transport hubs	Post event check: This is most likely a reference to the travel and transport analysis included in the pre-consultation business case, not the analysis in the consultation report.
Martin Beckwith-Brown	Believe there is a lack of understanding of the Maldon and Dengie area	There has been a lot of feedback from people in Maldon and the Dengie area. The strength of feeling and the challenges of living in the area will come across to the ICB.
Peter Blackman	How are the inputs from those who gave evidence at the public inquiry sessions reflected in the statistical data?	Two reports have been published. The public consultation hearing contained the evidence the presenters gave at the hearing. The evidence and report will be taken into account by the ICB Board.
Pam Crawford	You've already moved Stroke treatment to Brentwood and maternity to Braintree, very sneakily without consultation, what do you hope to gain from this?	This is a question for the ICB.
Pam Crawford	I have 3 incurable chronic conditions which require a blood test every 3 months, and I've got M.S. I see my Neurologist and M.S. nurses at St Peter's, I get there quite easily on my mobility scooter, it you move it too Broomfield it will make my life a nightmare, because myself employed husband would have to take time off work to take me	This comment will be noted here.
Pam Crawford	Nobody is listening to the people of Maldon, we DO NOT WANT OUR HOSPITAL CLOSED DOWN	The strength of feeling expressed in the consultation echoes this.
Pam Crawford	Why are there no stroke beds at St Peter's, we need them there???	This information is set out in the consultation document.
Pam Crawford	I had a blood test on Tuesday 16 July, when I spoke to the nurse who did it, she said they were being kept completely in the dark about what was happening, NOT GOOD	We will note this and pass it on to the ICB.

Pam Crawford	Why has St Peter's been classified as not fit for purpose, it's kept very clean, staff are very well trained, it's free to park, close and very convenient for me, Broomfield is NOT	This point has been made many times in consultation responses. The reasons have been set out by the ICB and the Trust throughout the consultation.
John Driver	Following the closure of the birthing unit at St Peters and the move to Braintree, how many births were delivered in Braintree?	We have no information since the consultation document was published. Please check with the ICB
Karen Lay	Why are we focusing on option A and B when 75% of people thought both options were not fit for purpose surely we can be focusing on what 18% of what people agreed with	The numbers are important in indicating the strength of feeling. A public consultation gives consultees the opportunity to say what they think, explain it and evidence it. When reporting, we include the strength of feeling, the arguments made and evidence given.
Karen Lay	I wanted to revisit my question and your response regarding the balance of focus during this evening's webinar discussion. My concern was that we seemed to allocate more time to reviewing favourable responses, while the "strength of feeling" on certain issues, despite being acknowledged, did not receive equivalent attention. It's important that we ensure a more equitable distribution of discussion time across all feedback, both positive and negative, to fully understand the breadth of perspectives.	Our role is to present the findings fairly, that includes reporting reasons given for support and objection. We have worked hard to present the reponses fairly and feel that the presentation sets out the balance accurately. We don't agree that more space is given to in the presentation and the report to
Daniel Newton	what, if any obligation, do the ICB have to adhere to the findings of this consultation?	The findings, evidence and opinions from the consultation are clear. A public consultation is not a vote or referendum so in that sense there are no results to adhere to, there are responses to take into account. The Board is legally obliged to take the responses to the consultation in into account when making its decision. The report of responses from the consultation is one of many elements which need to be taken into account when making their decision.
Daniel Newton	and supplementary, what recourse is there if they choose to ignore the findings of the consultation?	They won't ignore the findings of the consultation - the responses to the consultation will inform their decision.

Michelle Olley	When setting the options A,B etc why was there not an option for St Peter's included? Surely for accurate statistics this would have been best practice as an independent agency?	The ICB choses the proposals that are put forward in the consultation. An NHS body can put into a consultation any option that has been properly arrived at. If the ICB believed that the option to keep at St Peter's was unviable, there wouldn't be a reason to include it. Many people have made their views on this clear and it has been included in our report.
Michelle Olley	WJC currently has a broken boiler and is not as well equipped as St Peter's maternity. How is this more state of the art to send new mums to be to wards with no hot water?	We cannot comment to the current situation. We will note this for the ICB.
Michelle Olley	The paper copies did not have neither as an option!!!	Stand will check this and make any amendments necessary before the final report. Post event check: Question 6 in the survey (online and paper versions) read: Please tell us which of the two options you feel is closest to meeting the needs of our local population. The options given for response were: 'Option A', 'Option B', and 'Neither'. The question included space to respond to the request to 'Please tell us the reasons for your answer.'
Paula Spenceley	In the draft report's key findings, reasons for the 3% who supported the moving of maternity services from St Peter's Hospital were given. These include "negative experiences at St Peter's. Yet there is no mention in the reasons given for considering the move a bad or very bad idea of any negative experiences at Broomfield or WJC. Some of these were repeated at the Town Hall meeting. So why are these not included within the reasons? This seems rather biased.	We will check the transcript of the town hall meeting. Comments around negative experiences will be clarified in the final report in terms of how many people expressed this opinion. We have to be mindful that individual comments don't identify the person who made them.
Paula Spenceley	Did not having an option with beds at St Peter's mean the consultation lead some of those responding to feel they had to pick one of the options presented?	There was an option for neither Option A or Option B so all participants had the choice to say neither. A lot of people gave alternative suggestions.
Paula Spenceley	Should the ICB have included the fact that they have a huge budget deficit more clear in the consultation	There was budget information in the consultation information published. There would need to be a question to the ICB as to

	document so that people could understand all the reasons for the proposals?	whether it is relevant in this issue. We will note this comment for the ICB.
Kerry Williams	If the ICB wanted to be inclusive with their consultation why did they not inform all residents in the district by doing a postal drop	It's a challenge owing to limitations such as budget and time. There are some cases where this is appropriate. This would mean that it would cost a considerable amount of money to postal drop all households in the mid and south Essex area. The consultation received a good spread of people and strong response. We will pass on this comment to the ICB.

Appendix 8

Draft consultation report feedback and amendments log

Mid and South Essex
Integrated Care Board

Appendix 2

Report from Commission into the St Peters Hospital and Associated Issues with Care Beds and Birthing Unit Pathways

March 2025

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Introduction and executive summary

This report is the outcome of rapid work undertaken to ensure that the people of Mid and South Essex get a better deal from the NHS than initially offered in the community consultation on the future of the St Peters Hospital and associated issues with midwifery and care beds.

The Commission into the services hosted at St Peters Hospital in Maldon, the wider pathway and wider impacted areas in Mid and South Essex was set up by the Integrated Care Board (ICB) incoming CEO Tom Abell. A lengthy consultation process had been run prior to Mr Abell's appointment which focused around 3 core elements with the following rationale:

1. Disposal of the St Peters estate given it was too large and dilapidated, and the corresponding rehousing of all ambulatory services within Maldon District.
2. Two options regarding the relocation of stroke beds where they would move away from St Peters to consolidate them in larger sites which were easier to staff with wrap around expertise, as well as the "home first" policy of care.
3. The removal of the midwife birthing unit from St Peters on the basis that the ad-hoc and stretched staffing was becoming both too complex and unsafe.

It was broadly felt, despite some good work being attempted, the consultation had left a number of issues unresolved, not fully thought-out, and needing an additional layer of critical thinking. The entire commission welcomed the pause put in place by Mr Abell.

The original consultation was far too hasty in suggesting that St Peters close with utterly inadequate plans as to how services would be managed after being separated into unspecific and likely unstable temporary arrangements. In addition, while policies such as "home first" are clinical best practice, too much was based on assumptions. While the principal was broadly supported, too much commentary was non-specific.

In short, the recommendations I present to the ICB now suggest rapid investment and support into St Peters to keep all outpatients services at the hospital over, roughly, the next 5 years. This will allow the time for the capital to be brought together to redevelop a part of the estate for a modern health hub, where primary care and possibly other services will be brought within and upgraded. It allows for a stable staffing model by no longer staffing small/unviable bed units and birthing bays but goes further to wrap additional local support and monitoring to the home first policies, protection of pre and post-natal services and new monitoring and support of other pathways such as home births. Finally, it creates a role for the community to work with the NHS in the long-term to deliver the plan and ensure such poor consultation outcomes do not take place again. I am delighted to say that these recommendations were achieved via consensus within the commission - between the community representatives, the NHS and wider leaders on behalf of the people of mid and South Essex!

Thanks

As Chairman, I have been supported outstandingly by Tegan Gardiner who is a model of administrative efficiency.

I wish to thank all those who have so ably fought on behalf of the local population and been tireless in standing up to poor historic decision making in order to achieve something better; Sir John Whittingdale MP, Dame Priti Patel MP, the leadership of "save Maldon medical services" Jo Phillips, Steve Rogers and Kerry Williams, MDC's CEO Doug Wilkinson, Cllr Richard Siddall and Town Mayor Andrew Lay. Without them, this work wouldn't have been possible.

I want to thank all those who worked on this commission, who gave up so much time and grappled with so many thorny matters; from Southend and Essex Healthwatch, Maldon District Council (MDC) and Essex County Council (ECC), and many staff from Mid & South Essex ICB and Mid and South Essex NHS Foundation Trust (MSEFT).

I want to thank Cllr Andrew Sheldon who offered an independent view of this report and pushed further on some community reassurances.

Not a single member of the Commission objected to the recommendations in this report, underscoring the collaborative and positive nature of this paper and its outcomes.

Finally, I want to thank all the staff and supporters at St Peters who were put through far too much during the original consultation.

Recommendations

Part A – The Current Estate

1. The outpatient provision (all the current services from physiotherapy to blood work) at St Peters is vital for the people of Maldon and surrounding areas. Maldon already suffers from a lack of health infrastructure. It is recommended that a new modern build and protection of current services must become a priority project for the ICB.

2. The current St Peters building has no long-term future given its age and degradation, and it's complex / logistically challenging composition. Therefore, it is agreed that the general principal of the eventual decommissioning the current building is correct in around 5 years, but only at the right moment and albeit with several firm caveats.

3. A new ambulatory hub must be constructed to house the full current suite of services, i.e. the 300 appointments which are accessed by outpatients per day. It is recommended that this requires a sufficient space to be saved on the St Peters site for this and associated parking on the basis that the current site already has all the associated transport links and is well placed in the district. An alternative site should only be considered if logistical matters make it impractical to deliver the new hub at the current St Peters site, and only if an alternative can match St Peters in terms of public transport and parking accessibility.

4. The lack of financial planning for a new hub by the ICB during the consultation was a grave error. Not only did it give the impression the offer to save all services within Maldon was an afterthought, it also opened the whole project up to risks due to not having a clear enough plan and vision. Therefore, it is recommended that there must be no closure of the current building or moving of services from the St Peters estate until the full funding stream and associated planning consents have been granted. The ICB must commit to the continuation of all outpatient services from St Peters while the new hub is built. MSEFT must make provision to keep the current St Peters site open and fit for purpose.

5. While there have been offers for temporary accommodation of some services, the reality is that “temporary plans” risk becoming de facto “regrettably permanent plans” if enacted without a fully costed and approved vision. An exception has been asked to be made of certain services such as physiotherapy on the basis that its work lends itself to be housed in a nearby leisure centre. While this seems to make much sense, it cannot be supported until there is a clear and costed plan for the rest of the site on the basis that “salami slicing” off services will likely reach a tipping point and force the premature closure of a depleted building before the replacement is approved. In addition, with local government reform, there is likely to be mass reconsideration of assets. Therefore, it is recommended that physio work remains at St Peters.

6. The site currently does not offer space for staff and patients with regards to refreshment – this closed around November 2023. It is recommended to give best endeavour to returning a café function to St Peters, both as a focal point and much needed comfort for staff and patients.

Part B – The Future Estate

1. The capital allocation for the new build is currently only the capital receipt from the disposal of the portion of the St Peters site. It requires new streams to be added. These include the continued lobbying to amend the value at which the district valuer is allowed to grant borrowing to the NHS, the attraction of capital by bringing a "Community Diagnostic Centre" to Maldon, and the potential of Maldon District Council borrowing capital via prudential borrowing to be repaid via NHS commissioned contracts. Much of this work has been held in silos. It is recommended that the ICB should immediately appoint a senior member of the board to take responsibility for the assembly/lobbying of the capital package by the end of 2025.

2. Maldon has an under provision of general practise clinical space, i.e. GP surgeries which are too small and aging. A new build is the best opportunity to address this. Therefore, it is recommended that a new St Peters Hub must also co-locate the estimated space to meet this need for new GP provision, as well as the possibility of future strands of wider primary care.

3. Maldon and surrounding areas are growing. Therefore, it is recommended that the spec of any build (and car park construction) must have capacity to grow upwards, i.e. easily add floors as demand requires.

4. The current projected space per service has been approved as acceptable by each service head. However, when fuller architect drawings are complete, it is recommended that each service lead should be reconsulted to ensure this remains fit for the future.

5. While new services didn't come forward in response to our offer to co-locate with a new hub, it is recommended that multi-functionality of clinical space must be considered in the event that other services wish to share space during periods of inactivity, i.e. mental health. This should also include any commercial/community joint use.

Part C – Intermediate Care (IMC) and Stroke Rehabilitation Beds

1. The capital allocation for the new build is currently only the capital receipt from the disposal of the portion of the St Peters site. It requires new streams to be added. These include the continued lobbying to amend the value at which the district valuer is allowed to grant borrowing to the NHS, the attraction of capital by bringing a "Community Diagnostic Centre" to Maldon, and the potential of Maldon District Council borrowing capital via prudential borrowing to be repaid via NHS commissioned contracts. Much of this work has been held in silos. It is recommended that the ICB should immediately appoint a senior member of the board to take responsibility for the assembly/lobbying of the capital package by the end of 2025.

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Part D – The Midwife-Led Birthing Unit

1. The capital allocation for the new build is currently only the capital receipt from the disposal of the portion of the St Peters site. It requires new streams to be added. These include the continued lobbying to amend the value at which the district valuer is allowed to grant borrowing to the NHS, the attraction of capital by bringing a "Community Diagnostic Centre" to Maldon, and the potential of Maldon District Council borrowing capital via prudential borrowing to be repaid via NHS commissioned contracts. Much of this work has been held in silos. It is recommended that the ICB should immediately appoint a senior member of the board to take responsibility for the assembly/lobbying of the capital package by the end of 2025.

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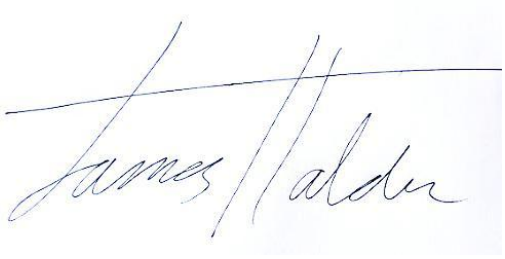
Part E – Final Thoughts

1. Planning is more important than the plan itself! As this becomes a priority project for the ICB, the whole board needs to be invested in driving its success. However, there are a number of bodies the board needs to give support to in order to drive this.

2. It is recommended that the ICB establish a standing Community Committee from the Chairman of "Save Maldon Medical Services", the CEO and Leader of MDC, a representative of the health and adults team at ECC, a member of MTC, and the ICB designated leads for the estate and finance solutions to oversee, scrutinise and advise on the implementation of any recommendations that the ICB approves regarding the St Peters estate. The ICB should ensure the group has appropriate secretarial support. The first meeting should take place shortly to set the general workplan and where I transfer the Chairmanship into community hands.

3. Essex and Southend Healthwatch, and ECC (with a rep from SMMS) come together at 6, 12 and 18 month intervals to oversee, scrutinise and advise the ICB on the performance and patient experience of the rollout of the new bed pathway, and the sufficiency of the entire midwifery pathway – from births within Maldon homes all the way to Broomfield.

4. It is recommended that a member of the ICB be tasked with leading a review as to how the system handles the policy planning and resulting consultations given the problems with community communication, data issues, unclear outcomes and unsecured pledges.



James Halden LL.M, FRSPH, FRSM

Chairman of the NHS Commission into the St Peters Hospital and associated options with care beds and birthing unit pathway across mid and South Essex

Appendix 3 - Pre-consultation engagement report on the future configuration of community inpatient beds, midwife-led birthing care and Ambulatory Services in Maldon and surrounding areas

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Purpose

This report presents findings from recent quantitative and qualitative engagement activity with patients, staff and community stakeholders including representatives from carers, health, and care professionals, VCSE organisations and members of the public within mid and south Essex.

The engagement, conducted by Mid and South Essex Integrated Care Board and supported by its partners, was carried out between November and December 2023, and sought to understand what is important to stakeholders regarding:

- The future configuration of community inpatient beds
- Midwife-led birthing care
- Ambulatory Services in Maldon and surrounding areas

This engagement work supplements findings from a previous qualitative engagement programme undertaken in February-April 2022 that focussed on community bed-based care.

This report was completed by Kaleidoscope Health and Care and explored the following four areas:

- What do ideal bed-based community services look like to stakeholders?
- What are people's current experiences of bed-based community services?
- What changes would improve their experience of bed-based community services?
- What are the most important factors for us to consider in making decisions around how we provide community bed-based care, intermediate care, stroke rehabilitation and frailty?

Learnings from this engagement work and the previous where applicable will be provided to inform decision making during the next stage of this consultation process.

Healthwatch Essex, Healthwatch Thurrock and Healthwatch Southend review statement

Healthwatch Essex endorse this pre-consultation engagement report on the future configuration of community inpatient beds, midwife-led birthing care, and Ambulatory Services in Maldon and its surrounding areas. Our organisation is committed to using the lived experiences of Essex residents to improve health and care services. We therefore commend the variety of perspectives captured in this report, incorporating the views of members of the public, patients, their families, and carers, and staff working within the services under consideration. These perspectives have been captured using a range of different of methods, therefore ensuring the accessibility of the engagement. This approach is important given the diversity of

services being reconfigured. We recommend that Mid and South Essex Integrated Care Board continue to adopt a mixed method approach for the full consultation.

This pre-consultation report explores feedback relating to each service in turn, delineating between public, patient, and staff perspectives. Overarching themes that emerged included: communication; the need for local, accessible services; the importance of patient choice; and the quality of services. Any proposed service changes need to be communicated clearly to both staff and members of the public in a timely manner. Proposed plans must recognise the position that St Peter's Hospital holds in the local community. Communication must be sensitive to residents' attachment to the site. A strong emphasis was placed on "local services for local people". Services need to be accessible to residents across the district, and proposals should consider the potential limitations of public transport infrastructure in more rural areas. Staff emphasised the need for modern, purpose-built facilities to ensure the quality of care that they provide. Members of the public in turn praised health care when they felt thoroughly supported in comfortable surroundings.

This report has successfully captured how the relocation of services will affect people's everyday lives, as articulated in their own words. Their accounts highlight, for example, the impact of travelling 50 minutes as opposed to 20 to access maternity care, elderly people's anxieties about driving to new places, and the period of adjustment staff require when relocating services. Healthwatch Essex strongly recommend that Mid and South Essex Integrated Care Board continue their commitment to capturing the lived experience and perspectives of members of the public, staff, and the VCSFE sector, to further understand these issues in the full public consultation on this service reconfiguration.

Dr Kate Mahoney

Research Manager, Healthwatch Essex

December 2023

1. Background and introduction

1.1. NHS Mid and South Essex (Mid and South Essex Integrated Care Board) and key health and care partners have been exploring how to meet the needs of the population in a sustainable way. The role of the Mid and South Essex Integrated Care Board is to join up health and care services, improve people's health and wellbeing and reduce health inequalities. NHS bodies all have a legal duty to deliver a 'Triple Aim' i.e., value to person, value to the population and value to the health and care economy and the communities they serve. A key objective is helping local people receive the right care in the right place.

1.2. It is vital that long-term solutions for community services deliver high quality and sustainable care enabling the best outcomes for local people living in mid and south Essex.

1.3. Previous engagement work (referenced above) has focussed on longer-term options for community hospital inpatient care following changes being made to the location and number of community inpatient beds during COVID-19. Specifically, the changes to the location and number of community inpatient beds impacted the provision of intermediate care beds (IMC) and stroke rehabilitation beds. Intermediate care beds generally provided care for people who were well enough to be discharged from a main hospital but were not yet able to return home. Stroke rehabilitation beds provided rehabilitation for people who had suffered a stroke. These changes were made without public consultation because of the urgency of the situation.

1.4. Since this time, further urgent adjustments to service provision have been made to ensure the NHS can offer safe, efficient, and effective healthcare services during winter 2023/24. Part of this decision making was driven by rising safety concerns about the St Peter's Hospital estate in Maldon. This saw all bed-based inpatient care together with the Midwife-led birthing Unit (MLBU) at St Peter's Hospital relocate to alternative facilities in mid and south Essex.

1.5. Following these urgent changes, clinical leaders across mid and south Essex have been considering what the future community services could look like. They are driven by the twin objectives of improving outcomes for patients and ensuring the partnership makes the best use of the available resources and capacity.

1.6. Ongoing concerns linked to the long-term sustainability of St Peter's Hospital have resulted in the decision to explore proposals for alternative options that relocate all services.

1.7. This engagement was part of a pre-consultation process, ahead of formal consultation with the public which is planned for 2024.

2. Methodology

2.1. This pre-consultation engagement activity started in November 2023. A snapshot of the engagement was taken in December 2023 to provide scope for analysis and integration into the pre-consultation document. Communications, and engagement colleagues in addition to clinical staff conducted engagement in the following forms: surveys, focus groups (both in person and online), staff engagement sessions (both in person and online) and a targeted email address on the ICB website.

2.2. Survey responses

2.2.1. An online digital engagement platform called “MSE Virtual Views” was established to ensure that staff, patients, and members of the community were able to submit their feedback and provide suggestions on how to improve healthcare services. At St Peter’s Hospital the survey was advertised through posters with QR codes. Hard copies of the survey were also provided in the waiting area at St Peter’s Hospital to ensure access was varied and inclusive. Clinical staff supported patients to fill in the survey and discuss their views where additional support was needed.

2.2.2. Across the engagement platform MSE Virtual Views, over 170 views were collected via two different surveys. Each response has been analysed to ensure that key themes arising from the pre-consultation engagement were incorporated into the pre-consultation business case (PCBC), for which this document is an appendix. The collation of all responses can be found in the accompanying document.

2.3. Focus groups (face to face and online) engagement.

2.3.1. Mid and south Essex covers nine districts and boroughs: Basildon, Braintree, Brentwood, Castle Point, City of Chelmsford, Maldon, Rochford, Southend-on-Sea (also referred to as Southend) and Thurrock.

2.3.2. The interim winter changes and the developing proposals impact the districts and boroughs in different ways; therefore, an integrated impact assessment was completed.

2.3.3. An integrated impact assessment supports decision making by evaluating the impact of a proposal, informing public debate, and supporting decision makers to meet their Public Equality Sector Duty. In this regard, an Integrated Impact Assessment (IIA) indicated groups of interest who would be affected by the proposals and highlighted the need for engagement.

2.3.4. We engaged with approximately 120 people from the following groups by attending existing meetings or events that were being held both in person and online:

- Maldon Stroke Club
- Thurrock Stroke and Carers Group
- Blackwater GP Surgery PPG (Patient Participation Group)
- Healthwatch Essex AIS (Accessible Information Standard) Working Group
- Slipper Exchange run by Age Concern Southend-on-Sea and hosted by Havens Hospices
- Carers First
- Canvey Community Supermarket Bus
- Brentwood Stroke Club
- Stroke Association
- SEE Alliance Winter wellness event
- Ad hoc engagement with women and birthing people at William Julien Courtauld at St Michaels, Braintree, and St Peter's Hospital

2.4. Staff engagement

An engaged workforce is essential to delivery of key services. We engaged with over 250 members of staff, ranging from: those working in Community inpatient beds at St Peter's Hospital, Maldon, and Brentwood Community Hospital; maternity staff across St Peter's Maldon and William Julien Courtauld (WJC) at St Michael's in Braintree; and consultants and supporting staff providing Ambulatory Services at St Peter's Hospital, Maldon.

2.4.1. Engagement across staffing groups was made up of online and in person meetings and focus groups. Staff were also encouraged to fill in MSE Virtual views if they preferred.

2.4.2. The themes arising from staff engagement that will be explored in subsequent sections are as follows:

- Communication and Engagement
- Patient Choice and Service Delivery
- Workforce
- Accessibility
- Location of Services

2.5. ICB website

2.5.1. A targeted email address was set up on the Contact Us page of the MSE website. This enabled individuals, local community and campaign groups, councils and other stakeholders to contact us should they have follow up questions or queries. This platform will remain open.

3. Community Beds

3.1. Context

We engaged with patients and associated community groups in addition to staff to understand their views regarding community inpatient beds. This section provides an overview of the evidence emerging from pre-consultation engagement. The feedback provided was then grouped into themes. The emerging themes can be split into feedback relating to patients and associated community engagement, and staff engagement.

3.2. Patients and associated community engagement

The key themes arising from patients and associated community group engagement:

- Accessibility
- Condition of the St Peter's Estate
- Location of Services

3.2.1. Accessibility

The cohort of patients that typically use community beds in relation to stroke rehabilitation and intermediate care are typically elderly and/or frail. Therefore, access to services in a local setting was a significant issue amongst patients and community groups.

The specific areas raised during engagement concerning accessibility were:

- Distance of travel for the receiver of the treatment
- Access routes for friends, families and carers and the potential threat of isolation
- Frequency of public transport.

Distance of travel for the receiver of the treatment

Elderly responders noted their apprehension to drive long distances, especially to parts of the area that were unfamiliar to them.

Access routes for friends, families, and carers

A range of views were provided when looking at the impact on friends, families and available community groups that support the rehabilitation journey.

Some responders were extremely vocal about the need for their relative to receive nearby treatment as isolation from family, friends and carers can have a negative impact on rehabilitation.

> *"We require local services for local people; travelling to Halstead or Brentwood should not have to be a consideration for many frail elderly or unwell people, especially as it isolates them from their family & friends." – Local Maldon Resident*

As a result of the interim winter changes, 16 stroke rehabilitation beds were moved from St Peter's Hospital, Maldon to the Bayman ward at Brentwood Community Hospital. In addition, the number of stroke rehabilitation beds delivered at Cumberlege Intermediate Care (CICC) in Rochford increased from 8 to 14. Users of the services after the interim winter changes said the following:

> *"With everyone pulling together to make my stay comfortable with personal communication with nurses, physiotherapists and carers." – Patient at Brentwood Community Hospital*

> *"Therapy was great, very glad I came as I can now walk again, I have been treated with dignity and respect by the health care assistants." – Patient at Brentwood Community Hospital*

Frequency of public transport

The public transport networks within MSE were highlighted as a particular concern, with many responders from the Maldon area expressing a difficulty to travel across the Maldon District. With the public transport infrastructure as it stands, and the current financial climate, it is perceived that an additional burden and potential cost will be placed disproportionally on the elderly because of these changes.

> *"I visited my father almost every day when he was in stroke rehabilitation, I would not have been able to get to Brentwood by public transport". – Family member of patient accessing stroke rehabilitation*

> *"It is so important to have community facilities. Not everyone has access to a car, and public transport links are shocking. The care*

received at these local hospitals is vital to the communities." – Local Resident

Accessibility was, and continues to be, a prominent theme of discussion. When asked "What about your care is most important to you?", participants ranked 'Ease of access' as the third most important behind 'Right treatment at the right time' and 'Best clinical treatment'.

3.2.2. Condition of the St Peter's Estate

Community sentiment showed a strong attachment to St Peter's Hospital building. Participants used phrases such as "much loved" and "special place" to describe its position within the community. St Peter's Hospital was seen as an asset because of its local provision of community-based services, historical precedence in the town and its accessibility for local people. Reference was made to those residing in the Dengie, for which St Peter's Hospital was instrumental in accessing community-based services.

Patients and community groups strongly asserted that repairing the site would be their first preference. Participants recognised that the site was not meeting the expectations of a modern NHS service, but the extent of the financial constraints and the works required was not known.

"I agree St Peter's is currently not fit for purpose and must be inefficient money pit not to mention safety. My personal preference would be for the NHS to sell some or all of the current site and have a purpose-built community health centre/hospital with good parking." – Local Maldon Resident

When delving into the estates concerns in more detail, it was evident that the provision of care and the building were often interlinked. Patients and community groups wanted and need a safe and modern facility that provides the services that they need and enables staff to make the most of modern equipment and purpose-built facilities.

3.2.3. Location of Services

The location of the facilities was of huge significance to the patient and community groups. A key theme emerging from the engagement was the need for all future considerations to think about the demographic growth of Maldon and the expansion of both a growing and ageing population.

The optimal scenario was described to be "local facilities for local people".

"St Peter's is such an important facility for the people of mid Essex, particularly those who live further out e.g.: Dengie for whom travelling further afield results in a great distance. It is important to have some type of similar community-based service in this area, would be a great shame to lose it entirely." – Local Maldon Resident

Although there was a strong attachment to the physical space of the building, equity was a high priority. Areas such as the Dengie were mentioned frequently and the need to integrate these residents into a location that they could also access.

3.3. Staff engagement

This section provides an overview of the evidence emerging from a series of staff engagement sessions with those supporting community beds across mid and south Essex. There was a particular emphasis on those who supported the delivery of the interim winter changes. The key theme emerging from the engagement was Communication and Engagement.

3.3.1. Communication and Engagement

Communication was a strong theme across the staffing groups, covering communication on the St Peter's Hospital stroke rehabilitation unit, communication with patients, and communication with management. Staff felt quite strongly that the communication regarding the interim winter changes and the development of proposals going forward was not always clear. Good communication and engagement were seen as an essential component to feeling valued, understood and supported through any proposed changes.

Staff acknowledged that communications had been shared but were often difficult to digest. At times, this led to stress, confusion, and difficulties answering patient queries. Staff reiterated that their priority was their patients and continuous care. A lack of information on the potential changes necessary for winter put a strain on the service that they felt they could provide.

As an overall assessment of the winter changes, staff highlighted that earlier engagement with them from management would have been preferred. Staff felt that consistent communications, transparency, and clarity on how quickly the changes would be implemented would have helped their understanding.

4. Maternity Services

4.1. Context

Midwife-led birthing units enable women and birthing people who have low risk or uncomplicated pregnancies to have deliveries in a comfortable environment which can be more homely than labour wards. As part of the interim winter changes, inpatient activity – namely the midwife-led birthing unit at St Peter's Hospital, Maldon – was moved to William Julien Courtauld at St Michael's in Braintree. This move meant that the midwife-led birthing unit could remain open for women and birthing people as an alternative to delivery on a labour ward.

Since the transition (to the time of writing), 19 births have taken place at William Julien Courtauld at St Michaels in Braintree.

We engaged with patients and associated community groups, in addition to staff, to understand their views regarding maternity services. This section provides an overview of the evidence emerging from pre-consultation engagement. The emerging themes can be split into feedback relating to patients and associated community engagement, and staff engagement.

4.2. Patients and associated community engagement

This section provides an overview of the evidence emerging from the engagement concerning maternity services. The themes emerging from engagement with patients and associated community groups is as follows:

- Accessibility
- Location of Services
- Patient Choice

4.2.1. Accessibility

Women and birthing people travel from across the Maldon District to use the midwife-led birthing unit previously located at St Peter's Hospital, Maldon. Where participants live across the district has a significant impact on the availability of public transport networks and the accessibility of travel by road. Women and birthing people shared quite strongly the challenges faced in accessibility due to the relocation of the midwife-led birthing unit.

> *"It was very important to me that I could get to St Peter's quickly. I live in Burnham-on-Crouch and so St Peter's is 25 minutes rather than the minimum 50-minute journey to Broomfield." – Burnham-on-Crouch Resident and previous maternity inpatient at St Peter's Hospital*

However, women and birthing people who live north of Maldon town centre have shared positively about the use of the service at William Julien Courtauld, citing that the facility is purpose built and affords them the opportunity for a low-risk birth, as they had hoped.

> *"The whole experience from start to finish was amazing! The staff were supportive, knowledgeable, and very caring. I felt totally at ease with them which helped me labour better. I have already been recommending WJC". – Maternity inpatient at William Julien Courtauld*

Ultimately women and birthing people want stress caused by uncertainty minimised during the pregnancy. Therefore, it is essential that local outpatient facilities are provided to enable certainty, ease of access, and the availability of a network of support within the community they live. These services should be accessible by car and public transport and take into consideration geographical difficulties in access.

4.2.2. Location of Services

St Peter's Hospital is held in high regard by the public and residents of Maldon. Many participants shared stories of births within families and across generations. There is a strong and active social media community who are extremely passionate about the maternity services provided within the Maldon area. It was evident that the users of the service felt supported and personally connected to the staff. The quality of the service provision overshadowed discussions on the condition of the estate.

> *"The atmosphere at St Peter's was stress free and the staff were amazing. You can tell straight away the whole atmosphere is different at this hospital, they were able to give me one on one breast feeding advice when needed. They provided healthy home cooked meals. The staff were happy, friendly, and ready to answer any questions. My whole experience from my first midwife appointment at St Peter's was positive."*

Despite the attachment to the St Peter's Hospital building, respondents recognised the need for investment to provide a modern NHS service. Comments such as "It has amazing potential", "requires some love", and "in need of maintenance" were used to describe the facility. Patients and community groups were clear that the provision of services needed to be fit for the changing needs of the Maldon population, with the priority being on delivering high quality care in a local facility.

4.2.3. Patient Choice and Service Delivery

Staff shared that there has been a mixed response from the women and birthing people who access the Midwife-led birthing unit and supporting maternity services. Generally, women who have attended the William Julien Courtauld at St Michael's in Braintree have been happy with the service,

> *"Midwives at WJC got my baby breathing and rescued us from a very traumatic situation. We were treated with so much kindness afterwards, at both WJC and Broomfield. Were eternally grateful for our care." – Patient at William Julian Courtauld Midwife-led birthing unit*

> *"I have been impressed with the care and communication from the midwives that work there, and it is a very calm place to be." – Patient at William Julian Courtauld Midwife-led birthing unit*

Women and birthing people from the south and east of the district have found that the movement of services made them rethink their birthing location.

Staff conveyed that there was a lot of emotion around St Peter's Hospital; the family histories of births impact the attachment to the facility. The midwife-led birthing unit provides a low-risk alternative birth to the acute setting. Therefore, a Maldon based Hub was popular amongst residents and community groups and seen as an imperative for the continuity of the service for the growing population.

4.3. Staff engagement

This section provides an overview of the evidence emerging from a series of staff engagement sessions from those supporting maternity services across mid and south Essex at St Peter's Hospital and William Julien Courtauld at St Michael's in Braintree.

The themes concerning staff engagement are as follows:

- Workforce
- Patient Choice and Service Delivery
- Communication and Engagement

4.3.1. Workforce

Midwifery faces national recruitment challenges that are not unique to mid and south Essex. Securing the skilled workforce with the experience and motivation is essential to the longevity of the service. The impact across the workforce has been varied depending on the base location of the member of staff.

Some staff members shared that they have found the transition difficult. These staff added it has been challenging to adjust to the new environment noting an absence of support from the senior leadership team. Although staff were supported to make the changes, they felt that there had not been much intervention from the senior team. This led to concerns about the temporary nature of the changes and whether William Julien Courtauld at St Michael's in Braintree would remain open. Some staff felt connected to St Peter's Hospital and found the loss of inpatient births difficult to comprehend.

Other staff responded extremely positively to the changes:

> *"Staffing has never been better, with only 5 vacancies across the team, so staff can be dedicated to where the resource is needed. Including supporting more home births." – Midwife*

Ultimately, staff wanted to ensure that the workforce were equipped to keep delivering the high standard of care that has been at the heart of the community for as long as it has. This included maintaining the wrap around support for families, prioritising, and sustaining personalised care, good relationships with the midwives and the education team.

In addition to this, staff advocated the need to check the physiology of women and birthing people when booking them in, so informed choices can be made about where they can give birth safely. If women and birthing people had to be transferred to Broomfield to support delivery, they received the most appropriate advice and treatment.

4.3.2. Patient Choice and Service Delivery

Staff considerations for Patient Choice focused on the right for residents, to have midwife-led care, if they meet the criteria. Some members of staff expressed fears that choice would be limited for residents in Maldon as the travel distance between Maldon and Braintree would drive traffic to Broomfield.

> *"Maternity is an area of care that cannot be overlooked and swept under the carpet. What happens in maternity affects public health, health conditions and lifelong care for some people. Women have the right to access midwifery led care and they don't care if the building is "old". If you do close this unit, it would be absolutely essential to open a new maternity unit in Maldon to support these families." – Midwife at St Peter's Hospital*

> *"The maternity services at Broomfield are under too much pressure and many women do not wish to travel to WJC due to distance." – Midwife at St Peter's Hospital*

The cohorts presenting at the midwife-led birthing unit felt that locally based facilities should remain in Maldon to serve the needs of the growing population.

4.3.3. Communication and Engagement

Once again Communication and Engagement was a strong theme across the staffing groups and ranged from communication on the unit, communication across St Peter's Hospital services, communication with patients, and communication with management.

Staff felt quite strongly that the communications regarding the relocation of the interim winter changes and the development of the proposals going forward was not always clear. Staff shared that they sometimes heard conflicting information through informal channels. This contributed to their feelings of vulnerability.

Staff reiterated their commitment to delivering the best outcomes for patients and to ensure that women and birthing people felt supported in their journey. Going forward, clear, early, and consistent engagement was requested to ensure that everyone felt as though they were contributing to the same goal. As a practical application of this, the following recommendations were noted for further exploration:

- Assess the Clacton model of midwife-led birthing unit – this is a demountable building that is opened on demand.
- With the existing configuration – can opening hours extend to support breast feeding?
- Additional equipment to support more home births.

Suitability of the alternative suggestions proposed will be included when the full consultation is launched.

5. Ambulatory Services

5.1. Context

5.1.1. Ambulatory Services encompass services such as Phlebotomy, Podiatry, Psychology and many more. 18,000 outpatient appointments are delivered annually with just over 50% of those appointments within maternity outpatients. As a result of the wide-ranging nature of these services, the patient and community groups associated with them are vast and their cohorts cut across all characteristics. St Peter's Hospital is a hub for Ambulatory Services, with a communal waiting room for patients, families, and carers irrespective of the service they are going to use. As a

result, in addition to online engagement, a strong emphasis was placed on utilising the waiting area to gather feedback in person.

5.1.2. Despite the wide variety of services and the varied use of the facilities, there were some common themes that emerged from the pre-consultation engagement.

5.1.3. This section provides an overview of the evidence emerging from pre-consultation engagement concerning Ambulatory Services and has tried to aggregate a diverse cohort of opinions. The feedback provided was grouped into themes. The emerging themes can be split into feedback relating to patients and associated community engagement, and staff engagement.

5.2. Patients and associated community engagement

The key themes emerging from patients and associated community groups are as follows:

- Quality of service
- Accessibility
- Location of Services

5.2.1. Quality of service

Stakeholders were overwhelmingly positive when providing feedback on the Ambulatory Services provided at St Peter's Hospital. Patients were particularly complimentary about staff, the level of support, personalisation of treatment and largely a timely delivery of the services.

> *"Always seen in timely manner, staff are usually very kind and happy". – Patient, Ambulatory Services, St Peter's Hospital*

> *"St Peter's is warm and welcoming; your care feels personalised when here. You feel that you are listened to, 'seen and heard'; rather than at the main hospital where it is always too busy, hectic, and overwhelming and you just feel like 'a number'." - Patient, Ambulatory Services, St Peter's Hospital*

Patients made reference to technological developments that were put in place post-Covid and have continued to improve the quality of the services provided.

> *"The booking system for Phlebotomy introduced after COVID is Great!" – Patient, Phlebotomy services, St Peter's Hospital*

However, this was not a consistent picture across all services. Some responders felt the clinic organisation was "inconsistent" and an "overhaul" to increase clinics was needed.

It was clear from the feedback received that staff appreciation was high and well regarded amongst patients. Further investigation is required into the services that, according to patients, are not operating to an optimal level. This could involve sharing learning from services rated highly throughout this engagement period.

5.2.2. Accessibility

As with other services, patients and community groups highlighted the importance of the accessibility of services. Elderly patients, women and birthing people were particularly vocal in their concerns about accessing Ambulatory Services. This was due to the frequency in which they would need to attend.

> *"St Peter's is an important location. It is the one venue that can be reached by bus without complicated changes" – Local Maldon Resident*

Entwined with accessibility is the Location of Services.

5.2.3. Location of Services

As with the other services, there was notable concern about the growing population of Maldon Town and District. Participants were concerned about the service's ability to cope with this growth in demand, whilst also ensuring that people were able to access services locally.

Commuting to St Peter's Hospital was considered a "stress free" experience. Its location meant the avoidance of traffic, delay, and the uncertainty of navigating unfamiliar geographies. Patients displayed an awareness that the St Peter's Hospital facility was not modern and does "require some investment". They also acknowledged that a balance must be found as the location of the services was a significant benefit of the current arrangement.

Alternative suggestions were made for the delivery of services. In these suggestions, patients prioritised the delivery of a local based service rather than the physical estate used to host the service.

> *"Local is important and being Maldon born, but with a total understanding of the NHS it's finding a balance. Perhaps using GP surgeries for outpatient appointments that don't need equipment". – Patient, Ambulatory Services*

Engagement with those who had to frequently use Ambulatory Services emphasised the value of having local services. The proposals within the consultation to relocate services should explore Maldon facilities, enabling

local people to triangulate their access, location, and quality of service concerns into an optimal delivery model.

5.3. Staff engagement

This section provides an overview of the evidence emerging from a series of staff engagement sessions with those supporting Ambulatory Services at St Peter's Hospital. During this process, staff working within Ambulatory Services were highly engaged, and supported engagement with patients. Clinical staff fed back to operational teams on the requirements needed to deliver their service. The themes arising from staff engagement for Ambulatory Services focused on staff concerns for the patient cohort.

The themes concerning staff engagement are as follows:

- Accessibility
- Location of services

5.3.1. Accessibility

Staff spoke highly of the Ambulatory Services provided at St Peter's Hospital. Staff were keen to highlight accessibility as a key priority due to the frequency of visits by those who use Ambulatory Services. Staff shared that elderly patients who use multiple services within St Peter's Hospital would find it difficult to access these services via public transport. St Peter's Hospital provides a hub where multiple services can be accessed during one visit.

> *"St Peter's Hospital and particularly outpatients provide a superb service to the District of Maldon. Many elderly patients struggle to use public transport; Try asking the local elderly population how easy it is to travel for hours on public transport for blood tests, local consultant led appts etc..." – Member of staff, Ambulatory Services, St Peter's Hospital*

Staff continued to add that St Peter's Hospital supported the movement of patients from Broomfield Hospital in times of pressure. They maintained that a community-based alternative to support the hospital was essential to providing timely access to treatment.

> *"Given how overwhelmed Broomfield often is it makes perfect sense to continue to use St Peter's for outpatient appointments to both relieve pressure from other hospitals whilst also providing an invaluable local service..." – Member of staff, Ambulatory Services, St Peter's Hospital*

5.3.2. Location of Services

Staff were quick to highlight the importance of maintaining community-based facilities for Ambulatory Services. This was due to the anticipated rate of growth within the district.

> *"With all the extra housing going up in the Maldon district, a community hospital is now needed more than ever." – Staff member, Ambulatory Services, St Peter's Hospital*

Staff identified the need to provide an NHS service that was fit for purpose, emphasising locally based solutions as the best way to balance population growth and service need.

> *"Maldon as a town and the district in general is expanding at an astonishing rate. Any plan to draw down services at St Peter's can only be considered once a new Health Hub has been built and opened allowing current services at St Peter's (especially the vital outpatient element) to be retained locally." –Staff member, Ambulatory Services, St Peter's*

> *"Keep our local services local to provide continuous safe care!" –Staff member, Ambulatory Services, St Peter's Hospital*

In summary, staff within Ambulatory Services want to ensure that the services support the needs of the population, provide relief for the acute hospitals in times of peak activity and continuously deliver safe care to patients. The proposals within the consultation to relocate services should explore Maldon facilities, enabling staff to balance their access and location concerns into an optimal delivery model.

6. Conclusion

In conclusion, this engagement identified the themes of most significance to stakeholders regarding:

- The future configuration of community inpatient beds
- Midwife-led birthing care
- Ambulatory Services in Maldon and surrounding areas

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

to serve the needs of the changing population.

When asked “what about your care is most important to you?”, the responses of the survey highlighted the following ranking:

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

The themes highlighted in the pre-engagement consultation create an opportunity for simple recommendations to be implemented to ensure that patients, community groups and staff continue to work together collaboratively to deliver the best outcomes for the people of mid and south Essex. These recommendations include:

- Good Communication and Engagement – misunderstandings and misinformation within all engagement groups was prevalent. Ensure that simple and clear messaging is always provided to all affected groups.
- Focus on Equity and Inclusion – ensure that the consultation is wide-reaching and inclusive.
- Accessibility – focus on local based solutions where possible.
- Patient Choice – support initiatives that continue to maximise Patient Choice. This may require alternative solutions to be developed but this is encouraged and welcomed by staff and patients.

A full spreadsheet of responses can be found in the attached appendix alongside how this has impacted the development of the pre-consultation business case.

Appendix 4 - Community Consultation Working Group Terms of Reference

Terms of Reference

1. Purpose

The working group is established to review and co-develop options for the services included within the recent consultation on community services undertaken by NHS Mid and South Essex Integrated Care Board (ICB) following significant feedback from local communities and stakeholders.

The group aims to support the ICB in making informed decisions regarding the future of these services, ensuring recommendations are evidence-based, equitable and aligned with the strategic objectives of the ICB.

2. Scope of Work
The working group will focus on the following areas:

- **Developing Pathways of Care:**
  - Develop proposals for the future shape patient pathways across mid and south Essex which are informed by clinical best practice, to deliver the best outcomes for local residents, focusing on:
    - Stroke care, including criteria for acute discharge and the balance of early support discharge and bed-based provision.
    - Intermediate care, optimising discharge in line with national guidance, and exploring increased use of virtual wards and partnership working with local authorities.
- **Reviewing Options for Maternity and Community Beds:**
  - Assess the feedback and feasibility regarding the provision of maternity and community beds for the population of mid and south Essex, either directly by the NHS or in partnership with local authorities.
- **Proposing a Healthcare Estate Model for the Maldon District:**
  - Develop a proposed model for healthcare provision in the Maldon district, addressing:
    - Current ambulatory care services at St Peter's.
    - Opportunities to resolve primary care estate issues.
    - Strategies for maximising the use of public sector estate in Maldon, in alignment with the 'Maldon Summit' initiatives led by Essex County Council.

2. **Duration**

The working group will operate for a time-limited period for 6 months with an initial report on the in scope activities being made within 3 months to the Integrated Care Board.

3. **Composition**

The group will be chaired by an Independent Chair and will include representatives from:

NHS	Local Authority	Community / other

Mid and South Essex ICB	Essex County Council	Maldon Community Representative
Community Collaborative	Southend City Council	Southend Community Representative
Mid and South Essex NHSFT	Maldon District Council	Healthwatch Representative(s)
Clinical representatives	Thurrock Council	Local Members of Parliament

4. **Meetings**

The group will meet at least monthly to discuss progress, share findings, and collaboratively develop proposals. The group may meet more frequently as required in order to undertake its duties.

The group may set up workstreams or other activities to support it undertaking its work.

Meetings of the group will be closed to attendees only. Minutes of the meeting with be publicly published following approval by the Chair and the membership of the group.

5. **Reporting**

The working group will provide regular updates to the NHS Integrated Care Board.

The final report will be published in April 2025, prepared by the secretariat under guidance from the Chair. In the instance where a member of the group disagrees with the final recommendations they will be given the opportunity to provide their views in a dedicated section of the report.

6. **Governance**

The working group will operate under the governance framework of the NHS Integrated Care Board, ensuring alignment with broader strategic objectives and stakeholder interests.

It is expected that all members of the group will adhere to the principles of good governance, including accountability, integrity, transparency, and respect for diverse views as set out within the agreed code of conduct for the group.

Conflicts of interest will be managed in accordance with the ICB's policies to ensure impartiality in decision making.

7. Decision Making

Decisions within the Working Group will be made by consensus wherever possible. If consensus cannot be reached, decisions will be escalated to the Chair for final determination.

Any recommendations made by the group are subject to approval by NHS Mid and South Essex Integrated Care Board.

Appendix 5 - Audit of stroke rehabilitation patients in MSE (undertaken in September of 2023)

Stroke and IMC Audit

Stroke

What are we doing?

A stroke audit was conducted across all sites in MSE where stroke services are provided. This includes Acute, ESD and Stroke Rehabilitation (SRU). The audit documented patients against pre-determined categories to understand more accurately the patient cohorts, the demand for certain pathways and if our capacity currently reflects the needs of our patients.

Who's done it?

Patients were audited by clinical members of staff who attended several standardisation meetings to ensure all definitions and criteria were universally understood. Documentation was provided in advance of the audit commencing and daily drop-in sessions were available to discuss any questions / concerns as the audit progressed.

When was it done?

The audit ran from the 4th September until the 2nd October 2023 for ESD and SRU, and from 18th September until 16th October for Acute.

The 'perfect week' of data, 18th September to 24th September, is utilised in the following analysis.

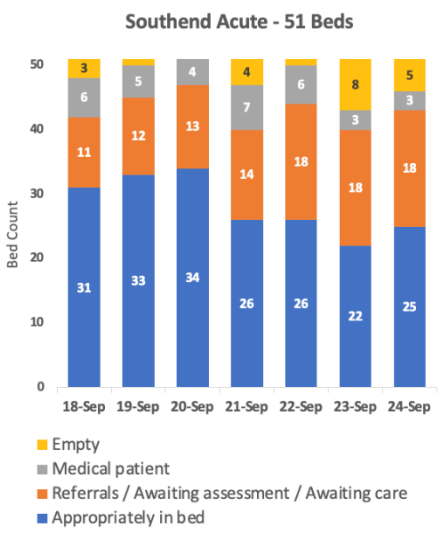
Why have we done it?

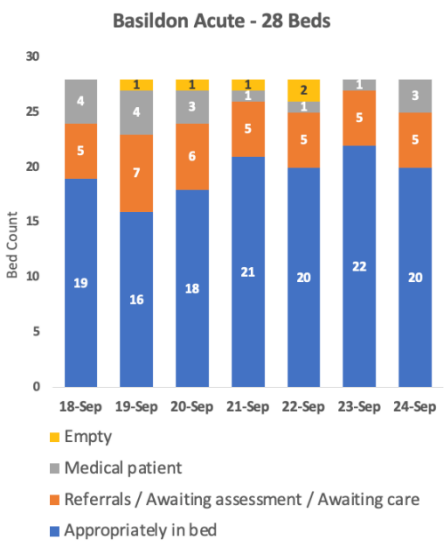
In order to deliver the best patient care, we must review our services against national guidance, our peers and the evolving needs of our demographic. To do this, we need to understand who we are serving in more depth, providing visibility of any pain points in the patient pathway. A stroke audit was last conducted in January 2023, and although a useful exercise, concerns have been raised around aggregating the data to make comparable assessments across sites. This audit seeks to incorporate the lessons learned from the previous audit by standardising the template, criteria for assessment and patient definitions. The outcome of this audit will be utilised in the review of the long-term configuration for stroke services within MSE and will feed into the Pre Consultation Business Case appendix.

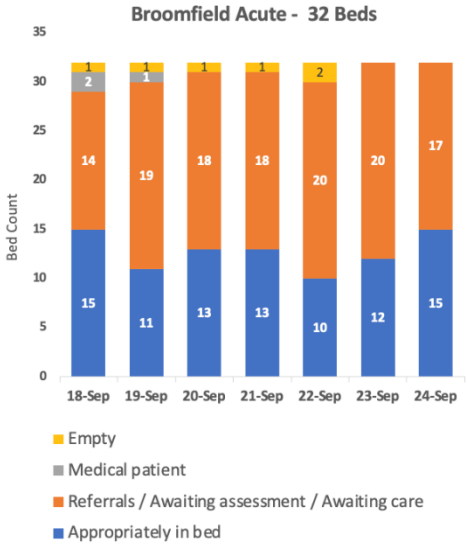
Acute summary

High-level groupings of the acute

The below shows a daily breakdown of the perfect week for the acute sites. All possible categories (33) were further bucketed into the following 4 groups. Note that 2 of Southend's 51 beds below are escalation beds and 7 are medicine funded beds.





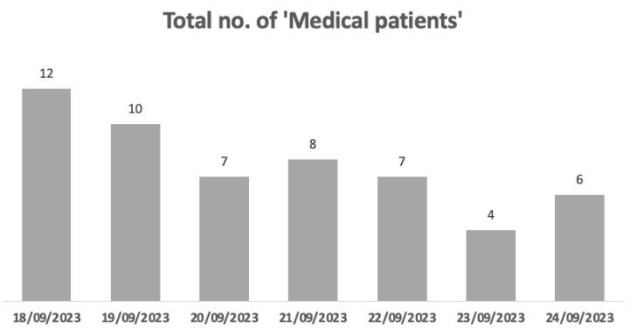


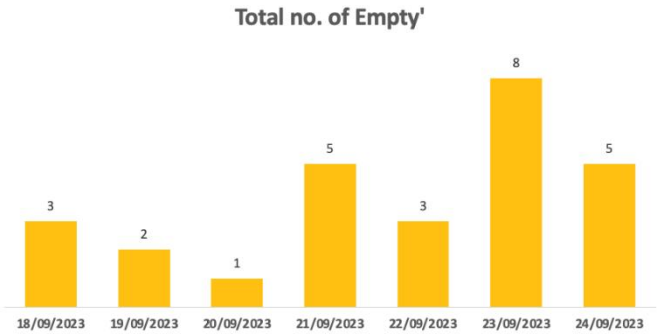
Acute Deep Dive

Further detailing

Of the 4 key groups outline on the previous slide, the total volume across the 3 sites for the 'Medical patient' and 'Empty' groups were calculated. The below shows this total on a daily basis across the perfect week. Note that 2 of Southend's 51 beds below are escalation beds and hence are not routinely opened / included in their usual bed numbers. This is particularly important when considering the Empty volumes. 7 of their total bed volume are medicine funded beds.

In addition, whilst the 'Medical patients' group refers to non-stroke medical patients, this can be reflective of stroke mimic patients as well as those with a condition non-stroke related and hence whilst initially should be in a stroke bed, they then should then be discharged to a medicine ward where there is often no capacity, and thus the patient stays on the stroke ward.

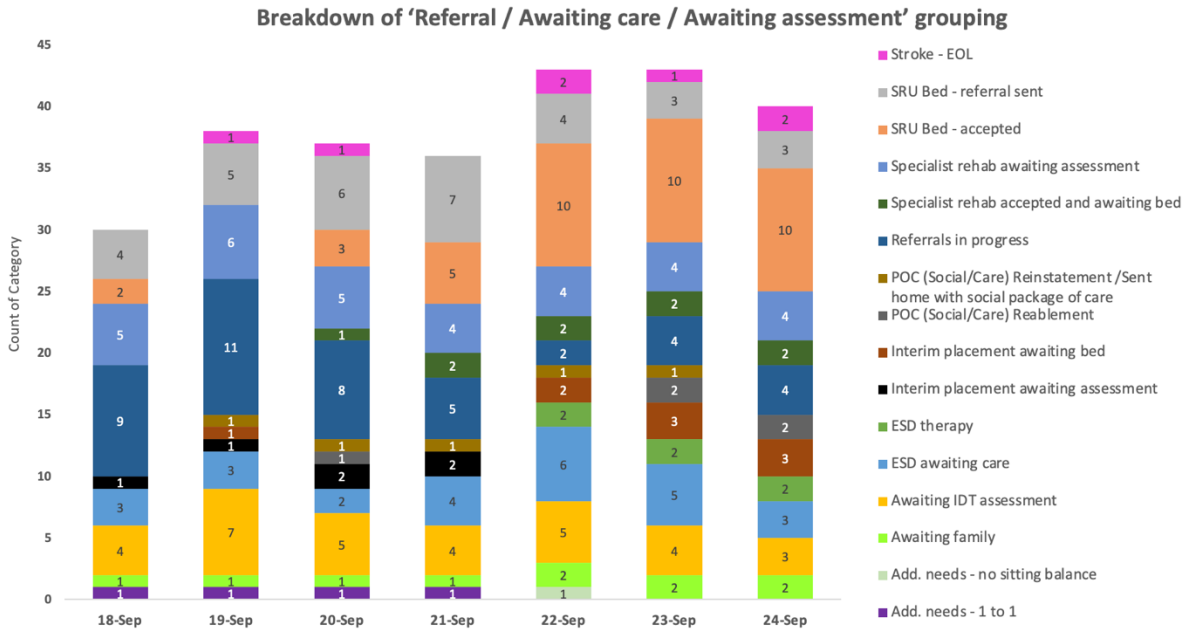




Referral / awaiting breakdown

The following graph shows the breakdown of the categories for the 'Referral / Awaiting care / Awaiting Assessment' group.

It collates all categories within this grouping across the 3 acute sites for each day of the perfect week.



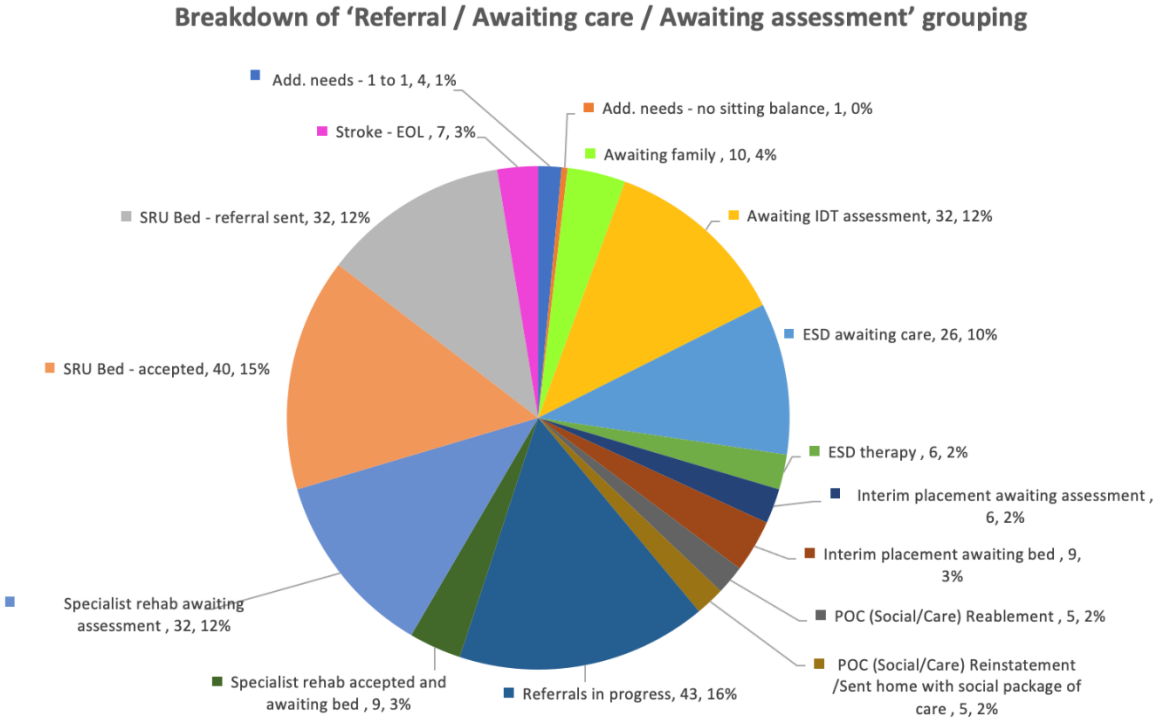
Referral / awaiting breakdown

The following graph shows the breakdown of the categories for the 'Referral / Awaiting care / Awaiting Assessment' group.

It collates all categories within this grouping across the 3 acute sites across the perfect week.

The **three categories** utilised most were:

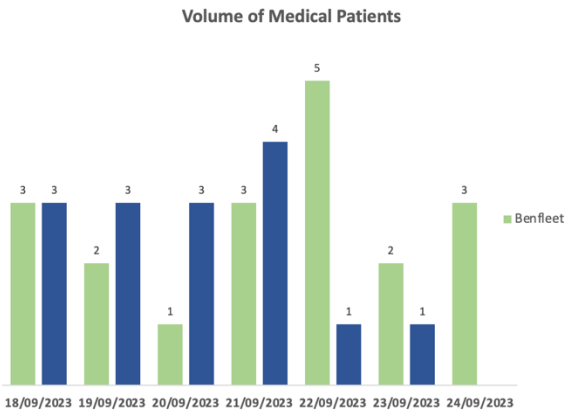
1. Referrals in progress
2. SRU Bed – accepted
3. Awaiting IDT assessment, and Specialist rehab awaiting assessment

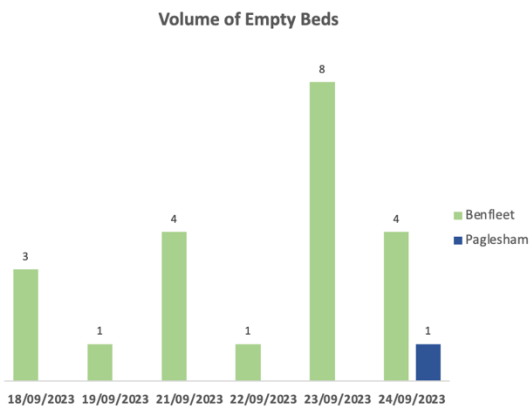


Southend acute – deep dive

Further detailing

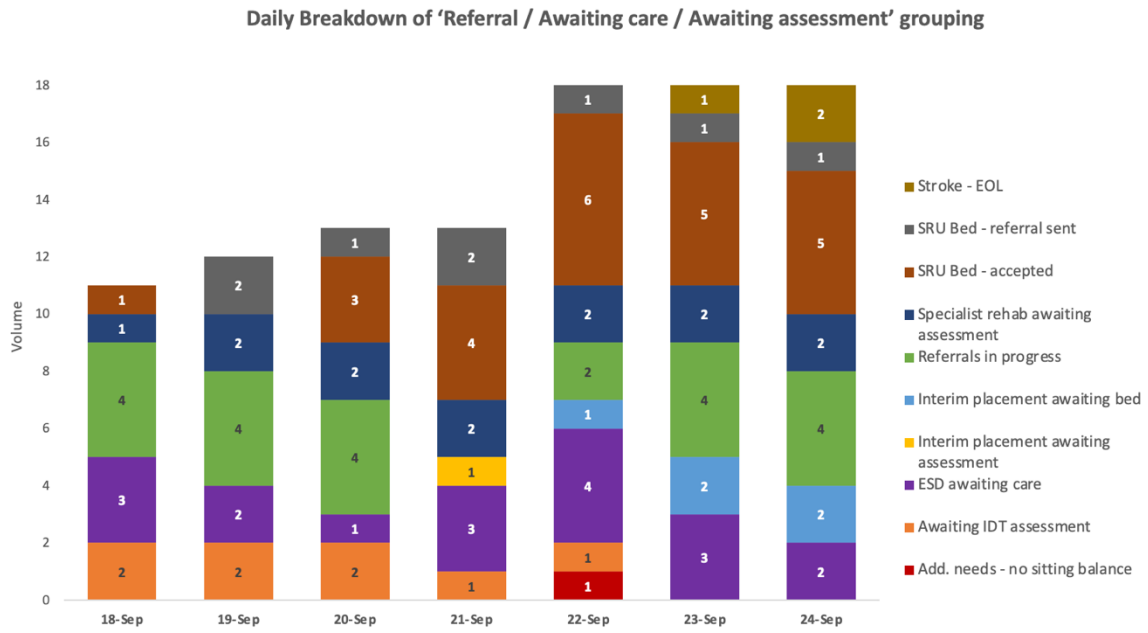
Of the 4 key groups outlined on the previous slide, the total volume for Southend for the 'Medical patient' and 'Empty' groupings is provided below, broken down by Paglesham vs Benfleet.





Referral / awaiting breakdown

The following graph shows the breakdown of the categories for the 'Referral / Awaiting care / Awaiting Assessment' group for Southend, broken down daily.

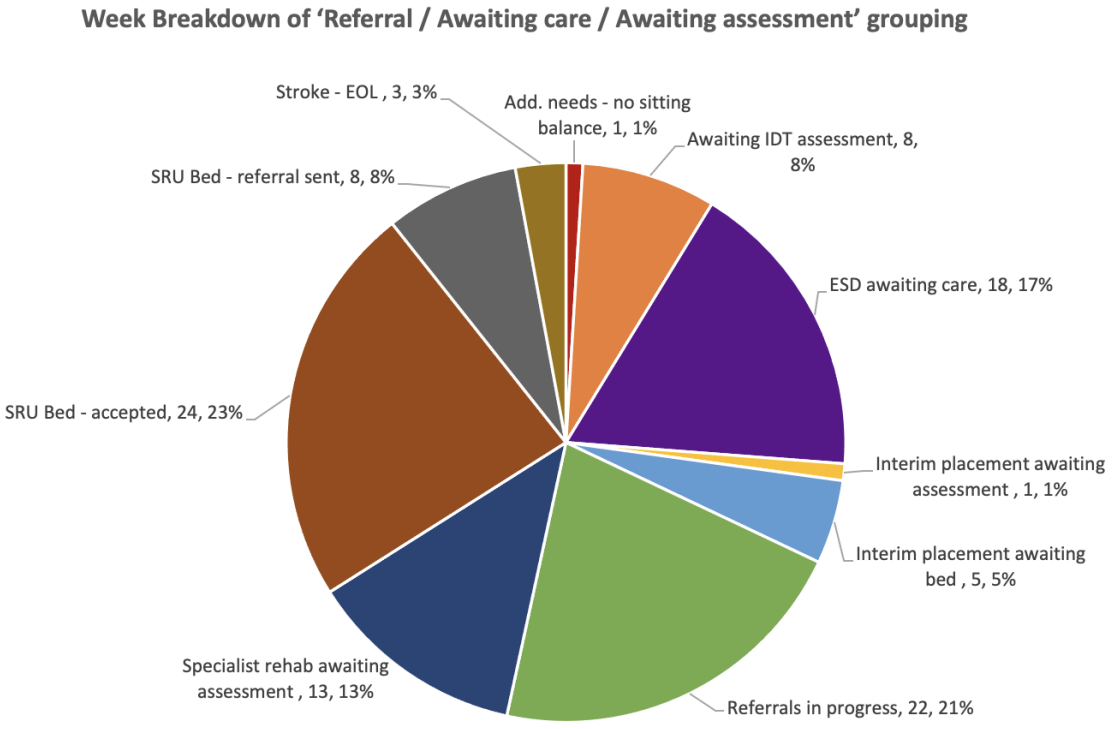


Referral / awaiting breakdown

The following graph shows the breakdown of the categories for the 'Referral / Awaiting care / Awaiting Assessment' group for Southend, across the week.

The **three categories** utilised most were:

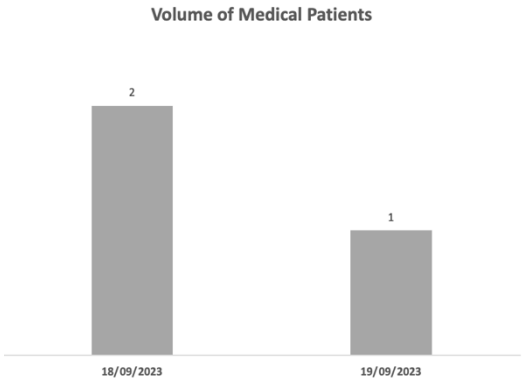
1. SRU Bed – accepted
2. Referrals in progress
3. ESD awaiting care

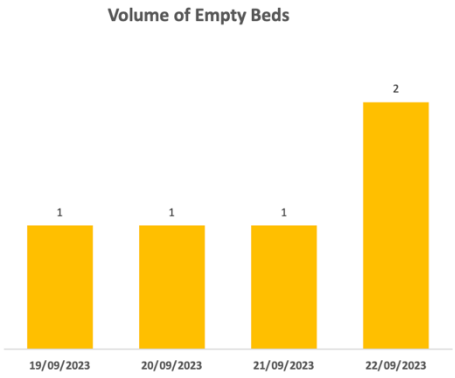


Basildon Acute deep dive

Further detailing

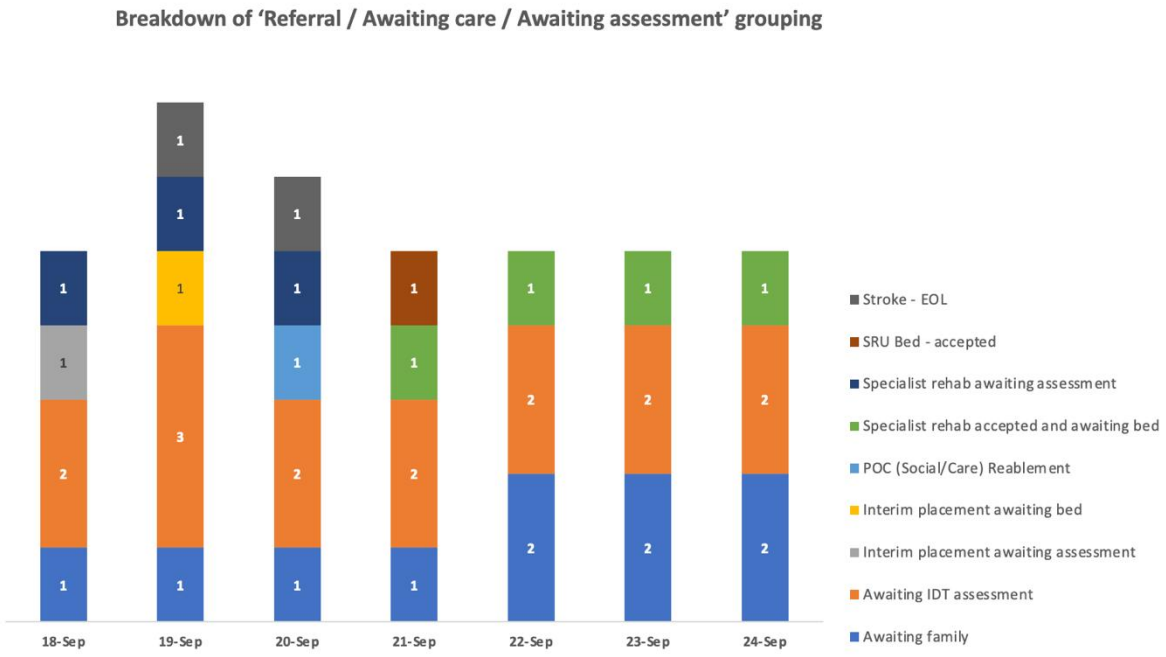
The below shows the total volume for Basildon's acute for the 'Medical patient' and 'Empty' groupings, across the perfect week. Days with no record are due to no medical patients / empty beds recorded on that day.





Referral / awaiting breakdown

The following graph shows the breakdown of the categories for the ‘Referral / Awaiting care / Awaiting Assessment’ group for Basildon, broken down daily.

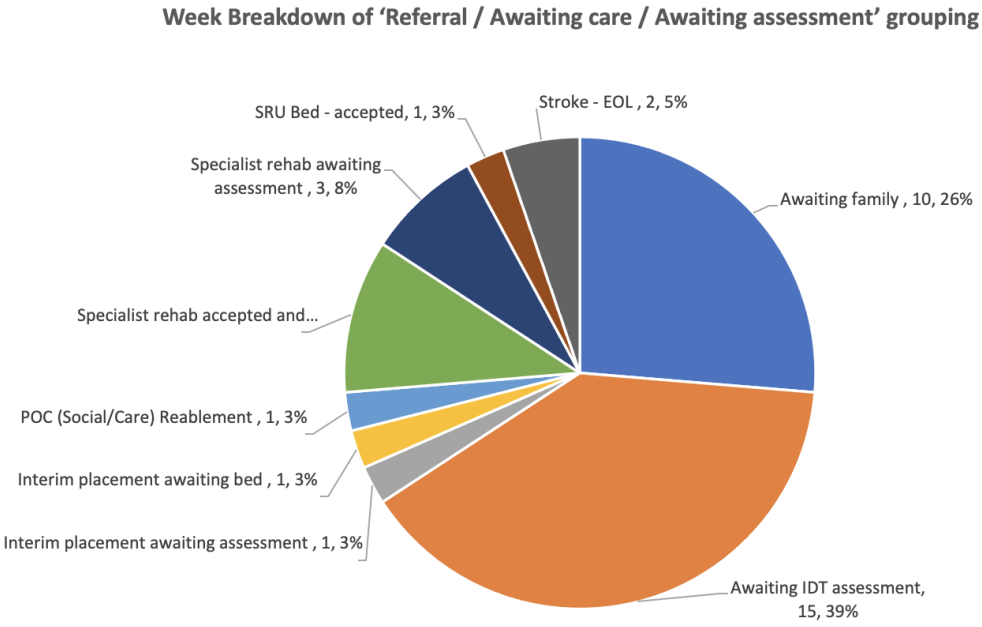


Referral / awaiting breakdown

The following graph shows the breakdown of the categories for the ‘Referral / Awaiting care / Awaiting Assessment’ group for Basildon, across the week.

The **two main categories** utilised most were:

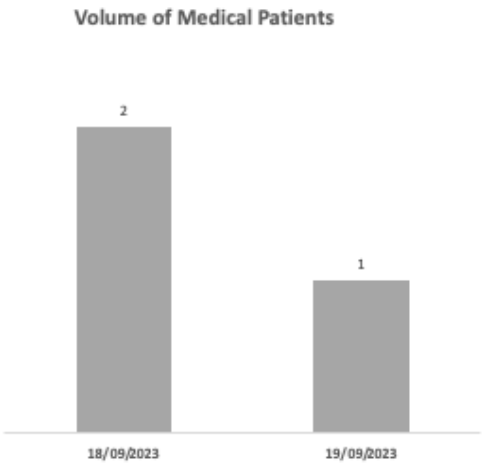
1. Awaiting IDT assessment
2. Awaiting Family

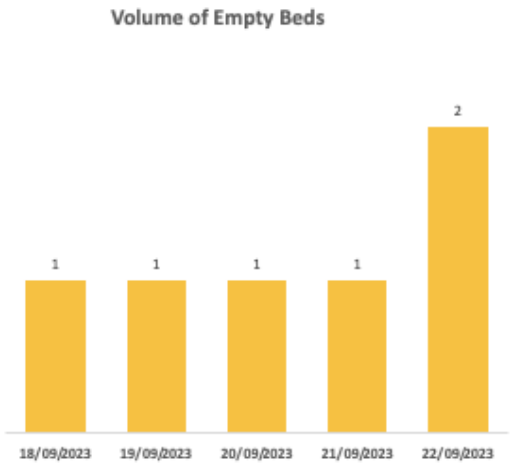


Broomfield acute – deep dive

Further detailing

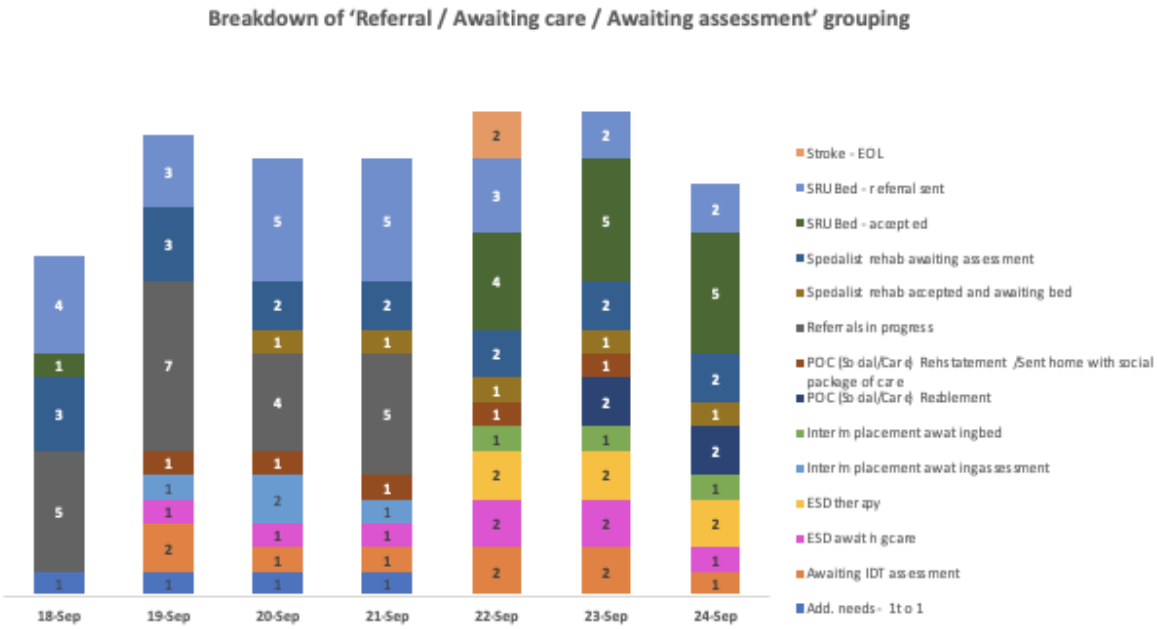
The below shows the total volume for Broomfield's acute for the 'Medical patient' and 'Empty' groupings, across the perfect week. Days with no record are due to no medical patients / empty beds recorded on that day.





Referral / awaiting breakdown

The following graph shows the breakdown of the categories for the ‘Referral / Awaiting care / Awaiting Assessment’ group for Broomfield, broken down daily.

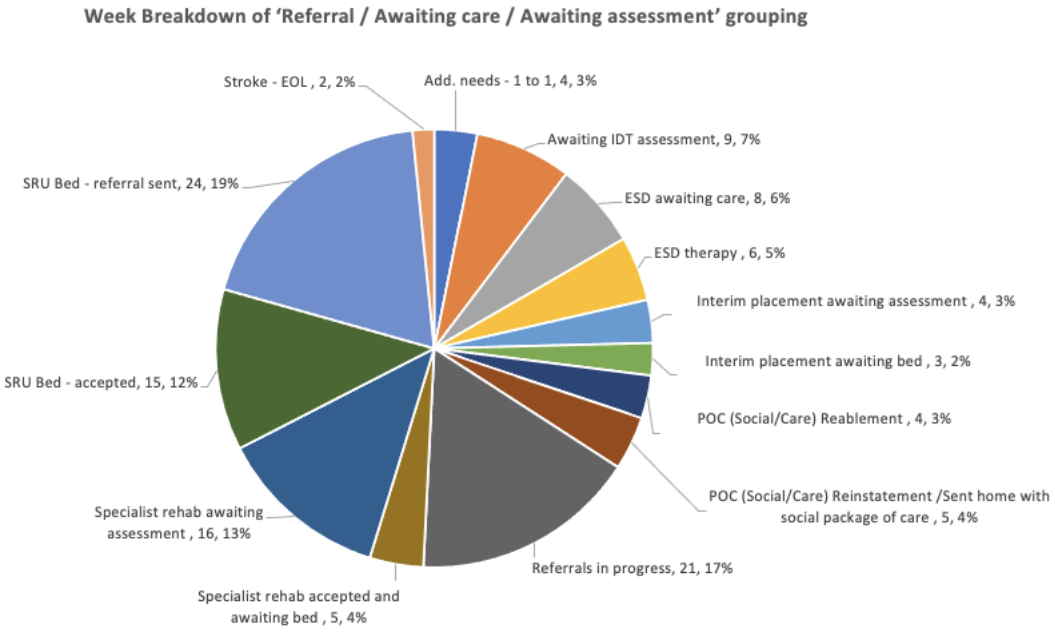


Referral / awaiting breakdown

The following graph shows the breakdown of the categories for the ‘Referral / Awaiting care / Awaiting Assessment’ group for Broomfield, across the week.

The **three categories** utilised most were:

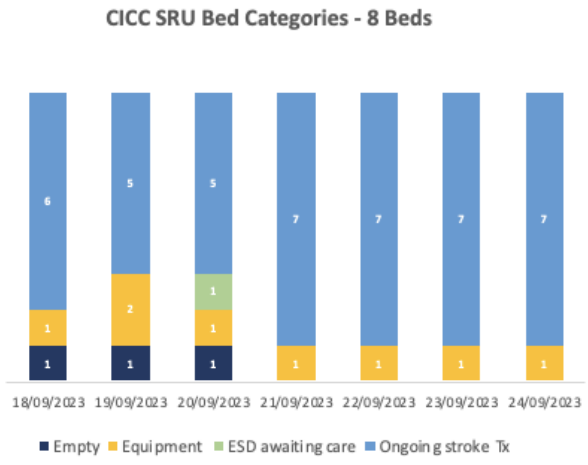
1. SRU Bed – referral sent
2. Referrals in progress
3. Specialist rehab awaiting assessment

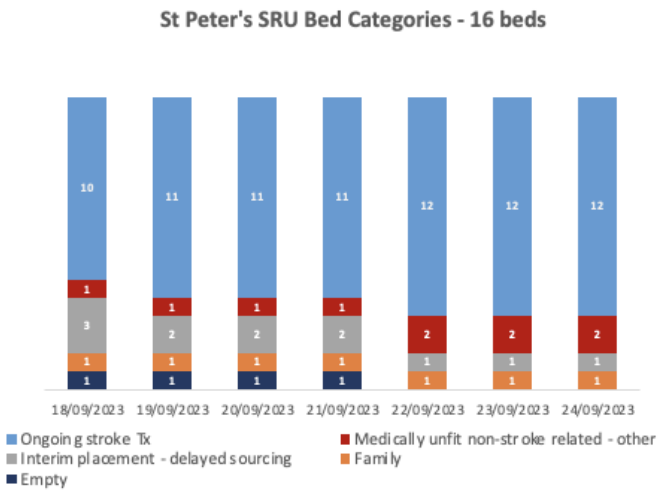


SRU Outcomes

Categories of the SRUs

The below shows a daily breakdown of the perfect week for the two SRU sites, St Peter's and CICC. All categories selected are displayed below – there was not as much variety in the categories selected as there was in the acute and hence further





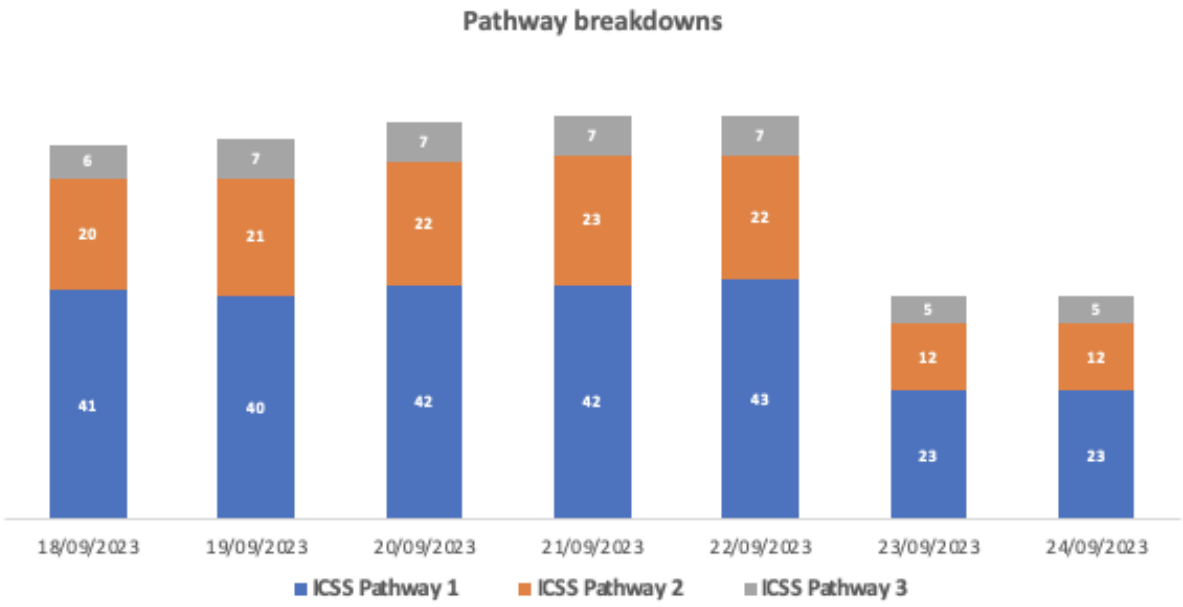
grouping was not required.

ESD Outcomes

Categories of the SRUs

The graph below shows a daily breakdown of the ICSS pathway of all caseloads, across the ESD services (Southwest, Southeast, Mid – St Peter's).

Note that Southwest's ESD service does not operate on weekends and hence reduced volumes for the 23rd and 24th.



ICSS Definitions (Integrated Community Stroke Service)

Pathway 1: Home with ICSS input (most patients) The patient is discharged home with ICSS input seven days a week.

Pathway 2: Home with ICSS input combined with daily social care support.

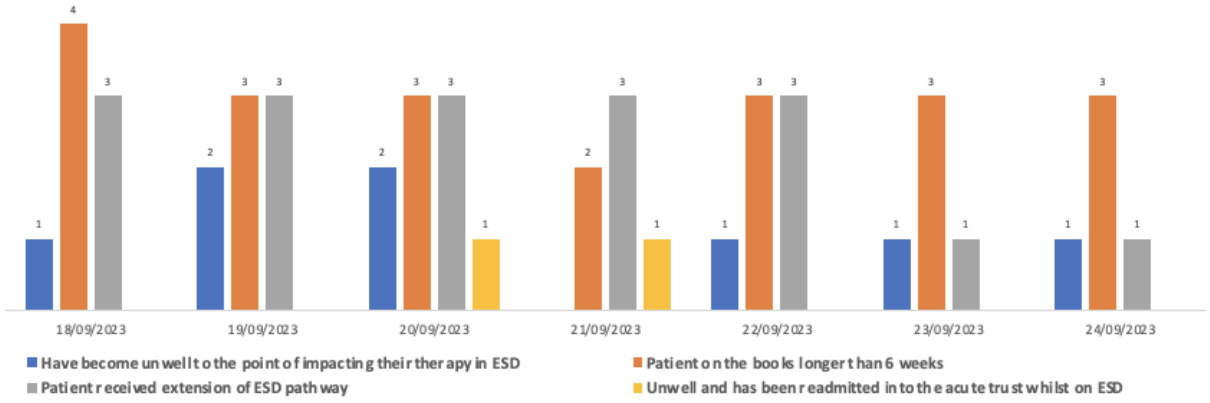
Pathway 3: Discharged to a residential/nursing home (Stroke rehabilitation services should assess and treat people with stroke living in a care home in exactly the same way they do patients living in their own home.)

Categories of the SRUs

The below graph shows a daily breakdown of volume across the patch for 4 key categories identified for ESD. This can be further provided by location if requested. Note that Southwest's ESD service does not operate on weekends and hence will impact numbers for the 23rd and 24th.

Patient received extension of ESD pathway: *Where an application has gone in and further, additional weeks of treatment is agreed.*

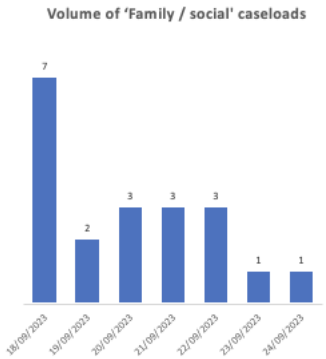
Patient on the books for longer than 6 weeks: *Due to some kind of delay. E.g., equipment is taking longer, patient unwell during pathway, family may have caused a delay in discharge for various reasons.*

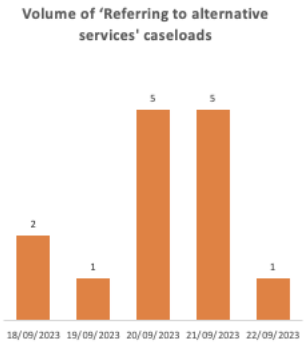


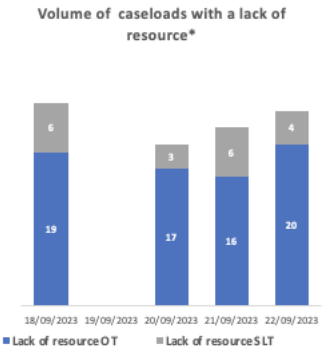
Categories of the SRUs

The below 3 graphs look at additional category volumes across the ESD service, on a day-by-day basis.

Note that Southwest's ESD service does not operate on weekends and hence reduces volumes for the 23rd and 24th







Stroke Audit Summary

Key numbers for the Acute

- Total bed numbers: **111 beds** including 2 funded by medicine, and 2 emergency beds
- Daily range of **56 – 65 beds** 'Appropriately used'
- Daily range of **2 – 8 beds** 'Empty'
- Daily range of **4 – 12 beds** 'Medical'

- Daily range of **30 – 43 beds** 'Referral / awaiting care / assessment' (average of 38)
- This final group is where we should be focusing on process and aiming for bed reductions by tackling flow improvements / tightening up on pathways

Bed numbers range for the Acute

- If there were no improvement to the 'Referral / awaiting care' grouping, we could use the top range value of **43 beds**
- Considering this with the 'Appropriately used' grouping, i.e., people who should be such beds, we want to consider a range of 56 – 65:
    - (Bottom range) 56 + 43 = **99 beds**
    - (Top range) 65 + 43 = **108 beds**

However, through discussions with the stroke stewardship group and leads on the acute wards, a target reduction of 20% (collectively across the 3 sites) to the 'Referral / awaiting care / awaiting assessment' grouping is seen as a good goal to work towards, as there is an awareness of potential process and flow inefficiencies n these area.

Considering a 20% reduction to the average (38) volume of this grouping gives a target goal of **30 beds**

- Considering this in line with the 'Appropriately used' beds data, this gives a range of:
- (Bottom range) 56 + 30 = **86 beds**
- (Top range) 65 + 30 = **95 beds**

Key numbers for SRU

The data suggested for SRU beds to be very well utilised. They are 80-90% occupied each day with patients experiencing ongoing stroke treatment, with an expected, infrequent occurrences of family / referrals etc. (approx. 10%). This supports the argument that additional stroke rehab beds would be beneficial and is currently a well used service.

For the week of September 18th – 24th the outlier data is as follows:

Basildon:

- 5 stroke patients on the stroke pathway were moved to medical wards from the stroke unit to make capacity for other patients.
- 1 patient was an outlier but eventually got to the stroke unit.
    - This patient was at an inpatient acute stroke ward and waited 8 days for the bed.

Broomfield:

- 5 stroke patients on the stroke pathway were moved to medical wards from the stroke unit to make capacity for other patients.
- The 5 patients didn't make it to the unit at all.

Southend:

- There were no outliers for Southend.

IMC Audit Summary

Over the past few years there have been several IMC audits conducted in order to establish a greater understanding of the demand and segmentation of the IMC patient pathways:

1. National Audit of Intermediate Care (NAIC)
2. 4213 IMC Model Audit
3. IMC Bed Deep-Dive Clinical Audit and Outcomes 2019

Each of these audits has revealed its own set of valuable observations and recommendations. However, despite their individual merits they have looked at different criteria and methodologies at different times, and therefore the results have had limited impact on the overall assessment of required bed numbers.

The following slides provide a high-level summary of each IMC audit and its key findings.

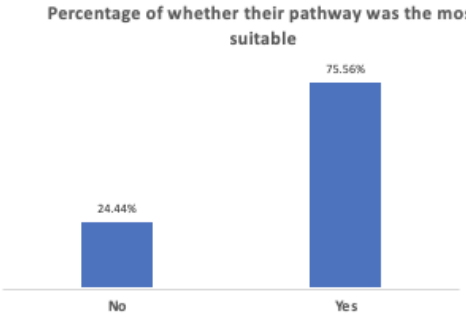
4213 IMC Model Audit

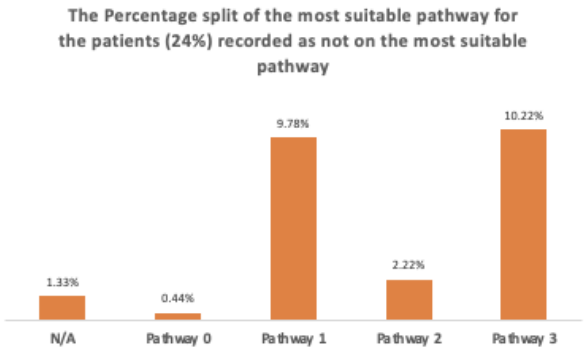
What is it?

An IMC audit was conducted between November 2022 and April 2023, with 255 responses collected. The audit recorded the date and location of each patient, their pathway assignment, an assessment of the accuracy of their pathway, their frailty score, and their BARTHEL score.

What are the key findings?

The report found the following key findings:





IMC Bed Deep Dive Clinical Audit and Outcomes 2019

What is it?

An audit reviewed all patients admitted to an IMC unit during a 10-week period (August – October 2019). It recorded their Clinical Frailty Score (CFS), End of Life GSF (Gold Standards Framework) Stage, final discharge outcomes, D2A pathways that should have been applied and the number of hospital readmissions,

What are the key findings?

The report found the following key findings:

1. Overall, only 40% of the cohort were deemed appropriate to have been requiring further rehabilitation in an IMC health bedded facility and gaining benefits from that.
2. 11% of the total cohort could have immediately returned home from the referring acute hospital via pathway 0 or pathway 1 and had no inpatient rehabilitation needs.
3. 1 death occurred on the IMC unit and 3 died very soon (within days) after return to acute hospital. All of the known deaths occurred within 3 weeks of admission to the unit and all deaths were seen in those with clinical frailty score of 7 or more (and at GSF stage amber or red).
4. Overall Readmissions to acute hospital occurred in 28% of the patients (with 11% requiring 2 admissions)

National Audit of IMC

What is it?

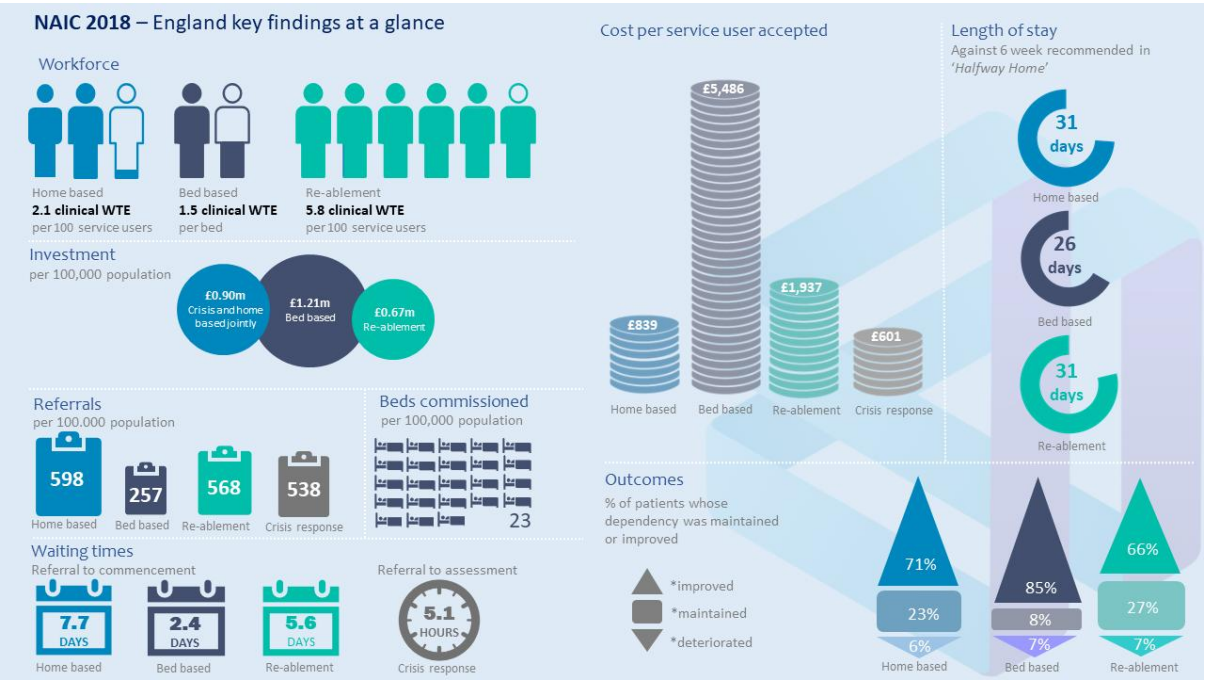
The National Audit of Intermediate Care (NAIC) aims to review intermediate care as a whole system and develop quality standards, assessing local performances against an agreed, national standard. The last NAIC (2018) reviewed intermediate care services in England, Wales, and Northern Ireland and collected data from providers for the following four intermediate care service categories; crisis, home based intermediate care, bed based intermediate care and re-ablement services.

What are the key findings?

The report found the following key findings.

Key factors with regards to our piece of work are:

1. Beds commissioned per 100,000 population is 23
2. Bed-based referrals per 100,000 population is 257
3. Bed-based length of stay is 26 days on average
4. Bed-based investment per 100,000 population is £1.2m



Appendix 6 - Intermediate Care and Stroke Rehabilitation community inpatient bed modelling (undertaken by the CCTF)

Demand and Capacity Calculation of IMC beds

1. **IMC**

The below working calculates 4% of non-elective discharges, the average stay length, and an occupancy level of 92%, 95% and 98%.
The 4% figure is taken from the 'Hospital discharge and community support guidance', stating that it is likely to be a **"maximum of 4% of people discharged: recovery, rehabilitation, assessment, care planning or short-term intensive support in a 24-hour bed-based setting, before returning home"** on **Pathway 2**.

Raw MSE data is utilised for the non-electives figure alongside the NAIC audit's average LOS.

The non-elective discharges data excludes anyone with a discharge method "died" – "NHSID 4". Data from previous financial years (2020 – 2021, and 2021 – 2022) have been removed due to the impact of Covid.

	April 2022 – March 2023
NEL discharges:	52,590
4% of NEL discharges:	2,104

The National Audit of Intermediate Care (2021) found an average LOS in a bedded IMC destination as 25.3 days.

Expected bed days = 4% of NEL admissions x Average LOS
2,104 x 25.3 = **53,231.2 bed days**

Expected beds = expected bed days / 365
53,231.2 / 365 = **146 beds**

Beds	**92% Occupancy**	**95% Occupancy**	**98% Occupancy**
146	158	154	149

Taking the projected population growth for MSE's IMC demographic (the 65+ age group), an 8.59% increase in population is anticipated in the next 5 years. Considering these growth figures, the below updates the bed figures to accommodate for project numbers up to 2029:

Avg. NEL admissions with an 8.59% increase:	57,107
4% of the increased NEL admission volume:	2,284

Expected bed days = 4% of NEL admissions x Average LOS
2,284 x 25.3 = **57,785.2 bed days**

Expected beds = expected bed days / 365
57,785.2 / 365 = **158 beds**

Beds	**92% Occupancy**	**95% Occupancy**	**98% Occupancy**

158	172	166	161

With a target bed occupancy level of 95%, the total required number of P2 IMC beds to cater for the next 5 years (until 2029) is within the range of **154 – 166 beds.**

Mid and South Essex's local authorities provide several P2 IMC funded beds:

1. Basildon and Brentwood have 1 site with 5 beds that can flex to 15
2. Castle Point and Rochford also have 1 site with 5 beds that can flex to 10
3. Mid Essex has 3 sites, each that can flex 5 to 10
4. Southend has 30 beds
5. Thurrock has 15 beds

Using the max value of each site with flex beds, and total bed count for other sites, this gives:

1. Basildon and Brentwood: 10 beds
2. Castle Point and Rochford: 10 beds
3. Mid Essex: 30 beds
4. Southend has 30 beds
5. Thurrock has 15 beds

Totalling the P2 local authority funded IMC beds at 92.

However, it's important to incorporate the difference in the average LOS between these types of P2 IMC beds:
The NAIC audit identified an average LOS of 25.3 days for community P2 IMC beds
LA-funded P2 IMC beds currently has an average LOS of 42 days, but a target of 28 days, and hence we will using a midpoint of 35 days.

To consider the difference in LOS for the two types of P2 IMC beds, the following calculation is used:

(Community beds ALOS / LA beds ALOS) x no. of LA beds
(25.3 / 35) x 92 = **67 LA beds** to be deducted from the overall P2 IMC volumes calculated above.

The range of P2 community beds specifically that is required is therefore:
154 (bottom range total IMC volume) – 67 (LA volume) = 87
166 (top range total IMC volume) – 67 (LA volume) = 99

A range of 87 - 99 community IMC P2 beds.

2. Stroke Rehab

As part of the Stroke rehab beds case presented to EoE Clinical Senate in 2022, our modelling showed that 23% of acute stroke admissions required rehabilitation in a community stroke rehab bed. The below working calculates 23% of acute stroke admissions, the average stay length, and an occupancy level of 92%, 95% and 98%. The 23% is taken from previous work provided by MSE to understand the conversion rate of stroke acute admissions to community beds. MSE data is also utilised for the stroke acute admissions figure as well as for the stroke rehab average LOS.

If we apply the calculation to MSE's stroke admission data below:

Data includes all admissions with a primary or secondary diagnosis of stroke (I60-I64), regardless of age. 2020 – 2021 and 2021 – 2022 data removed due to Covid.

	April 2022 – March 2023
Stroke admissions:	2530
23% of stroke admissions:	582

Location	**Total Discharges**	**Total LOS**	**Average LOS**
St Peter's	214	4830	22.57
CICC	63	2526	40.09

Average LOS across the two sites for April 2022 – March 2023: **26.56 days**

Expected bed days = (23% of stroke admissions) x Average LOS
582 x 26.56 = **15,457.92 bed days**

Expected beds = expected bed days / 365
15,457.92 / 365 = **42 beds**

Beds	**92% Occupancy**	**95% Occupancy**	**98% Occupancy**
42	46	44	43

Taking the projected population growth for MSE's stroke rehab demographic (also the 65+ age group), an 8.59% increase in population is anticipated in the next 5 years. Considering these growth figures, the below updates the bed figures to accommodate for project numbers up to 2029:

Avg. Stroke admissions with a 8.59% increase:	2747
23% of the increased stroke admission volume:	632

Expected bed days = (23% of stroke admissions) x Average LOS
632 x 26.56 = **16,785.92 bed days**

Expected beds = expected bed days / 365
16,785.92 / 365 = **46 beds**

Beds	**92% Occupancy**	**95% Occupancy**	**98% Occupancy**
46	50	48	47

With a target bed occupancy level of 95%, the required number of stroke rehab beds to cater for the next 5 years (until 2029) is within the range of **44 - 48 beds.**

There is also a case for change for 3 additional beds to be required, to provide support for Level 3a Neuro Rehab services. These beds aim to be used flexibly, with 0-3 beds available to provide Level 3a care at any point. With this addition, the overall range will thus increase to **47 – 51 beds**.

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Appendix 7 - Community Consultation Working Group: Bed modelling sub-group

9th January 2025

We are collaborative
We are compassionate
We are innovative
We are living well

NHS
Mid and South Essex

Background/Context

Overview of why we're here today

- At the MSE Community Consultation Working Group on the 18th November the group were given a presentation on intermediate care beds
- The original bed modelling and some interim revised bed modelling were presented in the meeting but it was recognised there were still a number of questions that needed answering
- An action was agreed that '**Tom Abell and Emily Hough to review the demand calculation and a full list of discharge support currently available with a smaller dedicated group will and bring an update to a future meeting'**
- The bed modelling has been reviewed internally by the ICB and will be presented and discussed today

IMC Discharge Pathways – national guidance

Pathway 0: **(50%)** Discharges home or to a usual place of residence with *no new* or additional health and/or social care needs

Pathway 1: **(45%)** Discharges home or to a usual place of residence with *new* or additional health and/or social care needs

Pathway 2: **(4%)** Discharges to a community bed-based setting which has dedicated recovery support. New or additional health and/or social care and support is required in the short-term to help the person recover in a community bed-based setting before they are ready to either live independently at home or receive longer-term or ongoing care and support

Pathway 3: **(1%)** Discharges to a new residential or nursing home setting, for people who are considered likely to need long-term residential or nursing home care. Should be used only in exceptional circumstances

(https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance)

Home First Approach

'Wherever possible, patients should also be supported to return to their home for assessment'

'Implementing a Discharge to Assess Model (D2A) where going home is the default pathway (with alternative pathways for people who cannot go straight home) is more than good practice – it is the right thing to do.'

Relevant National Evidence / Best Practice Guidance

Hospital discharge and community support guidance (Hospital discharge and community support guidance - GOV.UK)

Principle 5: Encourage a supported 'Home First' approach (NHS England » Principle 5: Encourage a supported 'Home First' approach)

Six steps to better care for older people in acute hospitals (GIRFT-BGS-Six-Steps-to-Better-Care-for-Older-People-FINAL-V2-July-2023.pdf)

Managing Transfers of Care – A High Impact Change Model (Managing transfers of care – A High Impact Change Model: Changes 1-10 | Local Government Association)

MSE Home-First Performance

Discharge Pathway	April 2023	November 2024
Pathway 0	78%	83%
Pathway 1	15%	12%
Pathway 2	7%	4%
Pathway 3	0-1%	1%

Current commissioned capacity for Pathway 2

Commissioner		Type of bed	Capacity (beds)	
MSE ICB (NHS)		NHS community hospital beds	99	BCH – 25 CICC – 8 Halstead – 20 Mountnessing – 22 Mayfield - 24
		NHS P2 Care Home beds (spot)	90*	
Local Authority	Essex County Council	Recovery to Home	15	
		P2 Care Home beds (spot)	143*	
	Southend City Council	Brook Meadows	20	
	Thurrock Council	Collins House	12	

**average number needed to meet demand, but capacity changes based on demand*

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Revised modelling

Pre-Consultation Business Case (PCBC) Bed Modelling (IMC)

- To support the PCBC, bed modelling was undertaken by Moorhouse to predict the future requirement of P2 beds across MSE in the future
- This modelling included the following set of assumptions:

Assumption	Description	Value
Number of Non-Elective (NEL) Discharges 65+ from MSEFT in 2022-23	Baseline number of discharges based on previous demand (22-23)	52,590
Number of NEL discharges that need a P2 bed 65+ (projected)	Maximum of 4% of people discharged who are likely to need support in a 24-hour bed-based setting before returning home (hospital discharge and community support guidance)	2,104
Population growth	Population growth for people expected to use MSE IMC beds over the next 5 years	8.59%
Average Length of Stay in an IMC bed	Average LOS based on a National Audit of Intermediate Care (2021) – MSE currently at 26 days	25.3
Number of IMC beds commissioned by Local Authorities in MSE	Local Authorities also commission P2 IMC capacity which supports some of the 4% discharged on that pathway	92
Length of stay in a Local Authority IMC bed	Patients discharged into a Local Authority P2 IMC bed tend to have a longer length of stay than those in an NHS bed, the value used assumed a balance between current LOS (42) and target LOS (28)	35
NHS Funded P2 Care Home beds	The NHS commissions additional P2 IMC capacity to support those who are discharged and need ongoing support through All Age Continuing Care but do not need to be in an NHS Community Hospital Bed	N/A
Length of stay in NHS D2A beds	Patients discharged into NHS D2A IMC beds tend to have a longer length of stay than those in an NHS Community Hospital Bed	N/A

Change in assumptions- original modelling vs updated modelling

Metric	Original assumption	Updated assumption	Rationale
Number of Non-Elective (NEL) Discharges from MSEFT	65+ 2022-23 data	18+ 2024/25 (FOT)	P2 beds are available for 18+ Use of actuals for current year rather than out of date data
Number of NEL discharges to a P2 bed	65+ (projected 4% of discharges)	18+ 2024/25(FOT)	P2 beds are available for 18+ Use of actuals for current year rather than assumed 4%
Population growth	8.59%	8.59%	Planning assumption for MSE activity
Average Length of Stay in an IMC bed	Average LOS based on a National Audit of Intermediate Care (2021)	MSE target LOS	Use of MSE current trajectory rather than national average from historic data
Number of IMC beds commissioned by Local Authorities in MSE	Actual number of beds-Combination of block and spot purchased capacity.	Updated actual number of beds-Combination of block and spot purchased capacity.	Full suite of P2 beds not considered in original modelling
Length of stay in a Local Authority IMC bed	The value used assumed a balance between current LOS (42) and target LOS (28)	Average LOS across all Local Authority P2 IMC capacity, based on current LOS performance	Uses actual data rather than assumptions
NHS Funded P2 Care Home beds	No data was used in modelling	Bed numbers added to modelling	All P2 capacity included in modelling
Length of stay in NHS D2A beds	No data was used in modelling	MSE target LOS	Data wasn't previously included Use of MSE current trajectory

Refreshing the Bed Modelling Assumptions

- The bed modelling assumptions have been reviewed and updated following the meeting of the working group on the 18th November.

Assumption	Description	Value
Number of Non-Elective (NEL) Discharges 18+ from MSEFT in 2024/25 (FOT)	Baseline number of discharges based on previous demand (24-25 FOT)	92,488 (100,535 once growth applied)
Number of NEL discharges to a P2 bed 18+ (FOT)	4% (FOT actuals) of people discharged who are likely to need support in a 24-hour bed- based setting before returning home (hospital discharge and community support guidance)	3,821 (4,153 once growth applied)
Population growth	Population growth for people expected to use MSE IMC beds over the next 5 years	8.59%
Average Length of Stay in an IMC bed	MSE target LOS	21
Number of IMC beds commissioned by Local Authorities in MSE	Local Authorities also commission P2 IMC capacity which supports some of the 4% discharged on that pathway. Combination of block and spot purchased capacity.	178
Length of stay in a Local Authority IMC bed	Average LOS across all Local Authority P2 IMC capacity (based on current LOS performance)	64
NHS Funded P2 Care Home beds	The NHS commissions additional P2 IMC capacity to support those who are discharged and need ongoing support through All Age Continuing Care but do not need to be in an NHS Community Hospital Bed	88
Length of stay in NHS D2A beds	MSE target LOS	42

Outcome of refreshed bed modelling

Occupancy rate	NHS Community bed hospital requirement	Range
92%	93	**86-93**
95%	91	
98%	88	
100%	86	

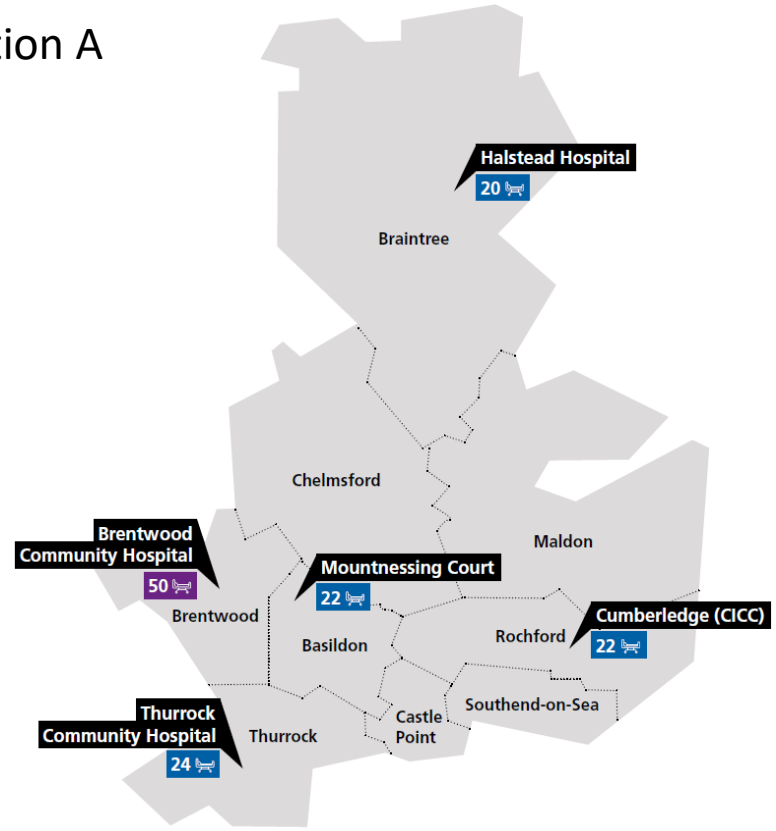
- **Current community bed occupancy rate: 96%**

Consultation options

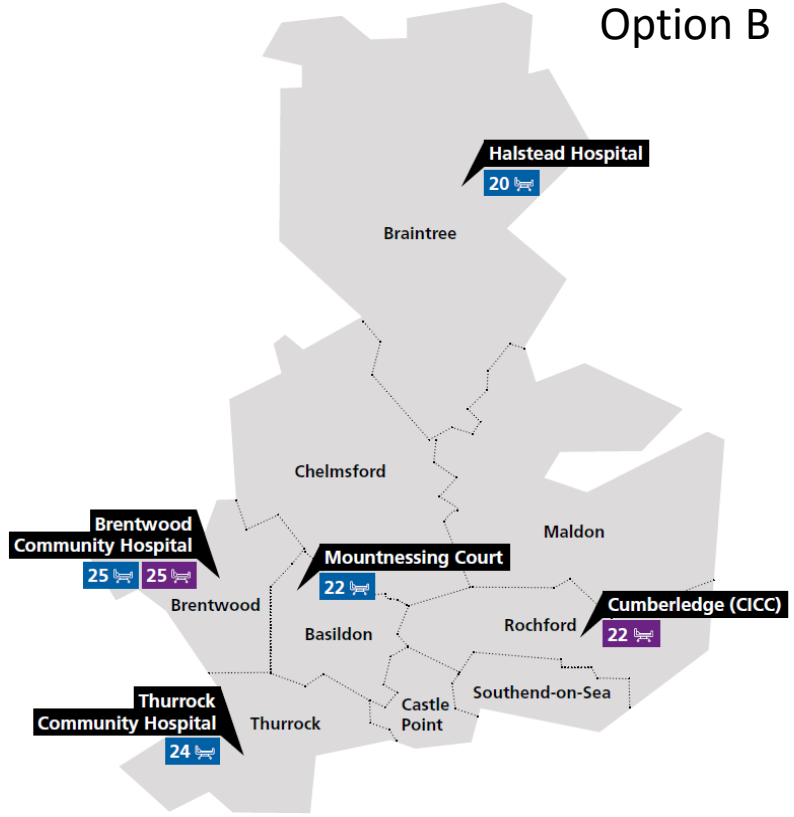
Location	Option A	Option B
Brentwood	0	25
Rochford CICC	22	0
Billericay	22	22
Grays	24	24
Halstead	20	20
Total	**88**	**91**

Map of Community Hospitals locations MSE

Option A



Option B



Maldon IMC Community Bed Usage

Location	22/23	23/24	24/25 (FOT)	Notes
Halstead	10	40	26	Halstead Hospital was closed until Dec 22 so activity for 22/23 is based on Dec-April activity only
Brentwood	18	20	15	
Mountnessing Court				
Thurrock Community Hospital				
CICC	4	2	3	
Total admissions	**32**	**62**	**44**	

- Approx. 3% of admissions in 24/25 to a community hospital bed are a Maldon resident
- As expected, this % is higher in Halstead compared to other locations (10%)
- Based on this activity Maldon residents **4** beds would be required at any one time (at current occupancy levels of 96% and LoS target of 21 days)
- Smallest functional unit is **16+** beds, predominantly due to the latest safer staffing ratios of 1:8 registered nurse









Mid and South Essex Health and Care Partnership

Appendix 8 - Report of the Clinical Senate Independent Review of Community Inpatient Beds held on 04 and 06 April 2022

england.eoeclinicalsenate@nhs.net

Glossary of abbreviations used in the report

AHP	Allied Health Professional
CCG	Clinical Commissioning Group
EPUT	Essex Partnership University NHS Foundation Trust
ESD	Early Supported Discharge
FREDA	Frailty, End of Live & Dementia Assessment
HASU	Hyper-Acute Stroke Unit
ICS	Integrated Care System
ICSS	Integrated Community Stroke Service
IT	Information Technology
MDT	Multi-Disciplinary Team
MSE	Mid and South Essex Health and Care Partnership
NELFT	North East London NHS Foundation Trust
PCN	Primary Care Networks
PREMs	Patient Reported Experience Measures
PROMs	Patient Reported Outcome Measures
SSNAP	Sentinel Stroke National Audit Programme

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Foreword from Clinical Senate Chair

The Clinical Senate was delighted to support Mid and South Essex Health and Care Partnership by providing independent clinical advice on their proposals for the future configuration of community inpatient beds resulting from the urgent service changes made in response to the COVID-19 pandemic.

The Clinical Senate was very pleased to support the MSE team once again by arranging an accelerated review process to mitigate the delay caused by the COVID-19 related suspension of the Clinical Senate's activities by the NHS England and NHS Improvement East of England Regional Executive and meet MSE's timeline for system-wide consultation. A Panel was therefore convened at short notice and met over three evenings, resulting in nine recommendations for MSE to consider.

I would like to thank the MSE team for providing such clear and comprehensive information and attending the final session to respond to questions in such an open and honest way. I would also like to thank Dr Hazel Stuart for Chairing the Pre-Panel meeting and all the panel members for asking searching questions and contributing with their wide and varied expertise and, of course, for giving up their personal time.

We wish the MSE teams well with their ongoing work and very much hope we can assist them again in the future.



Dr Bernard Brett

East of England Clinical Senate Chair and Clinical Review Panel Chair



1. Executive Summary

The East of England Clinical Senate provided an independent clinical panel review of the proposal for the Mid and South Essex Health and Care Partnership's (MSE) future configuration of community inpatient beds.

The panel were asked to review the proposals, focusing on specific questions asked by MSE. The panel has responded to each of these questions and has made a number of recommendations for the MSE team.

The specific questions asked, and the Panel's response are:

1. **Overall: Are the emerging options for the future configuration of community inpatient beds likely to result in good patient outcomes and support the flow of patients through the system's beds?**

   The Panel felt that the emerging options had the potential to deliver good patient outcomes and support patient flow.

2. **Intermediate care beds: Is the clinical model for ageing well and the proposed focus and potential locations of community beds likely to contribute to improving outcomes for patients?**

   The Panel supported the clinical model.

3. **Stroke: Is the proposed introduction of dedicated, ring fenced stroke rehabilitation beds in the community aligned with the current evidence base and likely to improve patient outcomes?**

   The Panel supported the introduction of dedicated, ring-fenced stroke rehabilitation beds to deliver more consistent and resilient care.

4. Sub-acute frailty: Is the model that has been developed clinically sound and likely to result in at least comparable outcomes for frail older people, and how might it be further developed over time?

The Panel felt that many elements of the sub-acute frailty pathways were very positive. Moving forward the Panel felt that more could be done to build on the Recovery at Home pilot.

The Panel have made several recommendations of focus to the MSE team from this review. These are:

- **Recommendation 1:** Optimisation of the Stroke pathway
- **Recommendation 2:** Digital solutions
    - **Recommendation 2.1:** Digital pathway communications
    - **Recommendation 2.2:** Digital virtual ward
    - **Recommendation 2.3:** Digital development for families and carers
- **Recommendation 3:** The development of a comprehensive Workforce Strategy.
- **Recommendation 4:** Focus on ensuring system leadership is enhanced at all levels.
- **Recommendation 5:** Further focus on pathway transformation using learning from the Recovery at Home pathway.
- **Recommendation 6:** Outcomes – to accelerate the approach to using outcomes-based tools.
- **Recommendation 7:** A continued focus on access with co-production.
- **Recommendation 8:** Further development of the Bed Bureau function with enhanced clinical input, facilitating more of the pull model and oversight of whole pathways of care.
- **Recommendation 9:** The Panel were very impressed with much of the work around frailty and stroke but felt there would be significant_benefit in increasing the level of social care involvement.

The areas of the recommendations above should be read in the context of the broader findings of the clinical review panel as laid out in the Key Findings (Section 4) of this report.

2. Introduction

The challenge presented by COVID-19 led to the urgent reconfiguration of community inpatient beds across mid and south Essex. This included consolidating the provision of intermediate care beds on to a smaller number of sites, establishing a Recovery at Home pilot and relocating two hospital acute frailty wards from a main acute unit to a community hospital. Rather than simply reverting to the 'as was' configuration, which had a range of shortcomings, MSE have in recent months been developing options for the future number, role and location of their community beds, including how to make better use of these assets to support choice, personalisation and patient experience. The plan is to consult the public on these options in 2022.

MSE have approached the Clinical Senate to provide an independent clinical review of the proposals focusing on the future configuration of community inpatient beds. The programme is focused on community beds and has three distinct strands:

- Intermediate care: beds which are primarily used to enable older people to be discharged from a main acute hospital for a short period of personalised, goal-based rehabilitation, when they are not yet well enough to return to their usual place of residence,

- Stroke rehabilitation beds: those patients who have had a stroke and will benefit from a period of focused rehabilitation in a dedicated facility and

- Sub-acute frailty: a sub-set of frail patients that have been admitted to Basildon Hospital who will benefit from being transferred to a sub-acute medical setting.

As well as looking at each of these service areas and pathways separately, MSE are considering the key role that these beds collectively play at a system-level in enabling the smooth and appropriate 'flow' of patients through the MSE acute hospitals; in helping to meet emergency demand, especially during winter (and COVID-19) peaks; and in supporting the MSE elective recovery programme.

3. Methodology and Governance

3.1 Clinical review panel members (Appendix 2) from within and outside of the East of England and patient representatives (experts by experience) were identified by their clinical expertise and background and invited to join the review panel. All panel members signed conflict of interest and confidentiality declarations (Appendix 3).

3.2 Terms of Reference for the review were agreed between Dr Bernard Brett, Chair of East of England Clinical Senate and James Wilson, Transformation Director, Mid and South Essex Health and Care Partnership (Appendix 1).

3.3 The evidence received on 22 March 2022 was discussed at the pre-panel teleconference on 29 March 2022, chaired by Dr Hazel Stuart in the absence of Dr Bernard Brett, to prepare panel members and discuss potential key lines of enquiry.

3.4 Two clinical review panels took place on 04 April and 06 April 2022. The MSE team attended on 06 April 2022 to respond to questions raised by the panel on 04 April 2022 and provide further supporting and contextual detail. The proposals were discussed with the panel in more detail.

3.5 Sections of the draft report were sent to the clinical review panel members for review and confirmation of accuracy and to the MSE team for review for points of accuracy on 05 May 2022.

3.6 The final draft of the report was submitted to the East of England Clinical Senate Council on 27 June 2022. Senate Council agreed that the clinical review panel had fulfilled the Terms of Reference for the review and confirmed the report.

3.7 East of England Clinical Senate will publish this report on its website at an appropriate time and as agreed with the sponsoring organisation.

4. Summary of Key Findings:

4.1 The Panel thanked the MSE team for the information and engagement with the Panel, their open and honest approach, as well as the willingness of the MSE team to answer the questions from the Panel.

4.2 The Panel were very positive towards the MSE team seeking advice and engagement with the Clinical Senate.

4.3 Following the submission of evidence and additionally the presentation session to the Panel, including discussion between the MSE team and the Panel in the form of question and answers, the Panel have developed this report which includes the key findings of the Panel as well as recommendations for consideration by the sponsoring organisation.

4.4 **Stroke pathway**: **Please refer to Recommendation 1**
The Panel recognised much work had already been undertaken but felt there needed to be a continued focus on optimising the stroke pathway with an aim to minimise the number of patient moves where possible, and ensure that the appropriate criteria and assessments are in place to deliver the correct pathway for each patient. The Panel felt further work was also needed to ensure there were clear criteria for all the possible pathways.

Concentrating stroke rehabilitation services on two sites would provide more resilience than the previous model but still could be challenging in terms of

staffing. The Panel felt that the two rehabilitation units should work together as much as possible to share staffing resource and build in resilience.

On 28 February 2022, a national service model for an Integrated Community Stroke Service (ICSS) was published by the NHS[1]. The ICSS is part of the National Stroke Service model and is an integrated seven days per week service, providing early supported discharge, high-intensive and needs-based community stroke rehabilitation and disability management.

The Panel explored the components of the ICSS model with the MSE team. The MSE team advised that the Early Supported Discharge (ESD) team supports discharge from the acute stroke unit as well as receiving patients who have been an in-patient, so already follows the new ICSS model. The referral process is through a well-established joint care pathway document that accompanies the patient in paper form, as well as being held in an electronic shared drive. The MSE team presented that having a shared document that can be inputted by the acute and ESD teams works well and has brought a sense of trust between the teams.

The proposed model with ring-fenced beds will fit well with the ICSS model, will have clarity in terms of pathways and the standards will continue to be monitored by the Sentinel Stroke National Audit Programme (SSNAP) as currently.

The Panel also discussed with MSE the future modelling around the Hyper Acute Stroke Unit (HASU) as this is an important part of the stroke pathway. It was noted that patients could move at least three times after initial hospital contact (to Acute Trust for initial assessment and treatment, to the HASU when established, back to the original Trust for post HASU care and then to community rehabilitation). The suggested changes in community provision will not negatively impact on this. It

[1] NHS England (2022) National service model for an integrated community stroke service https://www.england.nhs.uk/publication/national-service-model-for-an-integrated-community-stroke-service/ accessed 21.02.2022

was also noted that post-acute care could include the ESD service, community rehabilitation, local Trust rehabilitation or rehabilitation at home. MSE explained that this is an area where senior clinical input and decision making is required.

The Panel wished to understand more about the inclusion and exclusion criteria for these community beds. MSE informed the Panel that the short-term plan is for a Level 3 rehabilitation service. However, when considering the level of physician input and upskilling of therapists and nurses to take on senior leadership roles, there could be potential to develop some in-house level 2b rehabilitation provision, at least while patients wait for tertiary units, but this is not the plan for the short term.

4.5 Digital: Please refer to Recommendation 2.1, 2.2 and 2.3.

The Panel recognised that significant work had already been undertaken in considering digital solutions throughout patient pathways and to facilitate transformation of patient pathways. The widespread use of a single system (SystmOne) amongst primary care and community providers with enabled access for other providers such as the Out of Hours service and the Hospice service was a very positive step. However, it seems that this does not currently provide seamless communication so referral forms are used to provide relevant clinical and social care information. It was noted that the ability to access an electronic system does not mean this is necessarily routine practice if this is not the primary system a clinician uses. The Panel felt there was a need to continue to work towards enhanced digital information sharing across clinical pathways**.**

The Panel heard that MSE had gained experience in the use of virtual wards during the COVID-19 pandemic and in specialities such as frailty, respiratory and end of life care, with roll out planned in cardiology soon. The development of virtual wards is on-going and is being considered in service design, bed capacity and configuration. The Panel were also informed that not all the existing estate is set up for digital enablement.

The Panel noted that other technology such as virtual monitoring may also enable more patients to be cared for through the Recovery at Home pathway.

The proper set-up and use of virtual wards, where appropriate, should be increased to enable more rehabilitation at home. The experience already gained in response to the COVID-19 pandemic and for patients with respiratory problems should be built on further.

Digital solutions may also offer part of the solution to family and carer access challenges, but this should not be instead of Recommendation 7 regarding transport access. Co-produced digital solutions are more likely to produce positive end results for the MSE team.

4.6 Workforce: Please refer to Recommendation 3

There are national shortages of staff from many professions involved in delivering rehabilitation services. The Panel concluded that it will be a challenge to maintain appropriate staffing levels with the required competencies in all areas, for example stroke rehabilitation is planned to take place on two community hospital sites and on an outpatient basis. The Panel questioned whether there was more that could be implemented around building shared competencies with staff working in the social care sector. The Panel were impressed with the training already developed to deliver competency training in end-of-life care, personalised care and frailty assessment, but were not sufficiently assured that MSE have the required capacity to truly deliver this ambitious system-wide training.

4.7 System leadership focus at all levels: Please refer to Recommendation 4

The Panel were advised that clinical leadership is at the heart of the MSE ICS with a system of Stewardship being used. Stewardship is about bringing together front-line staff and managers within a care area to improve quality and make better use of resources. It consists of a values-based approach which the clinical leadership team believe assists in embedding skills. Ageing Well and stroke care are included within this programme as are frailty, end of life care, anticipatory care and personalisation across the MSE ICS system.

There is a clinical leadership competencies training package which has strong clinical oversight from various clinical leaders to support teams working directly

with patients. The Panel heard that there is an ambitious learning and education programme across MSE to embed this training programme which is planned to commence in May 2022, with a series of workshops sharing the culture change towards shared decision making. A learning academy platform is being built so that all tiers of staff can engage in the training. This includes the development of assessment tools for all professions to ensure a consistent approach. It is planned that this will be an on-going programme of work to support the change.

The Panel felt there should be a focus on ensuring that system leadership is enhanced at all levels. Although there is evidence of strong system-level leadership and impressive plans in place for consistent training, the Panel considers that there is an ongoing need to continue to work to ensure leadership at the shop floor level is also strong and consistent (although MSE may be ahead of many other systems in their planning). The Panel advised that MSE should ensure that AHP and nursing leadership is enhanced to enable empowered decision making on the ground. Leadership development should also be designed to help deliver cultural change.

4.8 Pathway transformation: Please refer to Recommendation 5

The Panel felt that the Recovery at Home pilot in the Halstead area seemed to have been very successful and the Panel were impressed with this work. The Panel feel that even more focus on learning from this pilot should be taken into account with consideration for pathway changes throughout the MSE system and potentially reconsideration of the number of beds required in the longer term.

4.9 Outcomes: Please refer to Recommendation 6

Whilst the Panel were impressed with the Patient Reported Outcome Measures (PROMs) tool used for the Recovery at Home service, including the element looking at patient and carer goals, and the plans to standardise this type of approach throughout the MSE system, the Panel felt this key patient-focused work could be further accelerated

The Panel heard the MSE clinical team describe an Ageing Well dashboard which is being developed. This dashboard will include both “business as usual”

indicators as well as additional indicators that traditionally were not previously measured across the bed base and the Recovery at Home pathways. These include patients' personalisation in their own goals, goal attainment measures and whether patients' desired goals are reached, as well as health related quality of life indicators. Through the development and embedding of this dashboard, each service will be able to see the difference that they are making beyond the use of traditional activity measures. This is considered critical in the Ageing Well dashboard.

The MSE clinical team described the use of some of the tools they are using to help build this dashboard such as the Frailty, End of Life and Dementia Assessment (FREDA) tool and the Comprehensive Geriatric Assessment toolkit to evidence delivery of high impact and high evidence interventions that are known to improve outcomes in frailty. Use has been made of learning from the Recovery at Home pilot and it is envisaged the dashboard will also be rolled out across the community bed base. This includes use of consistent code capture so that there is evidence of what is actually happening. All providers will use the same tool as it is being rolled out across the ICS as a whole system approach, including Primary Care Network and Integrated Neighbourhood models.

4.10 Access: Please refer to Recommendation 7

The Panel were informed that patient, family and carer access to the community sites, is recognised as a key part of the proposal. Direct patient, family and carer access to the sites has been studied. Additionally, the Panel were presented with documentation demonstrating travel times. However, the MSE team are also planning to conduct an Integrated Impact Assessment, which is complex, but will include public transport access for family and carers.

Access, particularly for those using public transport, is likely to be a challenge for many families and carers. The location of community beds is, understandably, based on the current estate rather than necessarily the ideal locations for facilitating access (the Panel recognised that there are constraints on capital resources). Within the recommendations the Panel consider that co-produced

solutions are important, by engaging with local transport services, councils and the voluntary sector, as well as patients and carers**.**

4.11 Bed Bureau: Please refer to Recommendation 8

The Panel sought to understand the clinical leadership of the existing Bed Bureau and its decision making. The Panel were informed that the Bed Bureau is a capacity tool that is an administrative function that can draw on clinical input as required. The MSE team acknowledged that this is an area where they are reviewing the vision and plans for the long-term Discharge to Assess and Transfer of Care models. The MSE team advised that this is part of a wider aspect to be reviewed within patient flow work and improvement, looking to achieve consistency in transfer of care from the acute hospitals.

The Panel agreed that a single point to coordinate the access to, and use of, community rehabilitation services made sense. They agreed that this could be enhanced further with a multidisciplinary clinical and social care team which is part of the existing Discharge to Assess plans across MSE. This would also give an opportunity for quality improvement activity including increased capability to shape pathways for the future. The Panel heard about the desire to move to more of a pull rather than push model but did not feel that this particularly came across in the descriptions of the pathways so far. The Panel felt that enhanced clinical input could also help move the Bed Bureau into more of a pathway coordination team.

4.12 Social Care: Please refer to Recommendation 9

The Panel were impressed with much of the work around frailty and stroke but felt that although there were regular meetings with the Director of Adult Social Services and with their commissioning teams, there seemed to be less social care participation and input in the development of the MSE plans as they were presented than would ideally be the case. The Panel felt it was very important to ensure that social care is fully incorporated into future planning and development, thinking about the context of the whole person, which includes family and carers.

4.13 Engagement and implementation of findings

The Panel were impressed with the degree of engagement, despite the COVID-19 pandemic which had clearly made this challenging. The Panel were informed that there is an external company working with the MSE team on the development of a report.

There has been pre-consultation engagement directly with patients; with existing staff teams; and focus groups with public and external stakeholders. Emerging themes shared with the Panel include participation of family, not just with visiting but involvement in care plans post discharge, including training and up-skilling family members. From patients there had been feedback regarding the need for good discharge planning; clear communication both within and across professionals, and also with families and patients at every point in their care journey; and personalisation in recognising that everyone's circumstances are different.

The Panel were made aware that during consultation MSE are keen to work with families, carers and friends to determine how to improve and develop direct engagement with patient care where required. The consultation will explore whether there are opportunities (if appropriate) to deliver training, for example on wound care and medication.

The Panel suggest that MSE must carefully consider the key messages being collected through the engagement process and deliver on them.

4.14 Health Inequalities

The Panel heard that work on Health Inequalities is in progress and will be taken further forward. Across the ICS, Health Inequalities are one of the agreed priorities. Recently the MSE team have started using an Integrated Impact Assessment in which inequalities features as a central element.

4.15 Governance

The Panel wanted to understand the governance and responsibility around the multiple pathways involving multiple providers. The MSE team advised that their

system is inherently complex in that there are three separate community providers and one acute provider operating across three sites. The community providers now work under one Community Collaborative, which brings together three sovereign organisations and so in terms of clinical leadership and clinical governance this does rest with each of these organisations. However, in the programme for this proposal, the clinical leadership is as discussed in the Clinical Leadership part of this report (please refer to 4.7 above). The ICS has an accountable Medical Director.

With the sub-acute frailty wards the clinical governance and leadership is the responsibility of the geriatric medicine staff from the Basildon Hospital site.

The MSE team explained to the Panel that across the three parts of the Community Collaborative, there are different arrangements. Essex Partnership University NHS Foundation Trust (EPUT) run Mountnessing Court and Cumberlege; North East London NHS Foundation Trust (NELFT) run the intermediate care beds at Brentwood and Mayfield; Provide CIC run St Peter's and Halstead; and Basildon Hospital run the two sub-acute wards on the Brentwood site.

The Panel heard that transfer of care to primary care, in terms of discharge planning, is made easier because all of primary care use SystmOne.

For stroke rehabilitation, the MSE team informed the Panel that there is a well-established nurse led model which will continue to be built upon for the future.

4.16 Estate

The Panel heard that the plan to develop the beds in the south geography of the MSE system is a legacy of where the estate has been historically located and is not fully aligned with population density or need. There are capital restraints around making significant changes to the estate. The population density is also greater in the south of the system.

4.17 Sub-acute frailty – acute, deteriorating patient

The Panel were reassured to hear about the seven-day consultant presence on ward sites, out of hours medical presence, equipment and diagnostic provision. The MSE team explained that patients who are transferred to the sub-acute frailty wards are carefully selected by the geriatric medicine staff, identifying those patients who are least likely to require other speciality input. If the patients are felt to require further specialist input, then they are not considered for transfer from the acute hospital to the community hospitals

The Panel were informed that very few of the patients transferred to the community hospitals had required transfer back to the acute hospital for treatment of an acute deterioration or for other clinical reasons. The Panel do however feel that MSE need to give consideration to the triggers for transfer and clarity of provision for the transfer to the acute site, of any clinically deteriorating patients and the management of urgent situations.

4.18 Voluntary sector

The Panel heard about how the voluntary sector links in with all of the community beds. There is recognition by the MSE team that now that we are coming out of the COVID-19 pandemic that there is potential to revisit the opportunities for strengthening links with the voluntary sector.

4.19 Additional comment noted at Clinical Council meeting on 27 June 2022

The Clinical Senate Council noted the beds were ringfenced for stroke use only and broader neurological rehabilitation may need more attention. It was suggested for MSE to have a Quality Impact Assessment for general rehabilitation that would add to the further development of rehabilitation services.

5. Conclusions:

The Panel felt there was a clinical basis to support the proposal. The location of the beds, constrained by the current estate, could however impact on the access for patients' families, carers and friends. The relocation of the frailty wards will have benefits to acute hospital capacity and therefore potentially to patient flow. The Panel were reassured that the same consultants who selected suitable patients for transfer to the community hospitals were also the consultants who continued to be responsible for patient care on the frailty unit.

The Recovery at Home pilot in the Halstead area appears to have been very successful and the Panel were particularly impressed with the PROMs tool used with a focus on patient and carer goals. Further learning from the pilot and incorporating this learning in pathway development, is featured within the recommendations.

The key questions the Clinical Senate were asked to address in this review and the response of the Panel are as follows.

1. **Overall: Are the emerging options for the future configuration of community inpatient beds likely to result in good patient outcomes and support the flow of patients through the system's beds?**
   In answer to question one: The Panel felt that the emerging options had the potential to deliver good patient outcomes and support patient flow, although the MSE team are advised to take account of the recommendations to help ensure that this is delivered.

2. **Intermediate care beds: Is the clinical model for ageing well and the proposed focus and potential locations of community beds likely to contribute to improving outcomes for patients?**
   In response to the second question: The clinical model, aimed at trying to help patients return to their previous level of functioning, was supported, along with the plans to enhance staff training to support understanding of personalised care, frailty assessment and end of life care. The locations of

the community beds are constrained by the location of the current system-wide viable estate. If the potential access issues for family and carers are addressed and the Panel's recommendations are taken into account, then improvement in patient outcomes should be achieved.

3. **Stroke: Is the proposed introduction of dedicated, ring fenced stroke rehabilitation beds in the community aligned with the current evidence base and likely to improve patient outcomes?**

   In response to the third question: The Panel fully supported the introduction of dedicated, ring-fenced stroke rehabilitation beds. This is likely to help deliver more consistent and more resilient care. Two sites will deliver a better solution in terms of access than one, but the Panel felt that this could still prove to be a challenge in terms of maintaining appropriate staffing levels. The Panel felt that cross site working may be required for several staff groups. Please refer to the Recommendations.

4. **Sub-acute frailty: Is the model that has been developed clinically sound and likely to result in at least comparable outcomes for frail older people, and how might it be further developed over time?**

   In response to the fourth question: The Panel felt that many elements of the sub-acute frailty pathways were very positive. These include the enhanced staff training to help assess frailty more consistently, the dedicated inpatient area for the care of patients suffering from frailty and the single team making many of the initial assessments and then being responsible for delivering rehabilitation.

Moving forward, the Panel felt that more could be done to build on the Recovery at Home pilot. This includes the use of virtual technology, new ways of working and enhanced liaison with the voluntary sector which may enable more patients with frailty to avoid inpatient stays altogether. Please refer to the Recommendations.

6. Recommendations:

Recommendation 1

Optimisation of the Stroke pathway.

The Panel recommends further co-produced work be undertaken to optimise the Stroke pathway.

The Panel recognised much work had already been undertaken but felt there needed to be a continued focus on optimising the stroke pathway with an aim to minimise the number of patient moves in the overall stroke pathway where possible, and ensure that the appropriate criteria and assessments are in place to deliver the correct pathway for each patient. It was noted that patients could move at least three times after initial hospital contact. The Panel felt further work was also needed to ensure there were clear criteria for all the possible pathways.

Concentrating stroke rehabilitation services on two sites would provide more resilience than the previous model but still could be challenging in terms of staffing. The Panel felt that the two rehabilitation units should work together as much as possible to share staffing resource and build in resilience.

Recommendation 2.1

Digital pathway communications.

The Panel recommends that MSE ensure that digital solutions enable seamless communication throughout patient pathways and facilitate transformation of patient pathways.

Recommendation 2.2

Digital virtual ward.

The Panel recommends that MSE further develop the use of virtual wards and virtual monitoring to enable more rehabilitation at home.

Recommendation 2.3

Digital development for families and carers.

The Panel recommends that co-designed digital solutions should be developed to address family and carer in-person visiting and challenges.

Recommendation 3

The development of a comprehensive Workforce Strategy.

The Panel recommends the development of a comprehensive Workforce Strategy with ongoing focus on new ways of working, new roles, and competency sign-off, as well as recruitment and retention.

Recommendation 4

Focus on ensuring system leadership is enhanced at all levels.

The Panel recommends that there should be a focus on ensuring that system leadership is enhanced at all levels.

Recommendation 5

Further focus on Pathway transformation using learning from the Recovery at Home pathway.

The Panel recommends that even more focus on learning from the Recovery at Home pilot is taken into account with consideration for co-produced pathway changes throughout the MSE system and potentially reconsideration of the number of beds required.

Recommendation 6

Outcomes - to accelerate the approach to using outcomes-based tools.

The Panel recommends that the plans to standardise the use of outcomes-based tools, which include patient and carer goals, should be accelerated throughout the MSE system.

Recommendation 7

A continued focus on access with co-production.

The Panel recommends that co-produced solutions should be developed by engaging with local transport services; councils; the voluntary sector; and patients, families and carers.

Recommendation 8

Further development of the Bed Bureau function with enhanced clinical input, facilitating more of the pull model and oversight of whole pathways of care.

The Panel recommends that enhanced clinical input could be provided into the Bed Bureau to move it to more of a pathway coordination team.

Recommendation 9

The Panel were very impressed with much of the work around frailty and stroke but felt there would be significant benefit in increasing the level of social care involvement.

The Panel recommends increasing the level of social care involvement in the developing plans.

APPENDIX 1: Terms of Reference for the Review

NHS
East of England
Clinical Senate

East of England Clinical Senate

Independent Clinical Review of Mid and South Essex Community Inpatient Beds

04 and 06 April 2022

Terms of Reference agreed by:

Commissioning organisation: **Mid & South Essex Health and Care Partnership**

Responsible / lead officer:

James Wilson, Transformation Director, Essex Partnership University NHSFT, Provide, North East London NHSFT

Community Inpatient Beds Programme Senior Responsible Officer

Signature 

Panel chair:

Dr Bernard Brett, East of England Clinical Senate Chair, on behalf of East of England Clinical Senate



Signature

Date: 22 March 2022

Supporting / background information for the clinical review for completion by commissioning organisation.	
When is the advice required by? Please provide any critical dates	The advice is required to feed into the Pre-Consultation Business Case (PCBC), which will be considered by the Joint Committee of the five Clinical Commissioning Groups. This is being developed during March and April 2022, so a draft report, including recommendations, is requested by mid-April. This will enable the key findings, recommendations and system's draft responses to be incorporated.
What is the name of the body / organisation commissioning the work?	Mid & South Essex Health and Care Partnership (to become Mid & South Essex Integrated Care System on 1 July 2022, subject to legislation).
How will the advice be used and by whom?	The advice will be used by the programme in several ways: • To further develop and finalise the proposed configuration of community beds for intermediate care, stroke rehabilitation and sub-acute frailty, prior to public consultation in summer 2022 • To feed into the PCBC • As part of the Stage 2 NHSE assurance process
What type of support is Senate being asked to provide: a) Assessment of clinical services b) Early advice to inform a clinical service model c) Review of proposed clinical model(s) (or follow up review from b above) d) Review of case for change, including the appraisal of the clinical evidence) e) Informal facilitation to enable further work f) Clinical reconfiguration or integration related to merger of trusts g) Advice on complex or (publicly) controversial proposals for service change h) Other?	The Senate is being asked to: • Consider the clarity of the case for change, noting that urgent changes (without consultation) were made to the community bed configuration in MSE as part of the system's response to Covid, and decisions now need to be taken on the future focus and location of these beds • Review the clinical models and evidence presented – focusing on the role of community inpatient beds within them – for the three key elements of the programme: intermediate care; inpatient stroke rehabilitation; and sub-acute frailty at Brentwood Hospital • Offer advice on how the proposals might be further developed or strengthened
Is the advice being requested from the Senate a) Informal early advice or a 'sense check' on developing proposals	The advice is being requested to inform Stage 2 of the NHS England assurance process, prior to planned public consultation in the summer of 2022

b) Early advice for Stage 1 of the NHS England Assurance process c) Formal clinical review to inform Stage 2 of the NHS England Assurance process and/ or your Consultation Business Case d) Other?	
Does the matter involve revisiting a strategic decision that has already been made? If so what, by whom and when?	Some elements of the proposed approach to stroke rehabilitation are relevant to a previous consultation (which focused on acute reconfiguration) held in 2017 ('your care in the best place'). This consultation was wide ranging, encompassing a number of acute specialties, one of which was stroke and the proposed establishment of a hyper-acute stroke unit (HASU) at Basildon Hospital. Further details of this consultation are included in the evidence submitted (overview and context section).
Is the matter subject to other advisory or scrutiny processes?	No

Aims and objectives of the clinical review

In 2020 as part of its response to Covid MSE made a number of urgent changes to the focus and location of its community inpatient beds. The key changes were:

- Consolidation of intermediate care beds from six sites to three
- The relocation of two frailty wards from the main Basildon Hospital site to Brentwood Community Hospital (~10 miles away), to enable critical care capacity at Basildon to be rapidly expanded
- The mobilisation of a recovery at home service for the Halstead area of Mid Essex

As these changes were urgent, it was not possible to engage or consult on them prior to their introduction.

As a result, in 2021 MSE began a programme to determine what the future focus, configuration and location of community beds should be. This will require public consultation, which is planned for the summer of 2022.

There are three main service areas affected by this work:

- Intermediate care beds, which in MSE focus on supporting patients who have been admitted to one of the three main acute hospital and who require a period of bedded recovery and rehabilitation before they can return home
- inpatient stroke rehabilitation beds, which have never previously been ring-fenced

- the sub-acute frailty beds (two wards), which are currently provided at the Brentwood Community Hospital site with care provided by the Basildon Hospital acute team.

Scope of the review

The scope of this review is the future number, focus and location of community inpatient beds across Mid & South Essex.

As outlined above, there are three main service areas that are within scope:

- Intermediate care beds
- Inpatient stroke rehabilitation beds
- Sub-acute frailty beds at Brentwood Community Hospital

Out of scope

Although the wider care models and pathways that the inpatient community beds form part of are clearly relevant to this review, they are not themselves within scope, and they will not be part of any future public consultation.

For example, although MSE's broader strategic approach to ageing well is set out in the evidence submitted - as this will help the Panel to determine the place of community inpatient beds with it - the Senate are not being asked to specifically comment on the overall approach. Rather, the focus is on the proposed number, focus and location of the beds themselves.

The same logic applies to the overall stroke pathway, which encompasses prevention right through to post-rehabilitation. This is described for context but the focus of the review is on the proposed ring-fenced inpatient stroke rehabilitation beds, including the number and location.

Purpose of the review

The Clinical Senate is being asked to review the available evidence, provide a desk top review and make appropriate recommendations to the programme from its findings.

The central questions the Clinical Senate is being asked to address in this review are:

1. **Overall: Are the emerging options for the future configuration of community inpatient beds likely to result in good patient outcomes and support the flow of patients through the system's beds?**
2. **Intermediate care beds: Is the clinical model for ageing well and the proposed focus and potential locations of community beds likely to contribute to improving outcomes for patients?**

3. **Stroke: Is the proposed introduction of dedicated, ring fenced stroke rehabilitation beds in the community aligned with the current evidence base and likely to improve patient outcomes?**
4. **Sub-acute frailty: Is the model that has been developed clinically sound and likely to result in at least comparable outcomes for frail older people, and how might it be further developed over time?**

For info only – the following information is standard to all clinical review panel terms of reference:

When reviewing the case for change and options appraisal the clinical review panel (the panel) should **consider whether these proposals deliver real benefits to patients. The panel should also identify any significant risks to patient care in these proposals.** The panel should consider benefits and risks in terms of:

- Clinical effectiveness
- Patient safety and management of risks
- Patient experience, including access to services
- Patient reported outcomes.

The clinical review panel is not expected to advise or make comment upon any issues of the NHS England Service Change Assurance process that will be reviewed elsewhere (e.g. financial elements of risk in the proposals, patient engagement, GP support or the approach to consultation). However, if the panel agreed that there was an overriding risk in any of those areas that should be highlighted in the panel report.

Questions that may help the panel in assessing the benefit and risk of the proposals include (but are not limited to):

- Is there a clear vision for the proposals, i.e. what is the intended aim?
- Are the expected outcomes and benefits of delivery for patients of this proposed model clear and are there clear plans for how it / they will be measured?
- Is there evidence of clinical leadership and engagement in the development of the options/ preferred model?
- Is there evidence that the proposals will improve the quality, safety and sustainability of care? (e.g. sustainability of cover, clinical expertise).
- Is there evidence that the proposed model will ensure equity in access to services for the population you serve, and how it could reduce inequalities in health?
- If there is a potential increase in travel times for some patients, is this outweighed by the clinical benefits?
- Do the proposals support better integration of services from the patient perspective?
- Do the proposals explain how the model be staffed? Is there appropriate information on recruitment, retention, availability and capability of staff and the sustainability of the workforce?

- Do the proposals reflect up to date clinical guidelines and national and international best practice e.g. Royal College reports?
- Will these proposals meet the current and future healthcare needs of their patients within the given timeframe of the planning framework (i.e. the next ten years or more)?
- Do the proposals align with the local strategies and delivery plans (e.g. Sustainability and Transformation Plans / Integrated Care System plans and strategy)? Do they demonstrate alignment / integration of services (e.g. the link between primary care / social care / mental health services/ community services and acute provision including information systems)?
- Do the proposals demonstrate good alignment with national policy and planning guidance?
- Does the options appraisal consider a networked or Alliance approach - cooperation and collaboration with other sites and/or organisations?
- Will the proposals reflect further the delivery of the NHS Outcomes Framework?
- Do the proposals uphold and enhance the rights and pledges in the NHS Constitution?
- Is there an analysis of the clinical risks in the proposals, and is there an adequate plan to mitigate identified risks?

The clinical review panel should assess the strength of the evidence base of the clinical case for change and proposed models and make clear its key findings and recommendations in a report to the commissioning organisation.

Timeline:

The clinical review panel will be held on the 04 and 06 April 2022. A schedule of agreed key dates can be found at Appendix A.

Reporting arrangements:

The clinical review panel will provide a report to the Clinical Senate Council which will ensure the panel met the agreed Terms of Reference, agree the report and be accountable for the advice contained in the final report.

Methodology:

The most appropriate methodology for the review will be agreed with the commissioner of the review and Senate Council. There are a number of options, the most usual methodology will be a face to face clinical review panel, providing the commissioner of the proposals the opportunity to have a two-way discussion of the proposals with the review panel. In this case, the review will be undertaken by a combination of

- desk top review of the documentation (evidence) provided,
- a pre-panel teleconference for panel members to identify the key lines of enquiry and
- a review panel meeting to enable presentations and discussions to take place.

Other approaches may include a desktop review, and short review by teleconference. Full methodology will be agreed in all cases.

Report of the clinical review:

A draft report will be made to the commissioning organisation for fact (points of accuracy) checking prior to publication.

Comments / correction must be received from the commissioning organisation within **six working days**.

The report will be submitted to a meeting of Clinical Senate Council on a date to be confirmed, but to fit in with the MSE next stage timelines, to ensure the review has met the agreed Terms of Reference and to agree the report.

The final report will be issued to the commissioning organisation following the Council Senate Council meeting. The commissioning organisation forthwith becomes the owner of the report.

Communication, media handling and Freedom of Information (Act) requests:

Communications in respect of the review will be managed by the commissioning organisation. The Clinical Senate will publish the report once the service change proposal has completed the full NHS England process, or at a time that is appropriate to the proposals. This will be agreed with the commissioning organisation.

The commissioning organisation, as the owner of the report and any evidence and or data provided for the review, will be responsible for handling any formal requests for information under the Freedom of Information Act 2000, irrespective of whether the request is received by either the Clinical Senate or commissioning organisation. (note: NHS Commissioning Board known as NHS England is the statutory body with responsibility for FOI requests received either directly or by the Clinical Senate and will be advised of all such requests received directly by the Clinical Senate and confirmation that the commissioning organisation will be responding to the request).

Confidentiality:

Notes of the discussion will be taken on the day in order to develop a report. Once the final report has been issued to the commissioner of the review, the notes will be securely destroyed along with the evidence set provided.

All clinical review panel members will be required to sign a Confidentiality Agreement and declare any interests, potential or otherwise.

The detail of any potential, or actual, conflict of interest will be discussed with the Panel Chair who will make a final decision on the participation of the Panel member. This may also be discussed with the commissioning organisation and agreement made between them and the Clinical Senate as to whether or not the member will join the review panel.

Resources:

The East of England Clinical Senate will provide administrative support to the clinical review panel, including setting up the meetings and other duties as appropriate.

The clinical review panel may request any additional existing documentary evidence from the commissioning organisation. Any requests will be appropriate to the review, reasonable and manageable. The review panel will not ask the commissioner of the review to provide new evidence or information that it does not currently hold.

Accountability and governance:

The clinical review panel is part of the East of England Clinical Senate accountability and governance structure.

The East of England Clinical Senate is a non-statutory advisory body and will submit the report to the commissioning organisation, who will be the owners of the final report.

The commissioning organisation remains accountable for decision making but the clinical review panel may wish to draw attention to any risks that the commissioning organisation may wish to fully consider and address before progressing their proposals.

Functions, responsibilities and roles of the parties:

The **commissioning organisation** will

i. provide the Clinical Senate review panel with the clinical case for change, options appraisal and relevant background and current information, identifying relevant best practice and guidance. Is it recommended that the evidence supports the questions laid out above. The level of detail though will be appropriate and in proportion to the stage of development of the proposals. For NHS England Service Change Assurance process 'Stage 2' reviews, Clinical Senate provides supporting information on the evidence it would expect to see
ii. respond within the agreed timescale to the draft report on matter of factual inaccuracy
iii. undertake not to attempt to unduly influence any members of the clinical review panel during the review
iv. be responsible for responding to all Freedom of Information requests related to the review and proposals and
v. arrange and bear the cost of suitable accommodation (as advised by Clinical Senate support team) for the panel and panel members.

Clinical Senate Council and the commissioning organisation will

i. agree the Terms of Reference for the clinical review, including scope, timelines, methodology and reporting arrangements.

Clinical Senate Council will

i. appoint a clinical review panel, this may include members of the Clinical Senate Council and Assembly, external experts, and / or others with relevant expertise. It will appoint a Chair of the review panel
ii. consider the review recommendations and report and consider whether the clinical review panel met the Terms of Reference for the review
iii. provide suitable support to the panel
iv. issue the final report to the commissioning organisation and
v. promptly forward any Freedom of Information requests to the commissioning organisation.

Clinical review panel will

i. undertake its review in line with the methodology agreed in the Terms of Reference
ii. follow the report template and provide the commissioning organisation with a draft report to check for factual inaccuracies
iii. submit the draft report to Clinical Senate Council for comments and will consider any such comments and incorporate relevant amendments to the report.

Clinical review panel members will undertake to

i. declare any conflicts of interest and sign a confidentiality agreement prior to having sight of the full evidence and information
ii. commit fully to the review and attend all briefings, meetings, interviews, panels etc. that are part of the review (as defined in methodology)
iii. contribute fully to the process and review report
iv. ensure that the report accurately represents the consensus of opinion of the clinical review panel and
v. comply with a confidentiality agreement and not discuss the scope of the review nor the content of the draft or final report with anyone not immediately involved in it. Additionally, they will declare, to the Chair of the clinical review panel and the Head of Clinical Senate, any conflict of interest that may materialise during the review.

Clinical review panel members:

Members of the clinical review panel sit in their own personal or professional capacity; they do not represent the opinion of their employing or professional body. All clinical review panel members sign an agreement of confidentiality and declare any potential conflicts of interest. Clinical review panel members names and areas of expertise will be shared by the clinical Senate with the commissioning organisation prior to the pre-panel.

Appendix A – Key Dates		
Action	**Date (no later than)**	**Who**
1. Commissioning team request clinical review – date & methodology agreed with Senate	**11.03.2022**	**Andy Vowles/ Mary Parfitt**
2. Terms of Reference for review completed, agreed and signed off	**18.03.2022**	**Andy Vowles/ Bernard Brett**
3. All panel members identified and confirmed	**18.03.2022**	**Mary Parfitt**
4. All panel members confidentiality agreements and declarations of interest signed (NB for each individual Panel member, individual agreement must be signed and received back by Clinical Senate prior to Evidence Pack being sent to individual member)	**18.03.2022**	**Mary Parfitt**
5. All papers and evidence for the review panel to be received by eoeclinicalsennte.nhs.net	**21.03.2022**	**Andy Vowles**
6. Evidence pack and Terms of Reference to be sent to panel members	**22.03.2022**	**Mary Parfitt**
7. Pre-panel teleconference call	**29.03.2022**	**All Panel Members invited (NB Not MSE)**
8. Key Lines of Enquiry / Agenda for Clinical Panel review meetings issued	**01.04.2022**	**Mary Parfitt**
9. Clinical Panel Review	**04 & 06.04.2022**	**All Panel Members. Potential availability of MSE for questions on 06 April 2022 only**
10. Draft report to MSE (Andy Vowles) for points of accuracy	**05.05.2022**	**Mary Parfitt**
11. MSE response on points of accuracy	**20.05.2022**	**Andy Vowles**
12. Clinical Senate Council consider report	**Date tbc, but to fit in with MSE next stage timelines**	**Bernard Brett**

APPENDIX 2:

Membership of the Clinical Review Panels held on 04 and 06 April 2022

Clinical Review Panel Chairs:

Dr Bernard Brett (Chair of Panel Sessions held on 04 and 06 April 2022)
Dr Bernard Brett MB, BS, BSc, FRCP, Advanced Medical Manager (BAMM) is Deputy Medical Director and a consultant Gastroenterologist at the Norfolk and Norwich University Hospitals NHS Foundation Trust, and also works at the James Paget University Hospitals NHS Foundation Trust. He has a strong interest in Management and Leadership. He is the current Chair of the Clinical Services and Standards Committee (CSSC) for the British Society of Gastroenterology (BSG), recently completed his term as the BSG Quality Improvement Lead and is the regional Endoscopy Clinical Transformation Lead for the East of England.

Bernard has held the post of Chair of the East of England Clinical Senate since July 2014 and has chaired more than fifteen independent clinical review panels. In 2016 he won the Health Education East, 2016 NHS Leadership Recognition Award for 'Leading and Developing People'. He has also held several senior management posts over the last twenty years including the following roles whilst at the James Paget University Hospital; Medical Director, Responsible Officer, Deputy Medical Director, Divisional Director, Director of Patient Flow and Appraisal Lead. He previously led the East of England's project to develop a unified drug chart for the region. Bernard has spoken at regional and national meetings on a range of topics including '7-day working' and been an invited speaker on the topic of 'Improving Colonoscopic Adenoma Detection Rates' and 'The Future of Gastroenterology Services.'

His clinical interests include Bowel Cancer Screening (he has been an accredited bowel cancer screening Colonoscopist for the last 15 years); Therapeutic Endoscopy and Endoscopic Retrograde Cholangiopancreatography (ERCP). His educational interests include communication skills and endoscopic training – he is Senior Faculty Member of the Regional Endoscopy Training Centre in Norwich and was on the Faculty for Regional Trainer Development Programme Module, 'Learning and Teaching Communication Skills' for over 10 years.

Dr Hazel Stuart (Chair of Pre-Panel Session held on 29 March 2022)
Dr Hazel Stuart MBBS, DRCOG, FRCA, FICM is Medical Director and a Consultant Anaesthetist with an interest in Intensive Care Medicine at the James Paget University NHS Foundation Trust in Gorleston.

She has had an interest in leadership for many years and has held a variety of posts within the Trust including Transformation Lead, Deputy Medical Director and is also a Caldicott Guardian.

Hazel has been a member of the clinical reference group for Hyperbaric Medicine commissioning and has an interest in diving medicine.

In 2016 she completed the Nye Bevan programme and received a NHS Leadership Academy award in Executive Healthcare Leadership. She has an interest in reflective learning and collaborative working and is an Honorary Senior Lecturer at the University of East Anglia.

Panel Members:

Louise Connolly - Occupational Therapist
A senior allied health professional working in a large Community NHS Trust. Louise is an Occupational Therapist specialising in Neurological Rehabilitation with over nineteen years of operational management experience managing a range of specialist and generalist multidisciplinary teams.

Having completed her MSc in Senior Healthcare leadership at the NHS Leadership academy, she is currently Clinical Quality Lead in Herts Community NHS Trust facilitating the continued embedding of evidence-based practice into front line Community teams and supporting the strategic development of Community and Rehabilitation Services. Louise has also been leading Discharge Home to Assess pathways during the pandemic and working on the implementation of new COVID system wide pathways. With effect from 01 April 2022 Louise will be moving into a new role as Allied Health Professional Faculty Lead across Herts and Essex Integrated Care System
(Apologies sent for the 04 April 2022 Panel Session)

Charlotte (Charlie) Dorer - Associate Director, Allied Health Professionals
Charlie is a physiotherapist by background, and about to move to a new role to work for NHSE/I as the Senior Quality Improvement Manager for the Stroke Rehabilitation (SQuIRE) project in the East of England.

Charlie has over twenty years' experience in stroke and neurological rehabilitation. She has undertaken both clinical and strategic roles during her career. Charlie's previous substantive role was as a Clinical Lead for Stroke and Neuro Rehabilitation providing her with in-depth subject knowledge and experience across community stroke and neuro rehabilitation. Currently she is in a strategic position working in a Community Trust leading the AHP workforce across all directorates (Community Health and Well-being, Learning Disabilities and Autism and Mental Health). In this role, she has focused on key development themes involving workforce planning on integrated pathways, operational delivery including safer staffing and maximising patient outcomes

Louise Dunthorne – Senior AHP
Since qualifying in 1990 Louise has spent a considerable number of years gaining experience at some of the large London teaching hospitals, including Charing Cross and The Royal London, where her passion for Stroke and Neurology was ignited, while working on the Trauma Unit and Neuro Surgery Critical Care.

Since then, she has specialised in Neurology and Stroke, being involved at Executive Committee level for ACPIN (Association of Chartered Physiotherapists in Neurology) for over ten years. She then completed a Diploma in stroke care in 2004, and Masters level modules in Effective Practitioner, Work based Learning and Work Place Coaching, securing a Post Graduate Certificate in Clinical Practice in 2008.

Louise also held the position of Chair for Regional ACPIN between 2021-15 and was honoured to receive a Distinguished Service Award by National ACPIN in 2016.

Louise works as a Clinical Specialist and Professional Lead for Stroke / Neuro at Ipswich Hospital, (ESNEFT) and Extended Scope Practitioner under a PGD for injecting Botulinum Toxin as part of the Spasticity Management Clinic. She also holds the post of AHP Clinical Lead for North ISDN, (Integrated Stroke Delivery Network). These roles necessitate reporting to ICS Stroke Board, ICS Neuro Rehab Board, East of England Neuro-Rehabilitation Steering Group and the East of England Stroke Programme Board on delivering results towards achieving the vision of the NHS Long Term Plan within Stroke and Neurology care.

Ruth Empson - Specialist Nurse Coordinator for Integrated Stroke ESD & Neuro Rehabilitation Service
Ruth is also the East of England North Integrated Stroke Delivery Network (ISDN) Lead Nurse (Secondment). Previously she was Lead Nurse for Acute Stroke Services at West Suffolk Hospital NHS Foundation Trust and Coordinator for Community Stroke & Neuro Rehabilitation Services, South West London Community NHS Trust.
(Apologies sent for the 06 April 2022 Panel Session)

Louise Gilbert - Advanced Specialist Physiotherapist
Louise is currently working as an Advanced Specialist Physiotherapist in Early Supported Discharge for Stroke (ESD) and has a shared team lead role. She has specialised in Neurological rehabilitation since 1993 working in both the acute and community settings and moved to Norfolk from London in 2007.

Louise completed her masters in Physiotherapy and PGCTLHE at the University of East London (UEL) in 1999 and 2000 and worked as a lecturer in Physiotherapy at the UEL from 1998 – 2003.

She has a keen interest in research and has been fortunate in her current post to have gained experience both as co-applicant, clinical researcher and principal investigator for local and national stroke studies.

Christine Hancock – Expert by Experience
Christine is a retired Social Work Manager and Commissioner who has had 24 years' experience of working with three different Local Authorities in Adult Care planning and procurement. During this time she was involved with implementing the Community Care Act 1990 and the Health and Social Care Act 2012, hospital discharges, care at home, direct payments, supported housing and long term residential/nursing home placements.

Christine has also undertaken residential and supported living reviews for Adults with special needs in the Eastern region in receipt of direct payments and support from their respective Local Authorities

Dr Kneale Metcalf – Stroke Consultant
Dr Metcalf is a Stroke Consultant at the Norfolk and Norwich University Hospital, appointed in 2001. Post graduate training was in Oxford. Kneale led service development in Norwich including establishment of a Rehabilitation Unit and Stroke Early Supported Discharge Service. He is an Honorary Senior Lecturer at the University of East Anglia with a leadership role in final year undergraduate Medicine. He is on the East of England Stroke Telemedicine clinical rota. He retains a research interest with active participation in local and multi-centre stroke trials. Kneale was also appointed as Consultant liaison for Clinical Coding in Norwich in 2021. In 2021 he was appointed Clinical Lead for the Integrated Stroke Delivery Network East of England (North).

Dr Stuti Mukherjee – GP
Dr Stuti Mukherjee is a General Practitioner, a Macmillan GP and GP Clinical Lead for Cancer at Cambridgeshire & Peterborough CCG / ICS. She enjoys working as a Generalist, and has a special clinical interest in cancer, dermatology and end of life care.

Dr Deyo Okubadejo MBBS FRCP
Dr. Deyo Okubadejo is a Consultant Physician with an interest in Frailty and Falls and Syncope in Older People. He participates in the Consultant rota for acute and general medical on-call at Peterborough City Hospital. He is currently the Divisional Director for the Emergency and Medicine Division at North West Anglia NHS Foundation Trust and Chair of the East Anglia Region British Geriatrics Society.

Tanya Riddlesdell - Stroke Therapy Lead
Tanya trained at the University of East London and qualified 1994, Junior rotations at St Thomas' and Guys Hospital, Specialising in Neurology & Stroke at King's College London and Addenbrooke's Cambridge. Developed community skills from 2000 working as the Neurophysiotherapist in Intermediate Care across Huntingdonshire + Stroke Ward & Neurology patients in hospital. Tanya developed the Therapy and Rehabilitation Service team bringing a variety of professionals together to find solutions for individuals with neurological impairments in their own homes. Completed a MSc in Advanced Neuro Physiotherapy at UCL, 2007. Managerial

experience as Team Lead for Melton and Rutland Community Hospitals & Community for 18 months, having to leave due to caring duties for in-laws and my son post neurosurgery for epilepsy, alongside part-time work combined NHS, self-employed and case management. Current full-time role as Stroke Therapy Lead at North West Anglia Trust, but leaving to work in Leicestershire in May 2022.

Clinical Senate Support Team:

Mary Parfitt	East of England Interim Head of Clinical Senate, NHS England
Elizabeth Mabbutt	East of England Clinical Senate Senior Project Officer
Christina Wise	East of England Clinical Senate Senior Project Officer

APPENDIX 3: Declarations of Interest

All panel members were required to declare any interests.

All panel members certified that:

a) To the best of their knowledge, they did not have any actual or apparent direct or indirect, monetary or non-monetary conflicts of interest which would impair their ability to contribute in a free, fair and impartial manner to the deliberations of the panel, and

All panel members agreed to notify the Clinical Review Chair promptly if:

b) A change occurred during the course of this work

c) They discovered that an organisation with which they have a relationship meets the criteria for a conflict of interest

APPENDIX 4: Review Panel Agenda

AGENDA

Independent Clinical Review of proposal for Mid and South Essex Health and Care Partnership (MSE) Community Inpatient Beds

Discussion to be spread over two panels to be held via MS TEAMS on Monday, 04 April 2022 from 18.00 – 19.30 and Wednesday, 06 April 2022 from 18.00 – 19.30

Clinical Senate is asked to review the available evidence, discuss with panel members and make appropriate recommendations from its findings on the proposals for community inpatient beds put forward by Mid and South Essex Health and Care partnership (MSE)

The key questions Clinical Senate is being asked to address in this review are:

1. **Overall:** Are the emerging options for the future configuration of community inpatient beds likely to result in good patient outcomes and support the flow of patients through the system's beds?

2. **Intermediate care beds:** Is the clinical model for ageing well and the proposed focus and potential locations of community beds aligned with best practice and likely to contribute to improving outcomes for patients?

3. **Stroke:** Is the proposed introduction of dedicated, ring fenced stroke rehabilitation beds in the community aligned with the current evidence base and likely to improve patient outcomes?

4. **Sub-acute Frailty:** Is the model that has been developed clinically sound and likely to result in at least comparable outcomes for frail older people, and how might it be further developed over time?

Monday 4 April 2022 – Panel 1

Time	Item	Lead
17.55	Join Teams Meeting	Panel Members
18.00 - 18.15	Welcome, Introductions & Outline of the Review Panel	Dr Bernard Brett
18.15 - 18.30	Additional information provided by MSE in response to the Draft Key Lines of Enquiry (KLOEs) identified by the Pre-Panel on 29 March 2022	Dr Bernard Brett/ Panel Members
18.30 - 19.25	Confidential Panel Discussion of MSE's Proposals for: • Intermediate Care Beds • Stroke • Sub-Acute Frailty • Overall	Panel Members
19.25	Next Steps for Wednesday 6 April 2022 - Panel 2	Dr. Bernard Brett
19.30	Close	Dr. Bernard Brett

Wednesday, 6 April 2022 – Panel 2

Time	Item	Lead
17.55	Join Teams Meeting	Panel Members
18.00 - 18.15	Welcome, Introductions & update from Panel 1 held on Monday 4 April 2022	Dr Bernard Brett
18.15 - 18.45	Discussion / Questions and Snswers with MSE: • Andy Vowles, Programme Director • Dr Sarah Zadie, Overall Clinical Lead • Dr Steve Waters, Sub-acute Frailty Lead • Dr Kirthi Ramanthan, Stroke Lead • Gerdi Du Toit, Programme Director for Ageing Well	Panel Members/ MSE team
18.45 - 19.00	Confidential Panel Discussion of MSE's Proposals for: • Intermediate Care Beds • Stroke • Sub-Acute Frailty • Overall	Panel Members
19.00 - 19.25	Panel Summary • Key Findings and Recommendations for the 4 key questions	Panel Members/ Dr. Bernard Brett
19.25 - 19.30	Next Steps	Dr. Bernard Brett
19.30	Close	Dr. Bernard Brett

Next steps – information for Clinical Review Panel Members: **1.** A draft report will be sent to the MSE team and Clinical Review Panel Members for a points of accuracy check no later than 19 April 2022, for response by 04 May 2022 **2.** The plan is for the full report to be submitted to Clinical Senate Council on 27 June 2022 to ensure it has met the agreed Terms of Reference and to agree the report. If, in discussion with MSE, the report is required prior to this date, an extraordinary Clinical Senate meeting may be convened. The final report will be issued to the commissioning organisation following the Council Senate Council meeting at which the report is reviewed. The commissioning organisation then becomes the owner of the report.	

KEY LINES OF ENQUIRY

The clinical review panel raised a number of areas for further exploration at its pre-panel call on 29 March 2022. These have been developed into key lines of enquiry (KLOE) for the commissioning organisation to address. The commissioning organisation is invited to address any of these by email prior to the first panel evening to be held on Monday 4 April 2022. Please note, the discussion by the panel will not be restricted to these areas alone.

The KLOE's are:

1. **Overall: Are the emerging options for the future configuration of community inpatient beds likely to result in good patient outcomes and support the flow of patients through the system's beds?**
   - **a) Access & Travel for family, carers and friends**:
     - What scoping of overall supply of transport public services has taken place (e.g. frequency, availability) to factor in potential future changes?
     - How will this work with family engagement in the patient's care?
   - **b) Engagement/feedback:**
     - What engagement with public and patients has been carried out prior to formal consultation?
     - How are MSE going to make it a better service for patients? What measures are being used to evidence this?
     - The panel would like to see more data on outcomes data, specifically in PROMs, PREMs, and SSNAP (accepting some SSNAP is not relevant to the scope of this review).
   - **c) Digital:**
     - The panel would like to see, if available, a projected plan for related digital transformation and sharing of information with all parts of the pathways.
   - **d) Clinical leadership and workforce:**
     - What is the clinical leadership and projected workforce for each of the three proposals?

- What clinical leadership models have been explored and what are the expected opportunities for multi-disciplinary leadership e.g. senior clinical AHP leadership?

e) Hand-off:

- What is the planned future integration back into community services such as primary care and other community teams e.g. DN's, Geriatric Assessment?

f) Future pathways:

- What is the relationship of the proposals to place based care?
- What are the interfaces – is it by geography?

2. Intermediate care beds: Is the clinical model for ageing well and the proposed focus and potential locations of community beds likely to contribute to improving outcomes for patients?

a) Learning from community pilot in Halsted (Care at Home):

- What is the learning from this pilot and what from this learning has been uplifted into the pathway proposals?
- How widespread is this learning envisaged to be across the whole pathways?

b) Pathway development:

- What differentiates the intermediate care pathway from the straight to home pathway?
- What scoping has taken place around integration and use of the voluntary sector?
- How will MSE mitigate the push model?

3. Stroke: Is the proposed introduction of dedicated, ring fenced stroke rehabilitation beds in the community aligned with the current evidence base and likely to improve patient outcomes?

a) Criteria:

- What is the proposed inclusion and exclusion criteria for admission? e.g. Feeding tubes (PEG, NGT)

b) Discharge processes:

- What is the Early Supported Discharge and social care involvement in the pathways?
- Please clarify the content of the rehabilitation pathway in the discharge processes.
- Are there specific pathways for younger patients and if so please elaborate.
- The panel would like further detail on the rehabilitation pathways into the community.

c) Workforce:

- The panel would like to be provided with a more comprehensive staffing model, including medical input for complex care, if available now?
- Is there integration of community and acute staff for stroke?

4. Sub-acute frailty: Is the model that has been developed clinically sound and likely to result in at least comparable outcomes for frail older people, and how might it be further developed over time?

a) The panel would like further information on what services and speciality access to investigations, specialist advice and infrastructure (e.g. oxygen availability, X-ray facilities) will be available to patients in the community inpatient beds?

b) What are the MSE plans to enable and improve on this?

Clinical Review Panel Members		
Name	**Area / Organisation**	**Role / Area of Expertise**
Dr Bernard Brett – Chair	Clinical Senate Chair	
Dr Hazel Stuart – (Pre-Panel Chair)	East of England Senate Council Member	Medical Director, James Paget University Hospitals NHS Foundation Trust
Louise Connolly	Hertfordshire Community NHS Trust	Occupational Therapist specialising in Neurological Rehabilitation, Clinical Quality Lead
Charlotte Dorer	Coventry & Warwickshire Partnership Trust	Associate Director of Allied Health Professionals
Louise Dunthorne	East Suffolk & North Essex NHS Foundation Trust	Senior AHP
Ruth Empson	Cambridgeshire & Peterborough NHS Foundation Trust	East of England (North) Integrated Stroke Delivery Networks Lead Nurse, Coordinator Integrated Stroke Early Supported Discharge & Nero Rehabilitation
Louise Gilbert	Norfolk Community Health & Care NHS Trust	Advanced Specialist Physiotherapist – Early Discharge for Stroke
Christine Hancock		Expert by Experience
Dr Kneale Metcalf	Norfolk & Norwich University Hospitals NHS Foundation Trust	Stroke Consultant & & Clinical Lead, East of England (North) Integrated Stroke Delivery Networks
Dr Stuti Mukherjee	Cambridge and Peterborough CCG	GP, Macmillan GP & Joint Clinical Lead, Cancer
Dr Deyo Okubadejo	North West Anglia NHS Foundation Trust	Consultant Physician in Medicine for Older People & Divisional Director for the Emergency and Medicine Division, Peterborough City Hospital
Tanya Riddlesdell	North West Anglia NHS Foundation Trust	Neurophysiotherapist & Stroke Therapy Lead
In Attendance		
Mary Parfitt	NHS England and NHS Improvement	Interim Head of Clinical Senate
Elizabeth Mabbutt	NHS England and NHS Improvement	Clinical Senate Project Officer
Christina Wise	NHS England and NHS Improvement	Clinical Senate Project Officer

APPENDIX 5: Summary of evidence set provided

Ref	Evidence	Explanation
01	Slide Pack of Evidence	Including: • Summary • Overview & Content • Case for Change • Configuration Scenarios • Improving Outcomes • Workforce • Access • Clinical Engagement & Leadership • Public, Stakeholder & Staff Engagement • Timetable • 5 Data Appendices
02	MSE's response to the Key Lines of Enquiry arising from the pre-panel teleconference held on 29 March 2022	
03	MSE's response to the Themed Questions arising from the first panel session held on 04 April 2022	

End of Report

Appendix 9 - East of England Clinical Senate Report December 2023

East of England Clinical Senate Council

Dr Matt Sweeting (Interim Medical Director), Dr Pete Scolding, chair of the CCTF clinical sub-group, Dr Sarah Zaidi and Dr Gavin Tucker presented to the East of England Clinical Senate on the 5th December 2023 to gain assurance around the clinical engagement, processes and advice to the PCBC.

Feedback from this meeting was received on the 13th December 2023 as follows:

Dear Matt,

Pre-Consultation Business Case (draft v8) for the Future Configuration of Community Inpatient Beds in Mid & South Essex

Many thanks to you and your team for providing comprehensive evidence of the local processes applied to the above-mentioned business case and for joining the Clinical Senate Council meeting via Teams on 5th December, 2023 to answer questions. The Council welcomed the opportunity to support Mid and South Essex ICB by providing an independent view of the Clinical Governance and Assurance Processes followed to date.

I am pleased to formally confirm that the East of England Clinical Senate Council agreed that the Mid and South Essex ICB's Clinical Governance and Assurance Processes were followed for the Pre-Consultation Business Case for the Future Configuration of Community Inpatient Beds.

In addition, the following observations were made at the East of England Clinical Senate Council meeting on 5th December 2023:

1. There needs to be further work on the workforce plan for these proposals.

2. There should be further work on analysing travel times; especially the impact on areas of deprivation and the patient groups already identified as experiencing health inequalities.

3. While there was consultation with the public in forming these proposals, more extensive public consultation and engagement may have been helpful.

4. When doing further patient and public consultation in the future, Mid and South Essex ICB should ensure that enhanced patient involvement and the voice of underserved groups is especially targeted and heard so that a more inclusive and diverse range of feedback is received.

5. Mid and South Essex may wish to consider the recommendations of The British Psychological Society for integrated community stroke services.

6. It was suggested that clearer diagrams that depict how different governance groups relate to each other within the context of this proposal would be helpful.

We hope that the additional feedback regarding the future configuration of Intermediate Care and Stroke Rehabilitation community beds, the location of the freestanding Maternity Led Birthing Unit and the transfer of residual Ambulatory Services from the St Peter's Hospital site, will prove helpful in moving these services forward.
However, should you need any further information or independent clinical advice on the transformation of any other services, please don't hesitate to contact us.

Yours sincerely,
Dr Hazel Stuart
On behalf of Bernard Brett
East of England Clinical Senate Chair

Appendix 10 - Review of proposed plans to relocate the midwife led birthing unit and the proposed impact of relocating ambulatory services from St Peter's Hospital (which include maternity outpatients) from the Regional Chief Midwife

Regional Chief Midwife

A meeting was held on 29th November 2023 with Wendy Matthews OBE, the Regional Chief Midwife, Georgina Stickings, Head of Midwifery and Gynaecology, Dr Pete Scolding, chair of the CCTF clinical sub-group and Ruth Harrison, Moorhouse to discuss the PCBC.

Outcome as emailed by Wendy Matthews:

In principle I am in agreement with the option 2b with the following caveats:

1. The proposed facility that will undertake a range of services (the local Library) can be made fit for purpose as a clinical area including IPC measures.
2. The facility is of sufficient capacity to undertake all the services that are required for maternity services e.g., antenatal clinics, parent session, scanning, phlebotomy.
3. There is adequate parking at the facility for mothers.
4. There is a good working lift.
5. That Georgina and Debbie are happy with the facility.
6. That WJC is kept open at all times except in exceptional circumstances and closure can only be agreed by the Director of Midwifery or executive Team.

I also strongly encouraged you to be more inclusive with a selected service user and also that their voice should be on the decision-making group and not just a separate group. It is so important that the user voice is represented at the highest level.

MID & SOUTH ESSEX COMMUNITY CAPACITY

APPENDIX 11 - INTEGRATED IMPACT ASSESSMENT

Strategy Unit

MID AND SOUTH ESSEX NHS FOUNDATION TRUST

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1. Introduction

A key commitment from Mid & South Essex ICS is to deliver a comprehensive plan for the future configuration of community hospital services across the system. There are three areas being addressed as part of the Decision-Making Business Case- 1) The future location and configuration of community intermediate care and stroke rehabilitation beds across mid and south Essex; 2) The future location of the freestanding midwife-led birthing unit in mid and south Essex; 3) The future of ambulatory care services at St Peter's Hospital, Maldon.

An important component of this process is delivery of an Integrated Impact Assessment of the proposals outlined above. A robust analysis can be found in the accompanying Annex document, including a literature review of over 100 sources of information.

1.1. Why an Integrated Impact Assessment?

An integrated impact assessment supports decision making by evaluating the impact of a proposal, informing public debate and supporting decision makers to meet their Public Equality Sector Duty.

The assessment was achieved by undertaking and combining three different methods reflecting best practice guidance summarised in the methodology section.

In relation to equality, these responsibilities include assessing and considering the potential impact which the proposed service relocation could have on people with characteristics that have been given protection under the Equality Act, especially in relation to their health outcomes and the experiences of patients, communities and the workforce. With reference to health and health inequalities, the responsibilities include assessing and considering the impact on the whole of the population served by the relevant statutory bodies and identifying and addressing factors which would reduce health inequalities, specifically with regard to access and outcomes. The report will also consider the impact to the environment that the proposed changes may have.

1.2. What is included in this Integrated Impact Assessment?

- A full Integrated Health Inequalities and Equality Impact Assessment (IIA) on the proposals prior to the consultation process on the proposed changes.
- Recommendations based on the evidence review conducted as part of the IIA to inform an action plan developed and owned by Mid and South Essex Integrated Care System in relation to the proposed changes.

- Evidence that decision-making arrangements will pay due regard to equalities and inequalities issues and the Brown principles[1].
- Incorporation of the consultation feedback from staff and residents in a revised version of the IIA post the independent Consultation Feedback Report being received.

The assessment uses techniques such as evidenced based research, engagement and impact analysis to understand the impact of change on the population, the impact on groups with protective characteristics and the impact on accessibility and quality of services. The aim of the report is to understand and assess the consequences of change whilst maximising positive impacts and minimising negative impacts of the proposed change.

This IIA is made up of 3 chapters:

- *Equality Impact Assessment*
- *Health inequalities impact assessment*
- *Health impact assessment*

1.3. Applicable Standards and Principles

Key legal principles and guidance recognised and referenced as part of this document are:

Equality

- s.149 - Public Sector Equality Duty (PSED) of the Equality Act 2010.
- Equality and Human Rights Commission's paper (2012).
- Brown Principles.
- The Public Services (Social Value) Act 2012.
- The Autism Act 2009.
- The Children's Act 2004.
- Section 13G/section.14T of the NHS Act 2006*.

Health and health Inequalities

- Amendments to the National Health Service Act.
- The Health and Social Care Act 2012.
- NHS Five Year Forward View and NHS Long Term Plan.
- The NHS Constitution
- The Climate Change Act 2008

1.4. What is the scope of this IIA?

- The current and future patients in Mid and South Essex ICS in relation to the proposed service changes

[1] [1] R. (Brown) v. Secretary of State for Work and Pensions [2008] EWHC 3158 at paras 90-96.

- The population served by Mid and South Essex ICS
- The current workforce in Mid and South Essex ICS

2. Methodology

An **evidence review** of health issues and the risk factors for the specific patient/client groups impacted by the proposed changes as well as the general population. This will ensure all population groups with the potential to be impacted are considered.

Descriptive analysis of the current patient population and health landscape within England. This includes specific emphasis on areas covered by Mid and South Essex. This analysis has been used to establish an understanding of the scale of impact. This ensures the response to the impact is proportional to its scale.

Comparative analysis to assess whether different groups of the patient population and workforce population, namely those that fall under protected characteristics, are disproportionately impacted by the proposed changes. This is done within the context of equality and diversity, health inequalities and population health impact. For each category of assessment, themes are used to assess impact following a description of the effect using evidence and data, whether it was positive or negative and would be difficult to remedy or be irreversible.

Assessing future demand for the service and potential impact upon different groups of the patient and workforce population in the context of equality and diversity, health inequalities and population health impact.

Each impact was prioritised based on:

1. **Probability** of the impact occurring (using a decision matrix combining scale and duration)
2. **Scale** of those impacted
3. **Duration** of the impact e.g., short, medium or long term

3. Proposals

3.1. Community Intermediate Care and Stroke rehabilitation Beds

The Mid and South Essex Integrated Care System, through the Community Capacity Task Force (CCTF) overseeing the work programme, shortlisted four proposed options for community stroke rehabilitation and intermediate care beds following an options appraisal. Information on the rationale for proposed changes is outlined in the Pre-Consultation Business Case and Decision-Making Business Case. There is

an accompanying IIA document including all four options and other ambulatory and freestanding midwife-led birthing unit models which was published alongside the Pre-Consultation Business Case.

Mid and South Essex Integrated Care Board subsequently consulted with the public on two of these options, which were the final options shortlisted by the Community Capacity Task Force Group following scoring and review of all options. These two options are referred to as Options A and Option B in this document. A detailed explanation regarding the process of shortlisting to these two options is outlined in the Pre-Consultation Business Case and Decision-Making Business Case.

	Option A	**Option B**
	IMC/Stroke	IMC/Stroke
St Peters (Maldon)	0/0	0/0
Mountnessing Court (Basildon)	22/0	22/0
CICC (Rochford)	22/0	0/22
Halstead	*20/0*	*20/0*
Mayfield (Thurrock)	*24/0*	*24/0*
Brentwood	0/50	25/25
Total IMC/Stroke	**88/50**	**91/47**
Total Beds	**138**	**138**

3.2. Freestanding Midwife-Led Birthing Unit

The CCTF developed a list of options for the future of the freestanding MLBU. The group considered the option of not having a freestanding midwife-led birthing unit at all, but agreed that the system of health and care in MSE is committed to offering choice in accordance with the guidance provided in 'Better Births: Improving Outcomes for Maternity Services in England – A Five Year Forward View for Maternity Care (2017)' and therefore the decision was made to continue to have a freestanding MLBU in MSE. The group came up with a shortlist of three potential models which were assessed in the original IIA. These were then scored and reviewed by the CCTF and one option was agreed upon. A detailed explanation regarding the process of shortlisting is outlined in the PCBC and DMBC.

Mid and South Essex Integrated Care Board subsequently consulted with the public on the option to relocate the freestanding midwife-led Birthing Unit from St Peter's Hospital to William Julien Courtauld Unit in Braintree.

	Model
	Inpatient WJC/Outpatients in Maldon
Inpatient Activity	William Julien Courtauld Unit, Braintree

Outpatient Activity	To remain in Maldon

3.3. Ambulatory Care Services

The CCTF developed a list of options for the future of ambulatory care services in Maldon. The group came up with a shortlist of three potential models which were assessed in the original IIA. These were reviewed by the CCTF and one option was agreed upon. A detailed explanation regarding the process of shortlisting is outlined in the PCBC and DMBC.

Mid and South Essex Integrated Care Board subsequently consulted with the public on the option to relocate all ambulatory care services from St Peter's Hospital to alternative locations in and around the Maldon district.

Outpatients and Diagnostic ambitions to stay in Maldon	Locate services in alternative premises in and around the Maldon district and lease suitable premises where patients are best served by services remaining local. This will require some distribution of services, and it might require some services to be co-located elsewhere for clinical reasons, where patients will benefit Locate services in alternative premises in and around the Maldon district and lease suitable premises where patients are best served by services remaining local. This will require some distribution of services, and it might require some services to be co-located elsewhere for clinical reasons, where patients will benefit

4. Assessment of Impacts

Using the methodology list above, this report outlines the potential positive and adverse impacts possible in relation to the proposals, informed by literature review, consideration of scale of the impact and feedback from residents and staff. The impacts are broken down below into positive and adverse impacts and evidence-based recommendations.

4.1. Positive Impacts

4.1.1. Community Intermediate Care and Stroke Beds

- The proposed changes to community hospital beds would allow for stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs as required.
- For stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in a community-bedded setting both reduces risks

associated with acute care (e.g., hospital-acquired infection etc), and provides access to dedicated rehabilitation care, optimising patient outcomes.

- By improving the intermediate care offer and increasing stroke capacity in the community, the population of mid and south Essex (MSE) will have access to optimised community care which will keep care closer to home for patients and improve facilities, training for staff and rehabilitation opportunity following a stroke.
- By ensuring the MSE population has access to the number of community inpatient beds that will best serve its needs, it can support patients that require the services to recover as close to home as possible.
- Both Option A and Option B ensure intermediate care bed numbers remain consistent with existing demand and keep an intermediate presence across the MSE footprint, whilst accommodating the stroke expansion which is important to meet the future demands of the population.
- Both options propose dedicated intermediate care facilities across 4 community hospital sites in MSE. Dedicated intermediate care will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation.
- Both options offer dedicated stroke rehabilitation care options- at Brentwood Community Hospital only for Option A or Brentwood Community Hospital and Cumberlege Intermediate Care Centre (CICC), in Rochford, for Option B. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation.
- Whilst both options may increase travel for some patients and visitors, for others they will reduce travel times.

4.1.2. Freestanding Midwife-Led Birthing Unit

- The freestanding midwife led maternity unit proposal proposes permanently relocating inpatient activity to William Julien Courtauld (WJC) in Braintree. This will mean maintaining choice in maternity services for patients across MSE by continuing to deliver a freestanding midwife-led birthing unit.
- At WJC, patients will have access to better, more modern facilities which are consistently open and available, and therefore more reliable.
- The proposal would keep prenatal and postnatal outpatient services local in Maldon. therefore ‘closer to home’, reducing the need for patients to travel for their outpatient care.

4.1.3. Ambulatory Care Services (Outpatients and Diagnostics)

The MSEICB consulted on the proposal to relocate ambulatory care services from St Peter’s Hospital and asked for people’s views on this. There was a commitment made in the consultation to keep outpatients and diagnostics in Maldon locally wherever possible to do so.

- If outpatient and diagnostics were located locally in built up areas of Maldon, transport links may be improved which could make travel cheaper and easier for patients.
- If services were available in areas of Maldon that were possible to reach via public transport, some carers may find this easier as patients may be able to

get to appointments alone and patients may have a greater independence due to this.

- Those with Mental Health conditions may have mixed responses to the proposed changes. Some patients may prefer a more familiar and less clinical environment that could be provided by local Maldon locations.
- District nurses and early supported discharge working in an integrated way in Maldon could impact all patient's pathways positively, allowing for an integrated approach to discharge and support at home.
- Having improved facilities for musculoskeletal conditions could support optimised rehabilitation.

4.1.4. Environmental Impacts

- **Boosting Local Economy and Assets:** By providing outpatient services in Maldon, local shops may see the benefit of an increased population of customers which could help to sustain local businesses.
- **Healthy travel:** If outpatient services are provided in built up areas of Maldon, these are likely more accessible to people without cars offer a chance to promote other sustainable forms of travel. Low traffic neighbourhoods have shown to increase life expectancy. By increasing outpatient and diagnostics locally in Maldon with the potential for increased public transport use, these benefits may be realised.
- **Reducing Carbon Emissions:** The proposed changes to St Peter's Hospital could also reduce Mid and South Essex's carbon footprint as the building was originally built in 1872 and, despite improvement works being carried out since, does not efficiently use energy due to its vast size and likely it is difficult to isolate effectively. St. Peters uses 361.58 tonnes of CO2e emissions for electricity, 304.89 CO2e emissions for Gas and 6.33 tonnes of CO2e emissions for water, equating to 672.80 CO2e emissions per year (based on last year's consumption). It is not possible to isolate areas of St. Peters based on carbon emission usage to quantify the reduction on carbon emissions of closing areas within the site.
- **Local Community & Culture:** The proposed model for outpatients and diagnostics could use local amenities to boost pride in the local community. The difficulty will be to sustain this if patients are not from the area, however, the majority do live near Maldon so this impact still could be seen.
- The proposals for the future locations of community inpatient beds and the freestanding midwife led birthing unit are in more modern estate than St Peter's Hospital, which are more energy efficient.
- The use of existing estate available in mid and south Essex for community inpatient bed services and the freestanding midwife led birthing unit means we are making best use of available estate and not building new units which is better for carbon emissions. While new buildings can be designed for energy

efficiency, the initial carbon footprint from materials and construction is substantial. Using existing buildings minimises this impact by repurposing existing structures and infrastructure.

4.1.5. Public and staff engagement

Mid and South Essex Integrated Care Board ran a consultation between January and April 2024 to seek views on the future location and configuration of community inpatient beds and the future location of the freestanding midwife-led birthing unit and to seek views on the future of other services currently provided at St Peter's Hospital in Maldon. There were 5,544 survey responses, 10 public events and a formal hearing, targeted focus groups and VCSO focus groups, wide reaching multimedia campaigns and over 400 attendees at staff meetings.

Feedback from the consultation suggested that just 5% of respondents had a preference for Option A and 18% for Option B. 78% of respondents preferred neither option.

Staff responses suggested 16% preferred Option A and 53% preferred Option B, 31% preferred neither option.

Supporters recognised the proposed options for having one or two specialist stroke rehabilitation facility, more beds, adequate staff, and facilities at Brentwood Hospital and CICC, and acknowledged St Peter's Hospital as not fit for purpose. Supporters also felt the new proposals improved access with more local care, reduced travel time for visitors, and that Option B was better for Brentwood residents with a mix of stroke rehabilitation and IMC beds. Option B was seen as a better solution or compromise.

With regards to maternity models, the consultation asked the public and staff what they thought of 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. 3% supported the option, because they felt WJC was newer with fit for purpose facilities and staffed at all times and that St. Peters was not fit for purpose and was financially constrained. The proximity of WJC to Broomfield hospital in the event of complications, the potential to improve outcomes and previous negative experiences at St. Peters were some of the reasons for support.

4.2. Adverse Impacts

4.2.1. Community Intermediate Care and Stroke Beds

- Reducing intermediate care community inpatient bed capacity from the capacity previously available (prior to temporary changes in October 2023) could have positive impacts long term as more patients will move to appropriate pathways, including home based care. Only those who need to

be in inpatient intermediate care beds will be. This, however, could have short term implications whilst the infrastructure is being put in place to ensure patients are on the right pathway.

- For patients who could receive care at home rather than in community intermediate care beds, this could put more responsibility on carers which could result in anxiety or fatigue. The Virtual Hospital model offers support to carers and relatives including training when needed and regular visits or support in line with patient need.
- Increased opportunity for patients to be treated at home improves patient outcomes but relies on appropriate infrastructure being in place.
- Patients and carers from Maldon could experience increased travel times as no proposals include St. Peters Hospital.

4.2.2. Freestanding Midwife-Led Birthing Unit

- Some patients may live closer to St Peter's Hospital than WJC, Braintree, and travelling further for birthing services could result in additional travel time and associated costs. This could impact patients with disabilities, living in deprived areas, or those who are reliant on carers for transport for example. On average, however, the average journey time for patients overall is similar and maternity outpatient appointments will remain in Maldon.

4.2.3. Ambulatory Care Services (Outpatients and Diagnostics)

- If outpatient services are moved across multiple locations within the Maldon district, then patients could find travel to these different locations difficult. Cohorts who may find this challenging are those who have difficulty with mobility or a disability, those who rely on public transport, those with mental health conditions and carers or unpaid carers.
- Ophthalmology and audiology patients may experience some sensory impairment which could mean they may find attending an appointment in a new setting more challenging or less comfortable.
- Those with a disability or any other conditions which could impact mobility, for example, musculoskeletal conditions or obesity, may find travel in local areas more difficult as parking may be more difficult, and this may require more walking from local car parks.
- Some patients, particularly those with multi-morbidities, may find it difficult to keep track of where their appointment is if they attend multiple locations.
- Some carers may find travel easier, and others may find travel more difficult based on these proposed changes. It is important to note that, as not all patients who currently attend appointments at St Peter's Hospital live in Maldon, travelling to new locations in Maldon may be more difficult, for example, parking or because more walking is required.
- Those with Mental Health conditions may have mixed responses to the proposed changes. Some patients may feel anxious about new locations.

4.2.4. Environmental Impacts

Carbon Emissions: Increase in travel times and mileage as suggested in the Travel analysis could result in increased air pollution from traffic across MSE. A localised

example of this would be Maldon. Only 40% of patients who would attend St. Peters live in Maldon. Therefore, by creating spaces in Maldon for outpatient services, this may generate more pollution and traffic in the centre of Maldon as many may continue to drive. Another example of increased air pollution through increased journey time and mileage is the journey to the Braintree Midwifery Led Birthing Unit rather than St. Peters.

Parking Challenges: By providing outpatient services in local areas, this could create a pressure on local car parks that are not equipped to deal with an increase in demand that may be generated.

4.2.5. Public and staff engagement

Feedback from the consultation suggested that just 5% of respondents had a preference for Option A and 18% for Option B. 78% of respondents preferred neither option.

Staff responses suggested 16% preferred Option A and 53% preferred Option B, 31% preferred neither option.

Objectors had concerns about access difficulties for family members and the impact this would have on patients due to lack of support network, staff travel issues, loss of IMC beds for Brentwood or Rochford residents, significant staff changes, and implications of centralised services. There were also concerns identified about the capacity of community services to support patients without IMC beds at CICC, and the level of therapy input needed given current vacancies in Occupational Therapy.

With regards to maternity models, the consultation asked the public and staff what they thought of 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. 94% felt this was a poor or very poor option. Reasons for objection were around travel and transport, loss of provision at St. Peters Hospital, increasing demand through an increasing population and concern about capacity at WJC and other maternity units.

With regards to ambulatory care services 92% of people felt it was a bad or very bad idea to move services from St. Peters to other locations. 81% of staff also felt this was a bad or very bad idea. Reasons for objection were around travel and transport, loss of provision at St. Peters Hospital, increasing demand through an increasing and ageing population and the value of St. Peters Hospital in the local community, as well as increased pressure on other services.

5. Travel Analysis

As part of the pre-consultation business case and IIA process a comprehensive travel analysis was undertaken.

Community Inpatient Beds

- 50% of patients and/or visitors travelling by car to Brentwood Community Hospital for stroke rehabilitation facilities and 68.4% travelling by public transport would experience increased car journeys on a weekday compared to travelling to St Peter's Hospital. 50% of people by car and 75.4% of people by public transport would see increases at the weekend. For those who experience an increase in journey times, this would be an 18-minute increase by car and a 31-minute increase by public transport on weekdays and a 17-minute increase by car and a 51-minute increase by public transport on the weekends.
- On average, it takes 45 minutes to travel from CICC to Brentwood Community Hospital on a weekday and 40 minutes on a weekend by car and 55 minutes by public transport on a weekday and 57 minutes by public transport on a weekend. There is no patient data set for CICC as patients may be placed in any of the intermediate care bed facilities across mid and south Essex dependent on bed availability (although proximity to patient's usual place of residence is always considered, as well as patient choice where a choice of available beds exists). There is no significant variation in travel between the two sites during the week and at the weekend, for either travel by car or by public transport.

Freestanding Midwife Led Birthing Unit

- 61.3% of maternity patients travelling by car and 61.8% of maternity patients travelling by public transport would experience increased car journeys to Braintree on a weekday compared to travelling to St Peter's Hospital. This increases to 77.9% of people by car and 77.5% of people by public transport at the weekend. For those who experience an increase in journey times, this is a 14-minute increase by car and a 26-minute increase by public transport on weekdays and a 12-minute increase by car and a 29-minute increase by public transport on the weekends.

Ambulatory Care Services

- Across MSE, 10.1% of residents live in the 20% most deprived neighbourhoods. This is approximately just over 120,000 people. When looking at those who attend outpatient and diagnostic clinics at St Peter's Hospital, approximately 0.5% live in the 20% most deprived, followed by 14% in the second quintile. This equates to 2,823 patients living in deprivation in some way, either in the first or second quintile. Therefore, it is important to consider the impacts of travel to patients in deprivation and ensure considerations around cost of travel and parking are made.

Whilst it is recognised that there will be an impact on travel for some residents across MSE if the proposals within the decision-making business case are supported the number of people likely to be impacted by the proposed changes is relatively small. For community intermediate care and stroke rehabilitation beds, annually around 2080 people- 0.17% of the population in mid and south Essex, end up needing a stay in a community intermediate care bed, and 500 people- 0.04% of the population in mid and south Essex, end up needing a stay in a community stoke rehabilitation bed.

For the majority of patients needing a community intermediate care or stroke rehabilitation bed, they would be transported from the acute hospital where they are receiving their care to the community hospital by patient transport services. Those who are eligible would also receive patient transport on discharge home. For those who are not eligible for patient transport there are community transport options available for patients.

For some residents in mid and south Essex, proposed future locations for community beds will make travel easier and will reduce travel times.

Access for patients, relatives and carers is an important aspect when considering equality, but Mid and South Essex Integrated Care System (MSEICS) is not in a position to enable equal geographical access for all since it is not proposing, nor has the finance to build and operate new community hospitals or freestanding birthing units, and therefore proposals are based on best use of existing premises which are themselves not distributed evenly throughout mid and south Essex.

The challenges of potentially increased travel times for some residents need to be balanced against the benefits of better estate, more robust staffing and therefore better outcomes for patients through ensuring they receive the highest quality care, with access to specialist teams and facilities that can deliver better health outcomes.

For community stroke rehabilitation beds, the clinical requirement is that the beds are concentrated, thereby concentrating expertise to ensure that the best outcomes for patients are achieved. If this were not done, another inequality would be created by offering sub-optimal stroke rehabilitation services.

6. Evidence Based Recommendations

The recommendations below have been formed following a review of all the information and evidence gathered and analysed for the IIA and also take into consideration feedback on the proposals from the public consultation.

Patients

1. Ensure there is clear documentation regarding travel advice, routes and parking availability for patients and staff including working with local partner organisations, such as local authorities, to explore how patients can be supported if they have travel difficulties.
2. Provide clear guidance around the stroke, intermediate care, maternity and outpatient provision that will be available and how this meets the needs of the

growing population locally in areas where services are proposed to be removed e.g. Maldon

3. Provide clear guidance around the intermediate offer for patients, including the rehabilitation offer.
4. Consider moving outpatient appointments to virtual appointments where appropriate and consider virtual wards where possible to save on unnecessary travel for patients. It is important to consider areas of digital exclusion as part of this.
5. Provide clear plans around waiting lists and if any of the proposed changes will impact on waiting list length and any mitigations to this.
6. Assess the environmental impacts of the proposed changes to understand if this will impact pollution in the area and if there are any ways this can be mitigated.
7. Consider patients with mobility and sensory conditions, such as, musculoskeletal conditions, ophthalmology and audiology patients to understand their needs with regards to travel and the impact of navigating a new setting.
8. It is recommended to consider where services will be best co-located to reduce patient travel and ensure that facilities (e.g., X-Ray) are accessible and comfortable for patients.

Staff

9. Provide documentation to staff around travel routes and alternative transport options, including any programmes that support staff to travel to work and park in the local area.

Services

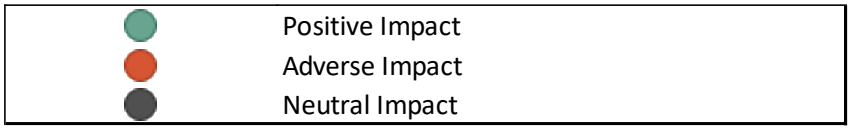
10. It is recommended to work with organisations such as Dementia Services, falls services etc to ensure services are designed appropriately.
11. It is recommended to work with mental health services and carers/ unpaid carers and/or services who support carers to understand the impact of travelling to a different location for IMC or Stroke community inpatient beds 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.
12. It is recommended to work with local authorities to understand transport links offered to locations which may be used for outpatient appointments previously at St. Peters. This can be provided to patients who may be reliant on public transport to reach appointments.
13. It is recommended to consider those who live alone or those who have home based services such as virtual wards to understand the impact of the proposed

models on patients who do not have additional support at home when designing new services.

14. It is recommended to work with the pregnancy diabetes services and other complex conditions during pregnancy to understand how patients will be impacted by the proposed changes and ensure services are designed appropriately.
15. It is recommended to explore if parking will be more limited and the cost, if any, to park needs to be considered.
16. It is recommended the ICB continues to work closely with all providers across community hospital sites to ensure they are delivering against the Mid and South Essex Integrated Care System's Green Plan.

7. Assessment of Impacts

As part of the IIA an assessment has been undertaken to review whether different groups of the patient population and workforce population, namely those that fall under protected characteristics, are disproportionately impacted by the proposed changes. This is done within the context of equality and diversity, health inequalities and population health impact. For each category of assessment, themes are used to assess impact and whether it was positive, negative or neutral. An overview of this assessment is set out below.



7.1. Community Intermediate Care and Stroke Rehabilitation Beds

		Option A	Option B
Equality Impact Analysis	Age		
	Disability		
	Sex		
	Pregnancy & Maternity	Separate Deep Dive	
	Martial Status		
	Race		
	Sexual orientation		
	Religion or Belief		
	Gender reassignment		
Health Inequalities Analysis	Deprivation		
	Carers and Unpaid Carers		
	Homelessness		
	Mental Health		
	Substance Misuse		
	Gypsy, Roma and Traveller communities		
Health Impact Assessment	Dementia		
	Falls		
	Stroke		
	Frailty		

7.2. Freestanding Midwife-Led Birthing Unit

		Inpatient WJC Outpatient Maldon Hub
Equality Impact Analysis	Age	
	Disability	
	Sex	
	Pregnancy & Maternity	
	Martial Status	
	Race	
	Sexual orientation	
	Religion or Belief	
	Gender reassignment	
Health Inequalities Analysis	Deprivation	
	Carers and Unpaid Carers	
	Homelessness	
	Mental Health	
	Substance Misuse	
	Obesity	
	Gypsy, Roma and Traveller communities	
Health Impact Assessment	Diabetes	

7.3. Ambulatory Care Services

		1. Midwife episodes & Obstetrics, gynaecology, Glucose testing, paediatrics and SLT within Maldon, with midwife and neonatal in WJC	2. Phlebotomy, District Nurses, ESD and Cherry tree at Maldon	3. MSK, Physiotherapy & AHP at Maldon	4. All other outpatient services potentially located in Maldon or where clinically appropiate
Equality Impact Analysis	Age				
	Disability				
	Sex				
	Pregnancy & Maternity				
	Marital Status				
	Race				
	Sexual orientation				
	Religion or Belief				
	Gender reassignment				
Health Inequalities Analysis	Deprivation				
	Carers and Unpaid Carers				
	Homelessness				
	Mental Health				
	Substance Misuse				
	Obesity				
	Gypsy, Roma and Traveller communities				
Health Impact Assessment (only for options which impact conditions directly)	Ophthalmology				
	Musculoskeletal conditions				
	Neurology				
	Dermatology				

8. Next Steps

All recommendations are shared with the Community Capacity Programme Board and associated Subgroups (these are the groups responsible for overseeing and delivering the work programme). Proposed mitigating actions have been included within the Decision-Making Business Case and will be part of the implementation of the proposed changes once the Mid and South Essex Integrated Care Board has made a final decision through the decision-making business case process.

MID AND SOUTH ESSEX COMMUNITY CAPACITY INTEGRATED IMPACT ASSESSMENT

ANNEX

Strategy Unit

MID AND SOUTH ESSEX NHS FOUNDATION TRUST

Annex: Integrated Impact Assessment

A key commitment from Mid & South Essex ICS is to deliver a comprehensive plan for the future configuration of community hospital services across the system. There are three areas being addressed as part of the Decision-Making Business Case- 1) The future location and configuration of community intermediate care and stroke rehabilitation beds across mid and south Essex; 2) The future location of the freestanding midwife-led birthing unit in mid and south Essex; 3) The future of ambulatory care services at St Peter's Hospital, Maldon.

This document contains all analysis conducted to determine the impacts of each proposed change.

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1. Equality Impact Analysis

Public bodies have a legal duty to eliminate unlawful discrimination, to advance equality of opportunity and to have particular regard to the impact of potential service changes on defined segments of the population – known as those with 'protected characteristics'. The main protected characteristics defined in legislation and national guidance are:

1. Age
2. Disability
3. Sex
4. Pregnancy & Maternity
5. Marital status or Civil Partnership
6. Ethnicity
7. Sexual orientation
8. Religion or Belief
9. Gender reassignment

1.1. Catchment Area

Mid and South Essex covers 9 districts and boroughs: Basildon, Braintree, Brentwood, Castle Point, City of Chelmsford, Maldon, Rochford, Southend-on-Sea (also referred to as Southend) and Thurrock. This report will use this geography for analysing prevalence within the population to supplement analysis of specific patient cohorts identified through community and hospital data.

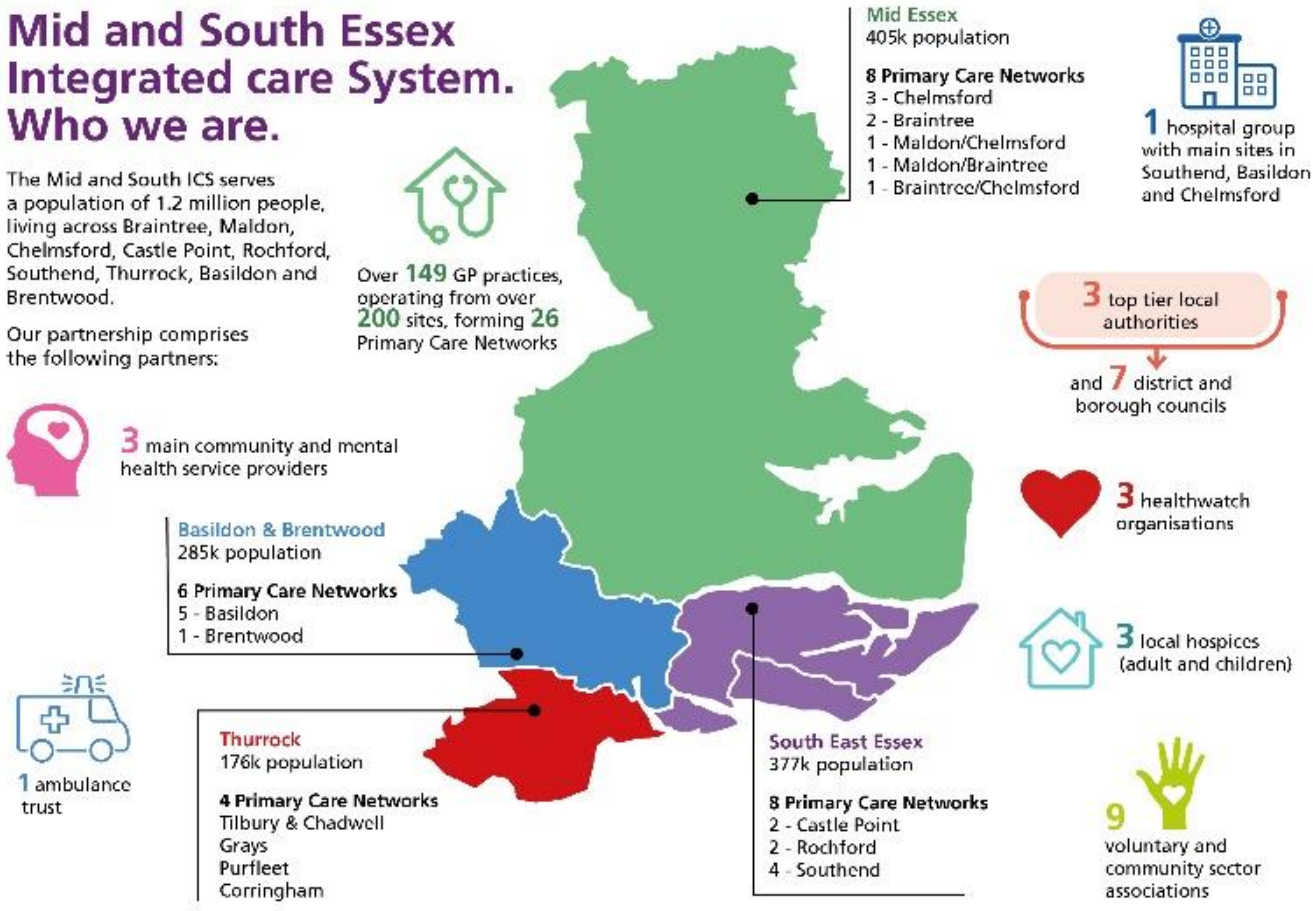


Figure 1 Map of the Mid and South Essex Boundaries (Source: Joint Forward Plan - Mid and South Essex Integrated Care System)

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1.2. Age

1.2.1. Community Inpatient beds

The information below relates predominantly to the over 65 age group as this is the age group most likely to use a community intermediate care bed or stroke rehabilitation bed.

The age of an individual, combined with additional factors including other 'protected characteristics' may affect their health and social care needs. Individuals may also experience discrimination and inequalities because of their age. Analysis of the 2008 European Social Survey in 2012 found that age discrimination was the most common form of prejudice experienced in the UK, affecting both younger and older people, with 28% of respondents saying they had experienced prejudice based on age[1].

Literature Review

The strongest risk factor (of frailty) is age, and prevalence clearly rises with age[2].

NHS England's national audit of intermediate care 2018 found the median age of patients in bedded intermediate care was 82 years old. 93% saw improvements or maintained their dependency level[3].

38% of people suffering strokes are middle aged (40-69) – up from 33% a decade ago. The average age for a woman suffering a stroke has dropped from 75 to 73 and for men it has dropped from 71 to 68[4].

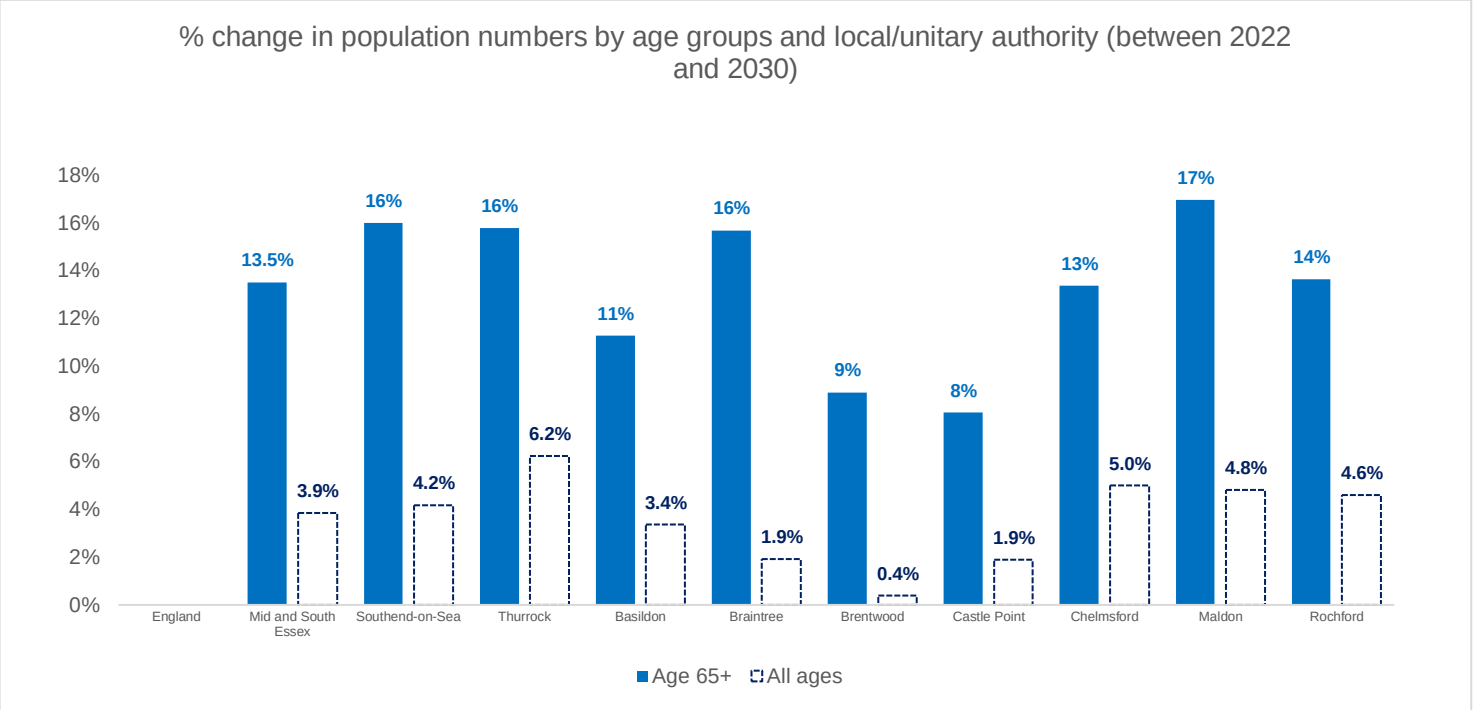
In England the proportion of people aged 65 and over is projected to increase from 18.2% to 20.7% of the total population between mid-2018 and mid-2028.[5] For Mid and South Essex's population, the proportion of over 65-year-olds will increase from 20% in 2022 to 22% of the total population by 2030, meaning an additional 32,561 people over the age of 65.

	Age 0-19				Age 20-64				Age 65+			
	2022		2030		2022		2030		2022		2030	
	No. of people	*% of total pop.*	*No. of people*	*% of total pop.*	*No. of people*	*% of total pop.*	*No. of people*	*% of total pop.*	*No. of people*	*% of total pop.*	*No. of people*	*% of total pop.*
Mid and South Essex	**289,963**	24%	**293,708**	23%	**685,971**	56%	**696,555**	55%	**241,009**	20%	**273,570**	**22%**
Southend-on-Sea	44,268	24%	44,284	23%	106,279	57%	108,218	55%	36,665	20%	42,523	**22%**
Thurrock	50,223	28%	51,862	27%	105,285	58%	110,983	58%	24,892	14%	28,818	**15%**
Basildon	48,285	25%	49,426	25%	108,621	57%	110,151	56%	33,033	17%	36,756	**19%**
Braintree	35,142	23%	33,839	22%	85,346	56%	84,461	54%	32,778	21%	37,915	**24%**
Brentwood	17,618	23%	17,564	23%	42,973	56%	41,930	55%	15,742	21%	17,142	**22%**
Castle Point	19,398	21%	19,800	21%	48,041	53%	47,464	51%	23,535	26%	25,429	**27%**
Chelmsford	42,642	23%	43,825	23%	104,666	57%	107,841	56%	35,866	20%	40,658	**21%**
Maldon	13,338	20%	13,641	20%	35,477	54%	35,414	51%	17,404	26%	20,357	**29%**

[1] https://www.europeansocialsurvey.org/docs/findings/ESS4_gb_toplines_experiences_and_expressions_of_ageism.pdf
[2] https://www.bgs.org.uk/resources/introduction-to-frailty
[3] https://www.careengland.org.uk/sites/careengland/files/NAIC%202018findings%20FINAL.pdf
[4] https://www.bhf.org.uk/what-we-do/news-from-the-bhf/news-archive/2018/february/average-age-of-stroke-victims-is-getting-younger-according-to-new-figures-released-today-by-phe
[5] Office for National Statistics, Table 2: 2018-based subnational principal population projections for local authorities and higher administrative areas in England, 2020

Rochford	19,049	21%	19,467	21%	49,283	55%	50,094	54%	21,094	24%	23,973	**26%**

Table 1 ONS Subnational Population Estimates and Projections for England 2022 to 2030[6]



Local Community Hospital data below indicates the proportion of patients impacted by the proposed moves who are over the age of 65.

Protected Characteristics	Mid & South Essex	St Peters	Mountnessing Court	CICC	Brentwood
Age (65+)	20%	78%	96%	84%	93%

1.2.2. Freestanding midwife-led birthing unit (pregnancy and maternity)

Highest stillbirth rates affect those that are over 35. 23% of those patients who give birth in MSE are 35+. Over the past 2 years there has been an increase in mothers aged 25-30 and a reduction in those under 25. This means that patients are increasingly more likely to be over 25 and those vulnerable to adverse outcomes are over 35.

1.2.3. Ambulatory Care Services

The age range of outpatients is mixed, 13% are between 0-9 (6% of which are under 1) attending maternity-based outpatient clinics or paediatric clinics. 46% are 20-39 attending a range of outpatient clinics and 24% are over 65. A significant proportion of patients over 65 attend ophthalmology, audiology and nephrology appointments most commonly.

The impacts of moving outpatient services to local assets within Maldon will be mixed based on the patient cohort. Some patients will find services more accessible, closer to public transport routes and more familiar. Others may find the locations further away if they live nearer St. Peters, they may find the locations busier and more difficult to navigate or park close by. Those, most commonly over 65, who

[6] Office for National Statistics, Table 2: 2018-based subnational principal population projections for local authorities and higher administrative areas in England, 2020

attend clinics for ophthalmology and audiology may experience sensory impairment challenges which may be challenging in busy, high-street settings.

1.3. Disability

1.3.1. Community Inpatient Beds

Learning disabilities and physical disabilities have both been considered under this category. Office for National Statistics' data[7] indicates that 42% of adults aged 66 and over have a disability, compared to 21% of working age adults in the UK. In the East of England approximately 1.4 million people have some kind of disability, with nearly half (46%) of disabled people having issues with mobility. Other common disabilities were Stamina/breathing/fatigue, dexterity and mental health. However, for those over the age of 65, although some overlap, hearing loss was another common disability.

Literature Review

Stroke is a leading cause of disability, with almost two thirds of survivors leaving hospital with a disability. The range of disabilities is greater than for any other condition and includes limb weakness, visual problems, and language and communication problems. Extreme fatigue is also a common side effect, and depression and anxiety are common. Two-thirds of working-age survivors are unable to return to work[8].

Physical frailty, even being prefrail, has a strong impact on the risk of future disability. Some components of frailty, such as slowness, weakness and weight loss, are strongly associated with incident disability in community-dwelling older adults[9].

Learning Disabilities: 5% of state age pensioners are reported to have a learning disability. For the MSE region, this would equate to 11,260 adults over 65 years old.

Disabilities: According to the 2011 Census, 16.7% of Mid and South Essex residents reported having a long-term limiting health problem or disability, equating to over 180,000 people.

Sensory Impairment: A sensory impairment is something that affects your hearing, vision or both your hearing and vision. **There are approximately** 50,120 people living with sight loss in Essex, a further 155,000 people in Essex with a moderate or severe hearing impairment, and 3,500 who are profoundly deaf [10].

[7] DWP Family Resources Survey 2020/21: Disability, Office for National Statistics, Mar 2022
[8] https://www.brainresearchuk.org.uk/neurological-conditions/stroke
[9] Makizako H, Shimada H, Doi T, et al Impact of physical frailty on disability in community-dwelling older adults: a prospective cohort studyBMJ Open 2015;5:e008462. doi: 10.1136/bmjopen-2015-008462
[10] Types Of Sensory Loss | ECL, ECL Sensory Services, 2017

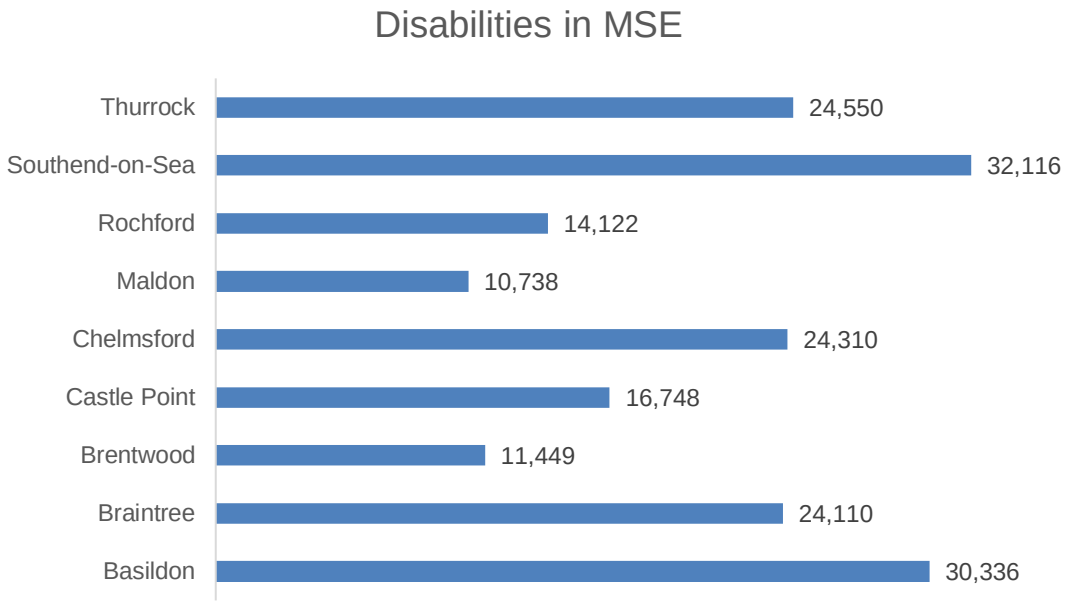


Figure 2 A chart to show the number of people with disabilities across MSE[11]

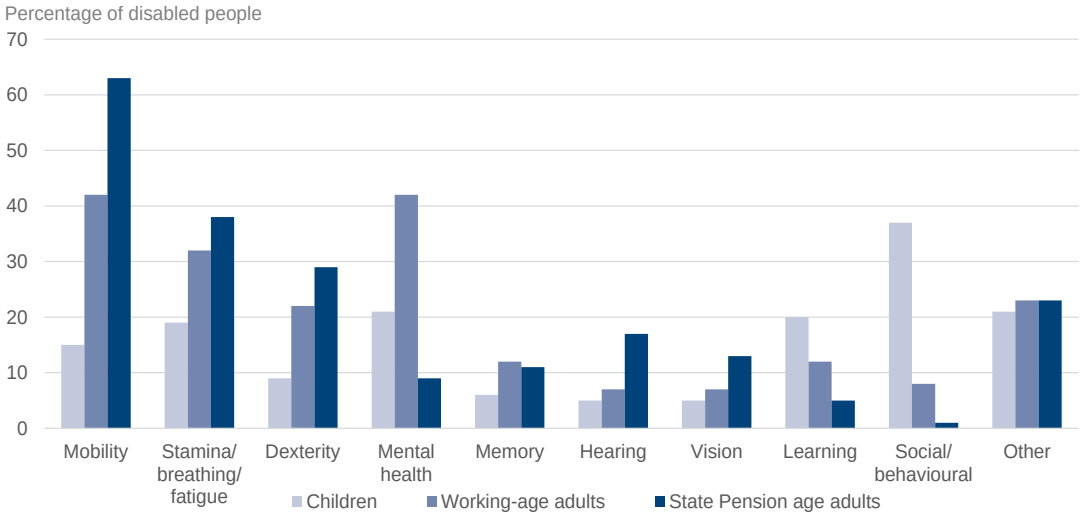


Figure 3 Impairment types reported by disabled people, by age group, 2020/21, United Kingdom[12]

1.3.2. Freestanding midwife-led birthing unit (pregnancy and maternity)

If the freestanding midwife led birthing unit is moved from St Peter's Hospital to William Julien Courtauld Unit, then patients could find travel to this different location difficult. Particularly if they have difficulty with mobility or rely on public transport. Maternity outpatient appointments will remain in Maldon.

[11] Office for National Statistics (2012) 2011 Census: Health and provision of unpaid care, local authorities in England and Wales
[12] Family Resources Survey: financial year 2020 to 2021 - GOV.UK (www.gov.uk)

1.3.3. Ambulatory Care Services

Outpatient services are moved across multiple settings, then patients could find travel to these different locations difficult. Particularly if they have difficulty with mobility or rely on public transport. Some of the proposed locations may, however, have better transport links compared to St. Peters. There would also be a need to ensure easy read communication is available to explain changes to outpatient services, the new environment and support for patients to keep track of where their appointments are. Patients with multi-morbidities may need to attend multiple locations for diagnostics and clinics.

1.4. Sex

1.4.1. Community Inpatient Beds

The sex of an individual, combined with additional factors, may affect their health and social care needs. Individuals may also experience discrimination and inequalities because of their sex. A report by the European Social Survey found 24% of respondents had experienced prejudice based on their sex.

National Literature

There is an effect of gender on frailty where the prevalence in community dwelling older people is usually higher in women. For example, a UK study from 2010 using the phenotype approach to defining frailty found a prevalence of 8.5 per cent in women and 4.1 per cent in men aged 65 –74[13].

Women tend to have strokes later in life than men. But overall, more women die of stroke than men. This is probably because women live longer than men and tend to have strokes when they are older. Women can have the same types of stroke as men, caused by a clot or a bleed in the brain. But there is another rare type of stroke which is more common in women, known as cerebral venous thrombosis (CVT).[14] [15]

Across MSE, there are slightly fewer males compared to females, with 51% of the population being female and the remaining 49% male. This sex split is likely to stay the same between now and 2030. There is little variation between specific authority areas within MSE.

When we break this down into age groups, there is a greater proportion of females in the 65+ groups compared to the MSE average, with 55% of this group being female.

[13] https://www.bgs.org.uk/resources/introduction-to-frailty
[14] https://www.stroke.org.uk/what-is-stroke/are-you-at-risk-of-stroke/women-and-stroke#:~:text=Women%20tend%20to%20have%20strokes,strokes%20when%20they%20are%20older.
[15] https://www.ninds.nih.gov/health-information/disorders/stroke#toc-who-is-more-likely-to-have-a-stroke-

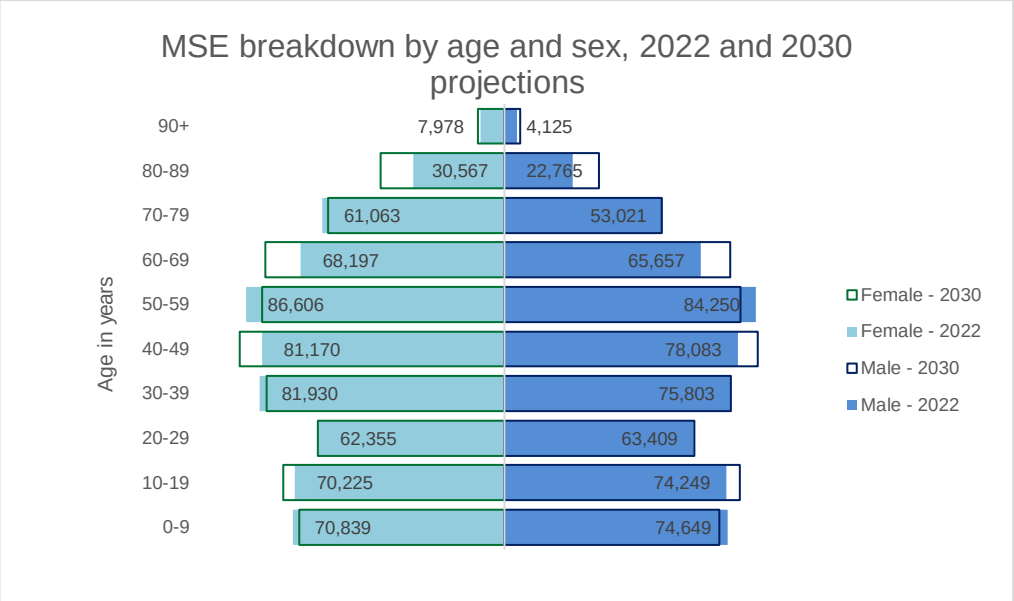


Figure 4 A chart to show MSE population estimates and projections by age and sex

Local Community Hospital data below indicates the proportion of patients impacted by the proposed moves by Sex.

Protected Characteristics	Mid & South Essex	St Peters	Mountnessing Court	CICC	Brentwood
Sex (M:F)	51%: 49%	53%: 47%	24%: 76%	51%: 49%	75%: 25%

1.4.2. Freestanding midwife-led birthing unit

Maternity and pregnancy will impact women most, however, family and friends who support the birthing person will also be impacted by proposed changes.

1.4.3. Ambulatory Care Services

The proportion of females using ambulatory care services at St Peter's Hospital overall is slightly higher than males at 54%. This is likely because some of the outpatient clinics from St. Peters are maternity based. Females will be most impacted by the move of gynaecology (100%), rheumatology (73%), obstetrics and maternity clinics (100%). They may also need to travel to both Braintree hospital and local services in Maldon for appointments related to obstetrics. The majority of nephrology (62%) and thoracic medicine (57%) are male patients and therefore they will be most impacted by the move of these clinics.

1.5. Pregnancy & Maternity

1.5.1. Community Inpatient Beds

The Equality Act protects women who are pregnant, have given birth in the last 26 weeks (non-work context) or are on maternity leave (work context) against discrimination in relation to their pregnancy.

ONS reports that there was a total of 780,013 conceptions in England in 2020[16], at a rate of 73.7 conceptions per 1,000 women in the age group. However, in Mid and South Essex conception rates are slightly higher than the national average.

Literature Review

A meta-analysis reported an incidence of 30 strokes per 100,000 deliveries among all pregnancies[17]. The incidence of Pregnancy Associated Stroke (PAS) varies depending on gestational age, with the greatest risk observed during the third trimester, delivery and the early postpartum period[18] [19]. The latest studies indicate an increase in the PAS incidence, primarily as a result of an increase in hypertensive disorders of pregnancy and cardiac disease in pregnant women [20] [21].

Research suggests patients are more likely to be over the age of 65 (see age section) and therefore pregnancy is unlikely to be a factor for patients within the scope of this IIA for Stroke and IMC changes.

There were 12,549 live births in MSE in 2020 and 12,391 maternities (where a maternity is a pregnancy resulting in the birth of one or more children, including stillbirths)[22]. Table 2 shows the age of mothers at the delivery of their baby in five-year age bands[23]. The highest proportion of deliveries were to women aged 30 to 34 continuing the trend of later motherhood. Births to mothers aged 25-29 and 30-34 account for a slightly higher proportion of total births in MSE than they do nationally, whilst those to mothers aged over 35 account for a slightly lower proportion.

[16] Conceptions data for England and Wales 1990 to 2020, Office for National Statistics, Apr 2022
[17] Swartz RH, Cayley ML, Foley N, Ladhani NNN, Leffert L, Bushnell C, et al. The incidence of pregnancy-related stroke: a systematic review and meta-analysis. Int J Stroke. 2017;12(7):687–97
[18] Ban L, Sprigg N, Abdul Sultan A, Nelson-Piercy C, Bath PM, Ludvigsson JF, et al. Incidence of first stroke in pregnant and nonpregnant women of childbearing age: a population-based cohort study from England. J Am Heart Assoc. 2017;6(4)
[19] Cantu-Brito C, Arauz A, Aburto Y, Barinagarrementeria F, Ruiz-Sandoval JL, Baizabal-Carvallo JF. Cerebrovascular complications during pregnancy and postpartum: clinical and prognosis observations in 240 Hispanic women. Eur J Neurol. 2011;18(6):819–25
[20] Leffert LR, Clancy CR, Bateman BT, Bryant AS, Kuklina EV. Hypertensive disorders and pregnancy-related stroke. Obstet Gynecol. 2015;125(1):124–31
[21] Kuklina EV, Tong X, Bansil P, George MG, Callaghan WM. Trends in Pregnancy Hospitalizations That Included a Stroke in the United States From 1994 to 2007. Stroke. 2011;42(9):–2564
[22] Summary: Live births (numbers, rates and percentages) by area of usual residence, United Kingdom and constituent countries, 2020, ONS, Jan 2022
[23] Live births (numbers and rates): age and administrative area of usual residence of mother, England and Wales, 2016, ONS

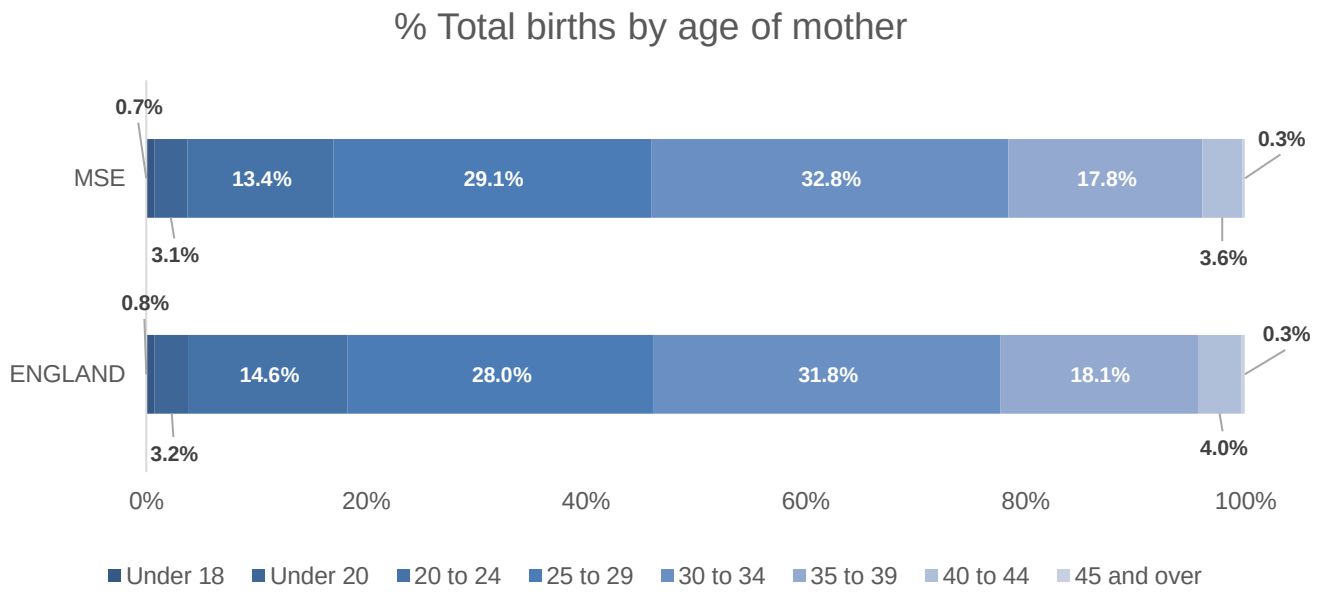


Figure 5 A chart to show % of total live births by age of mother, for England and Mid and South Essex[23]

Table 2 Percentage of total live births by age of mother, for England and districts in Mid and South Essex[23]

Area of usual residence of mother	% of total births by age of mother								Total number of live births
	Under 18	Under 20	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 and over	
ENGLAND	**0.8%**	**3.2%**	**14.6%**	**28.0%**	**31.8%**	**18.1%**	**4.0%**	**0.3%**	**663,157**
MSE	**0.7%**	**3.1%**	**13.4%**	**29.1%**	**32.8%**	**17.8%**	**3.6%**	**0.3%**	**13,989**
Basildon	0.5%	3.5%	15.0%	29.7%	31.9%	16.6%	3.2%	0.0%	2,487
Braintree	1.0%	3.0%	14.3%	31.2%	30.7%	16.7%	3.8%	0.2%	1,715
Brentwood	0.5%	1.9%	8.0%	23.6%	39.2%	22.8%	4.2%	0.4%	848
Castle Point	0.7%	2.9%	13.8%	30.5%	33.3%	16.6%	2.4%	0.5%	860
Chelmsford	0.4%	2.3%	9.9%	28.2%	34.2%	20.7%	4.3%	0.3%	2,039
Maldon	0.6%	2.6%	15.8%	28.1%	31.8%	19.0%	2.4%	0.2%	531
Rochford	1.1%	2.5%	9.3%	30.2%	35.8%	17.2%	4.7%	0.3%	751
Southend-on-Sea	1.3%	4.7%	15.7%	26.7%	30.4%	18.5%	3.8%	0.3%	2,260
Thurrock	0.4%	2.5%	14.3%	31.3%	32.9%	15.3%	3.3%	0.4%	2,498

1.5.2. Freestanding midwife-led birthing unit

Literature Review

Maternity and early years services care for an increasingly diverse population. In 2018, more than 1 in 4 of all live births in England and Wales were to mothers born outside the UK and 13% of all babies born in 2013 to 2017 belonged to a Black, Asian or minority ethnic group. Although it is important to recognise that even in these groups, maternal and neonatal death is rare, the differences are significant, with Black

women 5 times more likely to die during pregnancy and Asian or Asian British babies having a 73% increased risk of neonatal death compared to White babies[24].

Within Mid and South Essex NHS Foundation Trust between April 2021 and Match 2023 there was an increase of 1.8% (31 deliveries per month) in deliveries on a Consultant or Obstetric unit (including theatre) and a 2% (40) decrease in deliveries on midwifery units. As a proportion of all deliveries, vaginal deliveries decreased by 1.4% (5 deliveries per month) while all other delivery methods increased. The largest increase was in Elective Caesareans (0.7%). Ventouse deliveries increased 0.3%, Forceps increased by 0.3% and Emergency Caesareans increased by 0.2%. This suggests acuity is increasing despite maternities decreasing.

The number of deliveries are reducing at St Peters. In 20/21 there were 144 births, this reduced to 130 in 21/22 and 77 in 22/23.

1.5.3. Ambulatory Care Services

Over 8,000 outpatient clinics per year at St. Peters are for midwife episodes and obstetrics. These services are largely proposed to take place locally in Maldon. Patients may need to travel between Braintree hospital and Maldon for their maternity treatment; however, outpatient appointments will remain local.

[24] Maternity high impact area: Reducing the inequality of outcomes for women from Black, Asian and Minority Ethnic (BAME) communities and their babies, Public Health England.

1.6. Marital Status

All proposals

According to the latest data from the ONS[25], the majority (50.6%) of the population in England and Wales aged 16 and over in 2015 were married and this is similar in Mid and South Essex. The next largest group within the population were single, never married or civil partnered (30.7%). The population divorced or widowed made up a smaller proportion of the total population at 9.4% and 7.1% respectively. The smallest group within the population were those who were civil partnered, making up 0.2% of the population aged 16 and over in 2015.

Literature Review- Community Inpatient Beds

A meta-analysis of cross-sectional data showed almost twice higher frailty risk in unmarried individuals compared with married individuals. Marital status should be recognised as an important factor[26]

Konda et al (2020) found a significant correlation between discharge disposition and marital status (study conducted in USA). Single patients had 1.71 times, and widowed patients had 1.80 times the odds of being discharged to a nursing home, long-term care facility, or skilled nursing facility compared to married patients after controlling for age, gender, Score for Trauma Triage in the Geriatric and Middle-Aged score, and insurance type. Additionally, single and widowed patients experienced 1.36 and 1.30 times longer length of hospital stay than their married counterparts, respectively[27].

Researchers, from Duke University in North Carolina, looked at the data for 2,351 people who took part in the Health and Retirement Study (HRS) an ongoing study of US adults older than 50. For adults who never married, the risks of dying after a stroke were 71 per cent greater than adults who were continuously married. Divorce and widowhood increased the risk of mortality by 23 per cent and 25 per cent respectively, compared to people who had remained married. The researchers suggest this is partly because continuous marriages provide stable financial, social, and psychological support that accumulates over time. When people in stable marriages are faced with a stroke, they may be in a stronger position, both mentally and financially, which can help them to better manage the disease and prolong their survival[28].

[25] *ONS Population Estimates (aged 16 and over) by marital status, age group and sex for England and Wales, 2015* Population estimates by marital status and living arrangements, England and Wales - Office for National Statistics (ons.gov.uk)
[26] Kojima G, Walters K, Iliffe S, Taniguchi Y, Tamiya N. Marital Status and Risk of Physical Frailty: A Systematic Review and Meta-analysis. J Am Med Dir Assoc. 2020 Mar;21(3):322-330. doi: 10.1016/j.jamda.2019.09.017. Epub 2019 Nov 16. PMID: 31740150.
[27] Konda SR, Gonzalez LJ, Johnson JR, Friedlander S, Egol KA. Marriage Status Predicts Hospital Outcomes Following Orthopedic Trauma. Geriatr Orthop Surg Rehabil. 2020 Jan 22;11:2151459319898648. doi: 10.1177/2151459319898648. PMID: 32030312; PMCID: PMC6977201.
[28] https://www.bhf.org.uk/informationsupport/heart-matters-magazine/news/behind-the-headlines/marriage-and-stroke

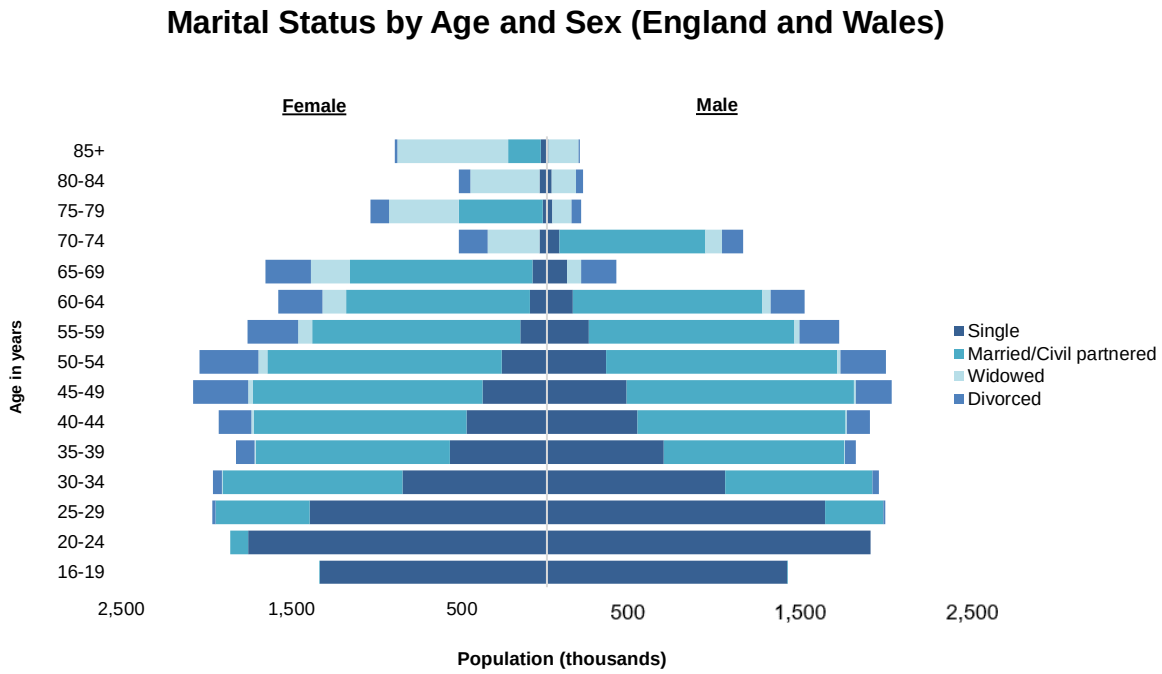
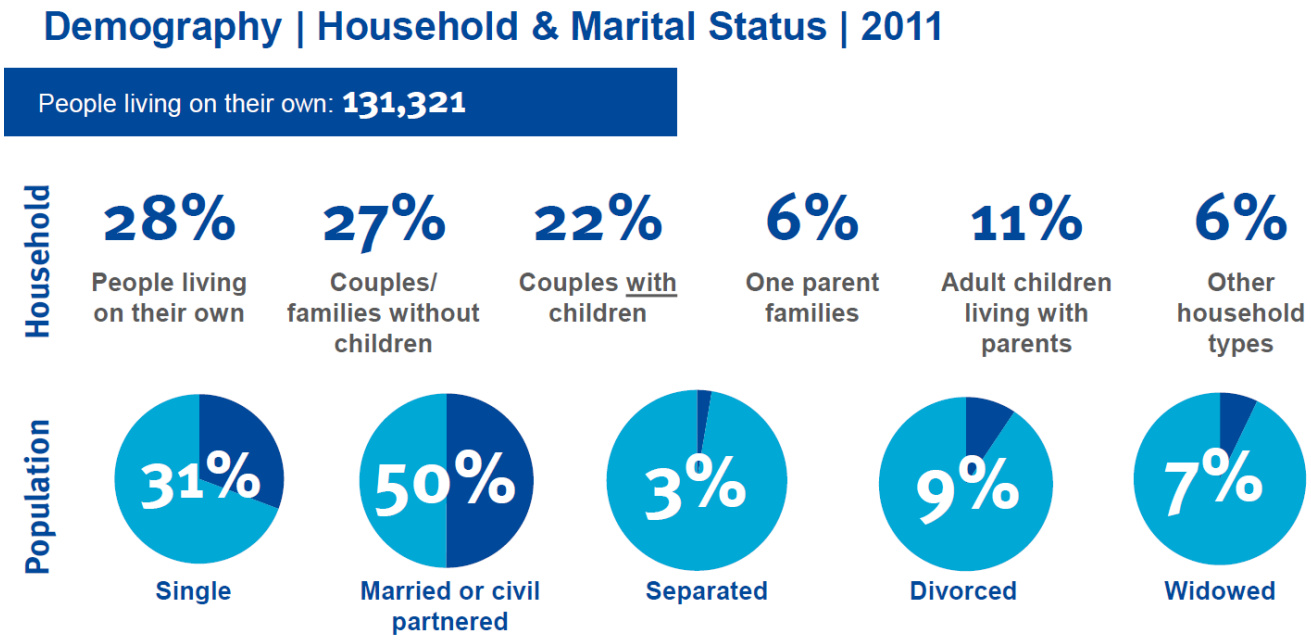


Figure 6 Population estimates by marital status, age group and sex, 2015[24]



*[29]

29 Source: Office for National Statistics (June 2014), Census 2011: KS105UK (Household composition) -Nomis -Official Labour Market Statistics (nomisweb.co.uk);
Office for National Statistics (June 2014), Census 2011: KS103UK (Marital and civil partnership status) -Nomis -Official Labour Market Statistics (nomisweb.co.uk)

1.7. Ethnicity

1.7.1. All proposals

In Mid and South Essex, the proportion of ethnic minority individuals is approximately 10%[30], which stands significantly lower than the national figure of 21% (including non-British White, 6%). The most ethnically diverse areas are Thurrock (23% ethnic minorities), Chelmsford and Southend (13% ethnic minorities). The least diverse areas are Castle Point and Rochford.

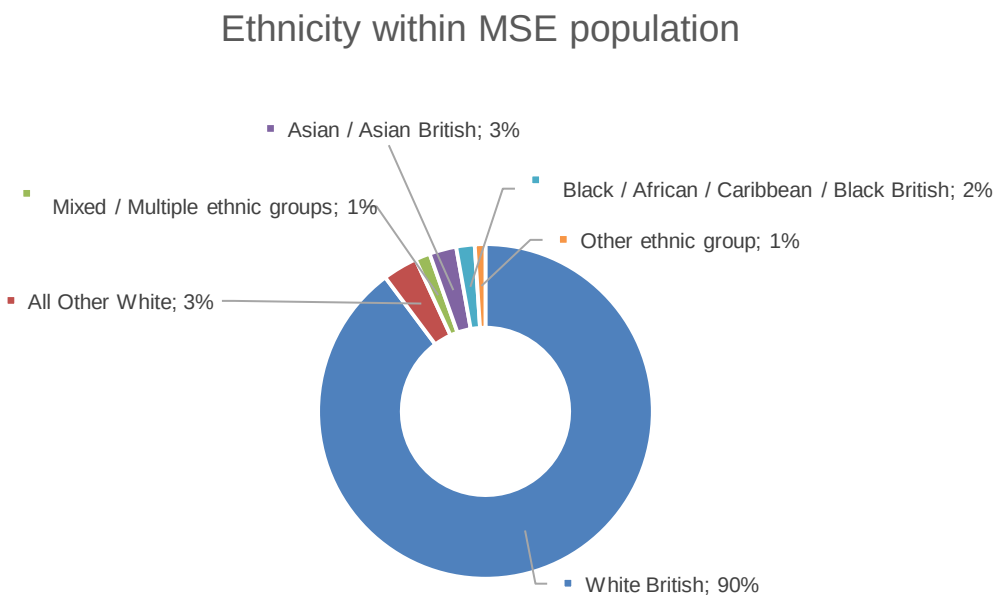


Figure 7 A chart to show the ethnicity breakdown in the MSE population[30]

[30] Population characteristics research tables Table A: Population in England and Wales by ethnic group: 2016, Feb 2019, ONS

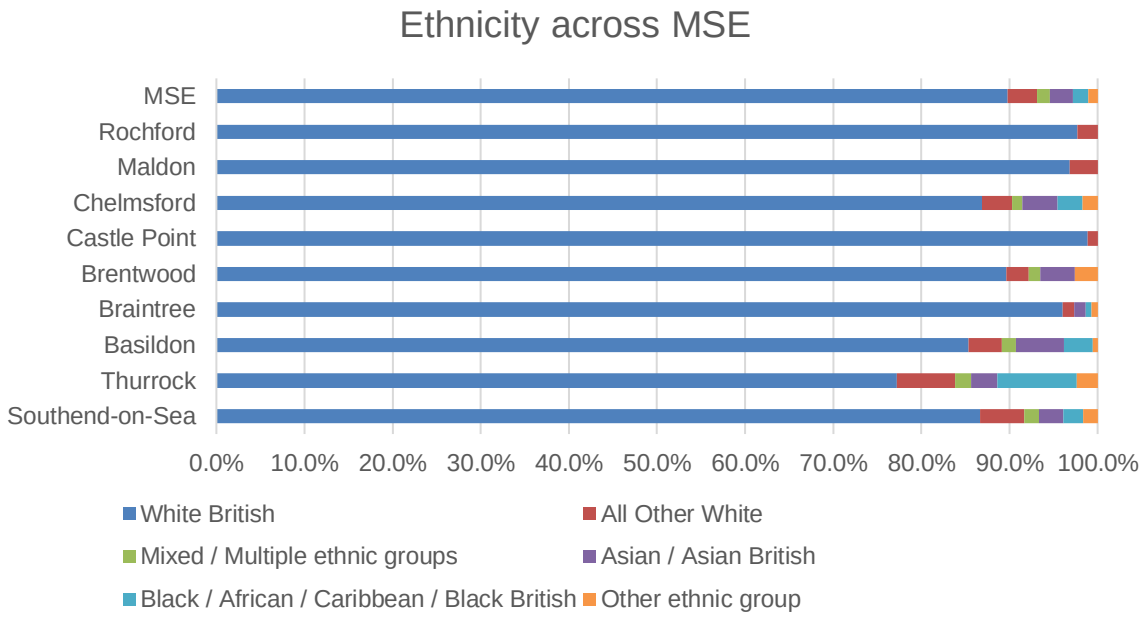


Figure 8 A chart to show the ethnicity breakdown in MSE, by district[30]

1.7.2. Community Inpatient Beds

Literature Review

Mathur et al (2013) conducted a study in 6,292 patients to examine the prevalence of atrial fibrillation (AF) and stroke risk by ethnic group in south and east London. 93% of the AF population were at high risk of stroke, of whom 54% were on warfarin. South Asian patients were at higher stroke risk than white patients. There were no clear differences in warfarin use by ethnic group[31].

Pradhananga et al (2019) analysed anonymized electronic health records (EHR) of 13,510 people aged 65 years and over living in London looking at differences in frailty across different ethnic groups. The overall prevalence of frailty was 18.1%. The prevalence of frailty increased with age and body mass index. The highest prevalence of frailty was observed for Bangladeshis, with 32.9% classified as and the lowest prevalence of 14.0% was observed for the Black ethnic group. Additional studies are warranted to determine the causes of such differences, including migration and socioeconomic status[32].

Local Community Hospital data below indicates the proportion of patients impacted by the proposed moves by ethnicity.

Protected Characteristics	Mid & South Essex	St Peters	Mountnessing Court	CICC	Brentwood
Ethnicity		29%	6%	4%	9%

1.7.3. Freestanding midwife led birthing unit

[31] Mathur R, Pollara E, Hull S, Schofield P, Ashworth M, Robson J. Ethnicity and stroke risk in patients with atrial fibrillation. Heart. 2013 Aug;99(15):1087-92. doi: 10.1136/heartjnl-2013-303767. Epub 2013 May 29. PMID: 23720487.

[32] Pradhananga S, Regmi K, Razzaq N, Ettefaghian A, Dey AB, Hewson D. Ethnic differences in the prevalence of frailty in the United Kingdom assessed using the electronic Frailty Index. Aging Med (Milton). 2019 Sep 13;2(3):168-173. doi: 10.1002/agm2.12083. PMID: 31942531; PMCID: PMC6880682.

16% of all childbirths in MSE are patients from an ethnic minority. 5.4% are Black or Black British and 6.7% are Asian or Asian British. Research suggests that Black or Black British women are four times more likely and Asian or Asian British women are twice as likely to die during pregnancy compared to White or White British women. Continuity of carer is a key part of the 'Better Births' guidance, specifically focusing on patients who are vulnerable to poor outcomes such as patients of an ethnic minority, or those living in deprivation. Therefore, it is important to consider if the proposed changes will impact on the ability for patients to have continuity where possible.

1.7.4. Ambulatory Care Services

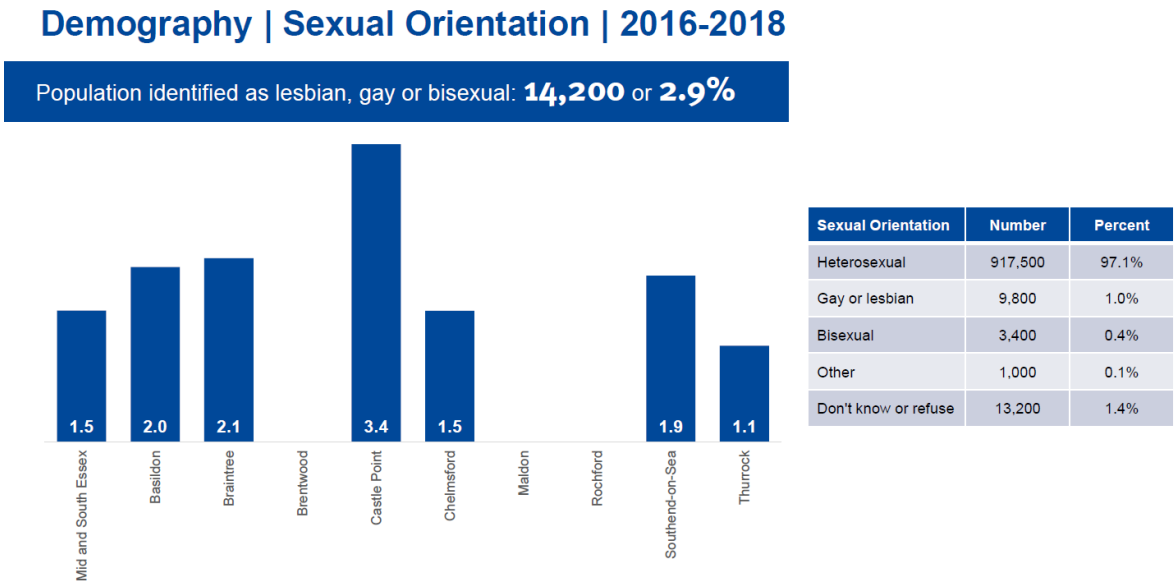
1.8% of outpatients are from an ethnic minority background, however over 30% of outpatient's ethnicities are unknown.

1.8. Sexual orientation

1.8.1. All proposal

Literature Review

According to the Stonewall report, one in seven LGBT people (14 per cent) have avoided treatment for fear of discrimination because they're LGBT. Almost one in four LGBT people (23 per cent) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, six per cent of LGBT people – including 20 per cent of trans people – have witnessed these remarks. One in eight LGBT people (13 per cent) have experienced some form of unequal treatment from healthcare staff because they're LGBT.[33].



Sexual Orientation	Number	Percent
Heterosexual	917,500	97.1%
Gay or lesbian	9,800	1.0%
Bisexual	3,400	0.4%
Other	1,000	0.1%
Don't know or refuse	13,200	1.4%

1.8.2. Community Inpatient Beds

ONS data indicates that 96.6% of adults aged 65 and older identify as heterosexual, 0.5.% as gay or lesbian, 0.3% as bisexual and 0.5% as 'Other'[34].

[33] https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf
[34] Table 3b: Sexual Identity by Age, United Kingdom, 2014 to 2020 (percentage), ONS, 2022

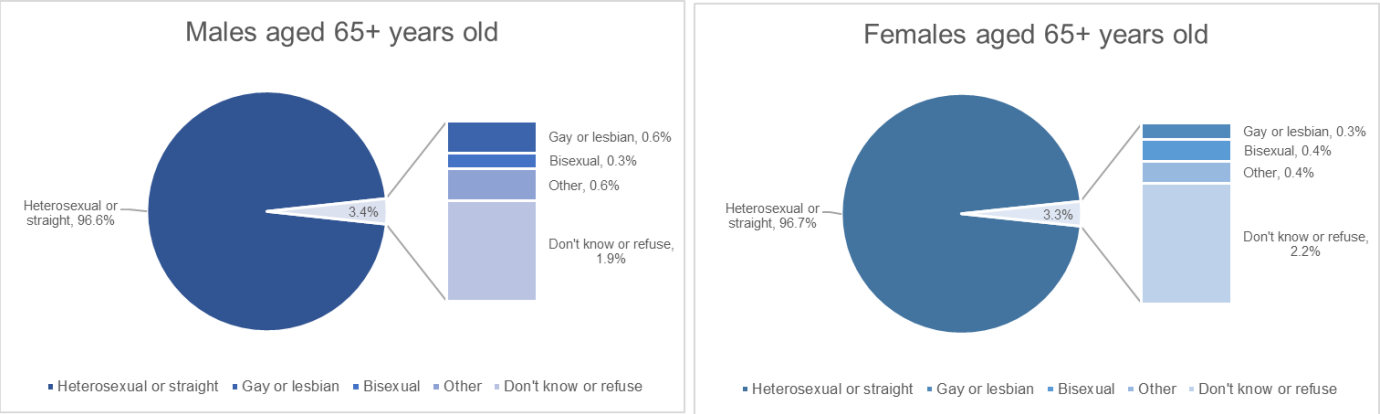


Figure 9 Charts to show the sexual orientation percentages in the general population aged 65 and older, by sex (2020)[31]

1.9. Religion or Belief

All proposals

ONS experimental figures[35] from 2019 suggest that 62% of people in England are religious - the majority of whom are Christian - while the remaining 38% do not claim any religion at all. Data taken from the 2018 Annual Population Survey[36] suggests that within the MSE region, 53% are Christian, while 42% have no religion. Other religions account for 7% of the population. In Thurrock however, only 31% of the population identify as having no religion, and similarly in Brentwood, only 38% of the population identify as having no religion, with the rest being Christian or Muslim.

Literature Review

Patients often turn to their religious and spiritual beliefs when making medical decisions. Religion and spirituality can impact decisions regarding diet, medicines based on animal products, modesty, and the preferred gender of their health providers. Healthcare providers should be respectful of a patient's religious and spiritual needs[37] [38] [39].

There is little evidence to suggest links between religions and strokes, frailty or intermediate care needs specifically.

[35] Experimental statistics: Population estimates by religion, England and Wales: 2019, ONS
[36] Breakdown of religion by local authority 2011-2018 (User request 009830), 2019, ONS
[37] Nkulu Kalengayi FK, Hurtig AK, Ahlm C, Ahlberg BM. "It is a challenge to do it the right way": an interpretive description of caregivers' experiences in caring for migrant patients in Northern Sweden. BMC Health Serv Res. 2012 Nov 29;12:433
[38] Polzer Casarez RL, Engebretson JC. Ethical issues of incorporating spiritual care into clinical practice. J Clin Nurs. 2012 Aug;21(15-16):2099-107
[39] Epner DE, Baile WF. Patient-centered care: the key to cultural competence. Ann Oncol. 2012 Apr;23 Suppl 3:33-42

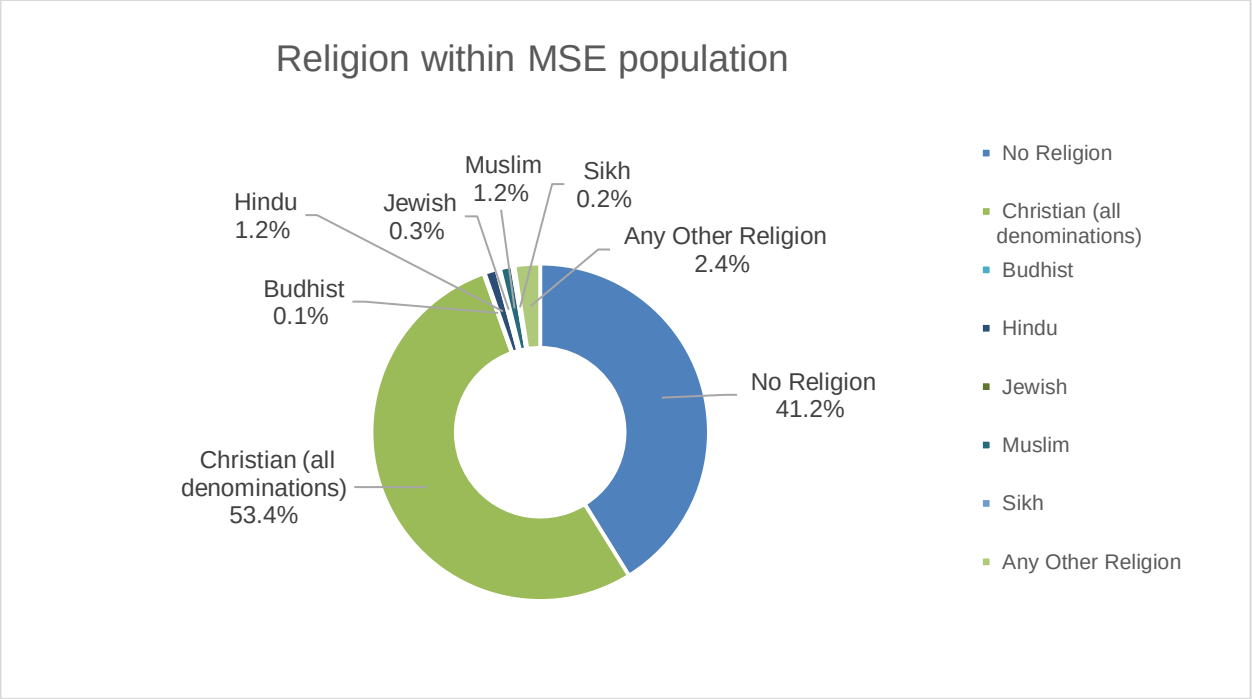


Figure 10 A pie chart showing the various religions within the MSE area by percentages[35]

1.10. Gender reassignment

All proposals

The Equality Act 2010 protects transgender people. It is therefore important this is clearly understood and followed within the health service, for both patients and staff who are transgender.

Literature Review

Transgender people are more likely to report mental health conditions and to attempt suicide than the general population[40]. Transgender people encounter significant difficulties in accessing and using health and social services[41]. There is limited information on the numbers of people identifying as transgender across MSE, so it is difficult to assess the extent to which gender-reassignment may be an important consideration in the relevant cohort.

[40] House of Commons Women and Equalities Committee, 2016, Transgender Equality . www.publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/390.pdf Accessed 24/01/2019
[41] Stonewall (2015) Unhealthy Attitudes www.stonewall.org.uk/sites/default/files/unhealthy_attitudes.pdf Accessed 24/01/2019

1.10 Equality Impact Assessment Framework - Community Inpatient Beds

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public/ Staff Engagement	Nature of potential impact and recommendations
Sex	Option A	Proposed capacity in IMC will be reduced at Brentwood (compared to the current temporary arrangements) by 25 beds due to this option not having any IMC beds in Brentwood. There would be more capacity at CICC- an additional 14 IMC beds- compared to the current temporary arrangements. There are currently 8 IMC beds at CICC, and this model proposes 22 IMC beds. 75% of IMC inpatients at Brentwood are Male and 25% female and at CICC 51% are Male and 49% are Female. There are 16 less community stroke	There is an effect of gender on frailty where the prevalence in community dwelling older people is usually higher in women. For example, a UK study from 2010 using the phenotype approach to defining frailty found a prevalence of 8.5 per cent in women and 4.1 per cent in men aged 65 –74[42]. Women tend to have strokes later in life than men. But overall, more women die of stroke than men. Women can have the same types of stroke as men, caused by a clot or a bleed in the brain. But there is another rare type of stroke which is more common in women, known as cerebral venous thrombosis (CVT).[43] [44]	75% of women, 80% of men and 89% of non-binary respondents preferred neither option, however, for those who did choose an option, both preferred option 12 and woman were more likely to prefer option 12 (20% compared to 15% of men and 11% non-binary).	**Overall Impact: Positive** Option A proposes IMC bed closures at Brentwood (25 beds) and an increase in IMC bed capacity at CICC (22 beds) (compared to the current temporary arrangements). It also proposes an increase in stroke beds at Brentwood and the removal of stroke beds from CICC. 75% of IMC patients at Brentwood are Male, meaning Males will be significantly impacted, however, IMC capacity is proposed to increase at CICC and remains the same at the other sites, meaning overall there would be 11 less IMC beds compared to current temporary arrangements. Option A proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. The move from St Peter's Hospital will allow for stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option A offers dedicated stroke care options at Brentwood. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. It is recommended to engage with both Males and Females equally when considering the impact of changing the location and configuration of community inpatient beds.

[42] https://www.bgs.org.uk/resources/introduction-to-frailty
[43] https://www.stroke.org.uk/what-is-stroke/are-you-at-risk-of-stroke/women-and-stroke#:~:text=Women%20tend%20to%20have%20strokes,strokes%20when%20they%20are%20older.
[44] https://www.ninds.nih.gov/health-information/disorders/stroke#toc-who-is-more-likely-to-have-a-stroke-

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public/ Staff Engagement	Nature of potential impact and recommendations
		beds (compared to the previous arrangements prior to temporary changes) in St. Peters (53% Male). There would be 14 less stroke beds at CICC (as per temporary arrangements). 51% of stroke patients in CICC are Male and 49% Female. There would be an additional 25 stroke beds that would open at Brentwood (compared to current temporary arrangements).			Option A was the least preferred option of the two consulted on, however, neither option was preferred by public feedback. 53% of staff, however, preferred option B.
	Option B	Option B proposed capacity in CICC for IMC beds will reduce by 8 IMC beds (based on current temporary arrangements). There will be no IMC beds at CICC. 25 IMC beds will remain at			**Overall Impact:** **Positive** Option B proposes closure of IMC beds at CICC and more stroke capacity at CICC in place of the IMC capacity, and 25 stroke beds and 25 IMC remaining at Brentwood as per temporary arrangements. Option B ensures IMC bed numbers remain consistent with existing and planned future demand and keep an IMC presence across the MSE footprint, whilst accommodating the Stroke expansion which is important to meet the future demands of the population. Option B proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes,

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public/ Staff Engagement	Nature of potential impact and recommendations
		Brentwood (as per temporary arrangements). 75% of IMC inpatients at Brentwood are Male and at CICC 51% are Male and 49% are Female. There are 16 less community stroke beds (compared to the previous arrangements prior to temporary changes) in St. Peters (53% Male). 25 stroke beds remain at Brentwood (as per temporary arrangements) and 22 beds open at CICC (compared to 14 beds in the temporary arrangements). 75% of patients at Brentwood are Male and at CICC 51% are Male and 49% are Female.			easier audit and monitoring, and greater potential for research and innovation. The move from St. Peters will allow for Stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option B offers dedicated stroke care options at CICC and Brentwood. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. It is recommended to engage with both Males and Females equally when considering the impact of changing the location and configuration of community inpatient beds. Option A was the least preferred option of the two consulted on, however, neither option was preferred by public feedback. 53% of staff, however, preferred option B.

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public/ Staff Engagement	Nature of potential impact and recommendations
Age	Option A	Proposed capacity in IMC will be reduced at Brentwood (compared to the current temporary arrangements) by 25 beds due to this option not having any IMC beds in Brentwood. There would be more capacity at CICC- an additional 14 IMC beds- compared to the current temporary arrangements. There are currently 8 IMC beds at CICC, and this model proposes 22 IMC beds. 93% of IMC inpatients at Brentwood are over 65 and at CICC 84% are over 65. There are 16 less community stroke beds (compared to the previous	NHS England's national audit of intermediate care 2018 found the median age of patients in bedded intermediate care was 82 years old. 93% saw improvements or maintained their dependency level[45]. 38% of people suffering strokes are middle aged (40-69) – up from 33% a decade ago. The average age for a woman suffering a stroke has dropped from 75 to 73 and for men it has dropped from 71 to 68[46].	For those 75+, over 80% of people preferred neither option, this was also the case for those aged 16-24. The least objection was observed in ages 25-44, where 67% preferred neither option nor a quarter of respondents in this age bracket preferred option 12. Option 12 was the preferred option across all age groups, but neither option was the overall	**Overall Impact: Positive** Option A proposes IMC bed closures at Brentwood (25 beds) and an increase in IMC bed capacity at CICC (22 beds) (compared to the current temporary arrangements). It also proposes an increase in stroke beds at Brentwood and the removal of stroke beds from CICC. The majority of patients in Stroke and IMC beds are over 65. Option A proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. The move from St Peter's Hospital will allow for stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option A offers dedicated stroke care options at Brentwood. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. Therefore, it is recommended patients over 65 are engaged with proportionality to understand the impact of moving IMC and stroke beds to them and their families. Option A was the least preferred option of the two consulted on, however, neither option was preferred by public feedback. 53% of staff, however, preferred option B.

[45] https://www.careengland.org.uk/sites/careengland/files/NAIC%202018findings%20FINAL.pdf
[46] https://www.bhf.org.uk/what-we-do/news-from-the-bhf/news-archive/2018/february/average-age-of-stroke-victims-is-getting-younger-according-to-new-figures-released-today-by-phe

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public/ Staff Engagement	Nature of potential impact and recommendations
		arrangements prior to temporary changes) in St. Peters. 78% were over 65. There would be 14 less stroke beds at CICC (as per temporary arrangements). 84% are over 65. There would be an additional 25 stroke beds that would open at Brentwood (compared to current temporary arrangements).		preference of respondents.	
	Option B	Option B proposed capacity in CICC for IMC beds will reduce by 8 IMC beds (based on current temporary arrangements). There will be no IMC beds at CICC. 25 IMC beds will remain at Brentwood (as per temporary arrangements). 93% of IMC inpatients at			**Overall Impact: Positive** Option B proposes closure of IMC beds at CICC and more stroke capacity at CICC in place of the IMC capacity, and 25 stroke beds and 25 IMC remaining at Brentwood as per temporary arrangements. The majority of patients in Stroke and IMC beds are over 65. Option B ensures IMC bed numbers remain consistent with existing and planned future demand and keep an IMC presence across the MSE footprint, whilst accommodating the Stroke expansion which is important to meet the future demands of the population. Option B proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation.

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public/ Staff Engagement	Nature of potential impact and recommendations
		Brentwood are over 65 and at CICC 84% are over 65. There are 16 less community stroke beds (compared to the previous arrangements prior to temporary changes) in St. Peters. 78% of patients at St. Peters are over 65 25 stroke beds remain at Brentwood (as per temporary arrangements) and 22 beds open at CICC (compared to 14 beds in the temporary arrangements). 93% of patients at Brentwood are over 65 and at CICC 84% are over 65.			The move from St. Peters will allow for Stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option B offers dedicated stroke care options at CICC and Brentwood. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. Therefore, it is recommended patients over 65 are engaged with proportionality to understand the impact of moving IMC and stroke beds to them and their families. Option A was the least preferred option of the two consulted on, however, neither option was preferred by public feedback. 53% of staff, however, preferred option B.

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public/ Staff Engagement	Nature of potential impact and recommendations
Disability	Option A	The locations most impacted by Option A are Rochford, Maldon and Brentwood. These areas have relatively low proportions of disability compared to other areas of MSE. Those who are in IMC or Stroke beds often have comorbidities which result in mobility issues or disability. Therefore, changes to community beds will impact people with disabilities. Option A increases stroke inpatient capacity at Brentwood and reduces stroke inpatient capacity at CICC (compared to	Stroke is a leading cause of disability, with almost two thirds of survivors leaving hospital with a disability. The range of disabilities is greater than for any other condition and includes limb weakness, visual problems, and language and communication problems. Extreme fatigue is also a common side effect, and depression and anxiety are common. Two-thirds of working-age survivors are unable to return to work[47]. Physical frailty, even being prefrail, has a strong impact on the risk of future disability. Some components of frailty, such as weakness and weight loss, are strongly associated with incident disability in	88% of people with a physical or mental health condition or illness lasting or expected to last 12 months or more preferred neither option, however, for those who did choose an option, 16% preferred option 12 compared to 21% who preferred option 12 but did not have a physical or mental health	**Overall Impact: Positive** Option A proposes IMC bed closures at Brentwood (25 beds) and an increase in IMC bed capacity at CICC (22 beds) (compared to the current temporary arrangements). It also proposes an increase in stroke beds at Brentwood and the removal of stroke beds from CICC. It is important to note that not all people attending IMC and stroke beds in these areas live locally to these areas, but for those who do, a change in location could result in increased journey times for both patients and visiting relatives. Option A proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. The move from St Peter's Hospital will allow for stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option A offers dedicated stroke care options at Brentwood. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. It is recommended to proportionately engage with those with disabilities to understand how they are impacted by the change in location and configuration of community beds.

[47] https://www.brainresearchuk.org.uk/neurological-conditions/stroke

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public/ Staff Engagement	Nature of potential impact and recommendations
		temporary arrangements). Option A increases IMC inpatient capacity at CICC and reduces inpatient IMC capacity at Brentwood (compared to temporary arrangements).	community-dwelling older adults[48].	condition or illness lasting or expected to last 12 months or more.	Option A was the least preferred option of the two consulted on, however, neither option was preferred by public feedback. 53% of staff, however, preferred option B.

[48] Makizako H, Shimada H, Doi T, et al Impact of physical frailty on disability in community-dwelling older adults: a prospective cohort studyBMJ Open 2015;5:e008462. doi: 10.1136/bmjopen-2015-008462

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public/ Staff Engagement	Nature of potential impact and recommendations
	Option B	The locations most impacted by Option B are Rochford, Maldon and Brentwood.			**Overall Impact: Positive** Option B proposes closure of IMC beds at CICC and more stroke capacity at CICC in place of the IMC capacity, and 25 stroke beds and 25 IMC remaining at Brentwood as per temporary arrangements.

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public/ Staff Engagement	Nature of potential impact and recommendations
		These areas have relatively low proportions of disability compared to other areas of MSE. Those who are in IMC or Stroke beds often have comorbidities which result in mobility issues or disability. Therefore, changes to community beds will impact people with disabilities. Option B keeps stroke inpatient capacity at Brentwood the same as it is in the temporary arrangements and increases stroke inpatient capacity at CICC (compared to temporary arrangements). Option B reduces IMC inpatient capacity at CICC and keeps inpatient IMC capacity at			It is important to note that not all people attending IMC and stroke beds in these areas live locally to these areas, but for those who do, a change in location could result in increased journey times for both patients and visiting relatives. Option B ensures IMC bed numbers remain consistent with existing and planned future demand and keep an IMC presence across the MSE footprint, whilst accommodating the Stroke expansion which is important to meet the future demands of the population. Option B proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. The move from St. Peters will allow for Stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option B offers dedicated stroke care options at CICC and Brentwood. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. It is recommended to proportionately engage with those with disabilities to understand how they are impacted by the change in location and configuration of community beds. Option A was the least preferred option of the two consulted on, however, neither option was preferred by public feedback. 53% of staff, however, preferred option B.

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public/ Staff Engagement	Nature of potential impact and recommendations
		Brentwood the same (compared to temporary arrangements).			
Ethnicity	Option A	Proposed capacity in IMC will be reduced at Brentwood (compared to the current temporary arrangements) by 25 beds due to this option not having any IMC beds in Brentwood. There would be more capacity at CICC- an additional 14 IMC beds- compared to the current temporary arrangements. There are currently 8 IMC beds at CICC, and this model proposes 22 IMC beds. 9% of IMC inpatients at Brentwood are from ethnic		78% of respondents who were White or White British preferred neither option compared to 54% of those from another ethnic background. For those who choose one of the proposed options, 17% of White or White British respondents preferred option 12 compared to 34% of respondents	

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public/ Staff Engagement	Nature of potential impact and recommendations
		minorities and at CICC 4% are from ethnic minorities. (29% ethnic minorities) There are 16 less community stroke beds (compared to the previous arrangements prior to temporary changes) in St. Peters (29% were from ethnic minorities) There would be 14 less stroke beds at CICC (as per temporary arrangements). 4% of patients in CICC are ethnic minorities. There would be an additional 25 stroke beds that would open at Brentwood (compared to current temporary arrangements).		from another ethnic background.	**Overall Impact: Positive** Option A proposes IMC bed closures at Brentwood (25 beds) and an increase in IMC bed capacity at CICC (22 beds) (compared to the current temporary arrangements). It also proposes an increase in stroke beds at Brentwood and the removal of stroke beds from CICC. It proposes permanently closing stroke beds at St Peter's Hospital. St. Peters has a high proportion of patients from minority ethnic groups. Brentwood has a patient population form ethnic minorities of 6%. Option A proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. The move from St Peter's Hospital will allow for stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option A offers dedicated stroke care options at Brentwood. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. It is recommended to engage with people from ethnic minority groups proportionally to ensure it is understood how the proposed changes will impact residents. Option A was the least preferred option of the two consulted on, however, neither option was preferred by public feedback. 53% of staff, however, preferred option B.
	Option B	Option B proposed capacity in CICC for IMC			**Overall Impact: Positive** Option B proposes closure of IMC beds at CICC and more stroke capacity at CICC in place of the IMC capacity, and 25 stroke beds and 25 IMC

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public/ Staff Engagement	Nature of potential impact and recommendations
		beds will reduce by 8 IMC beds (based on current temporary arrangements). There will be no IMC beds at CICC. 25 IMC beds will remain at Brentwood (as per temporary arrangements). There are 16 less community stroke beds (compared to the previous arrangements prior to temporary changes) in St. Peters 29% of patients at St. Peters are from ethnic minorities. 25 stroke beds remain at Brentwood (as per temporary arrangements) and 22 beds open at CICC (compared to 14 beds in the temporary arrangements). 9% of patients at Brentwood are from ethnic			remaining at Brentwood as per temporary arrangements. It proposes permanently closing stroke beds at St Peter's Hospital. St. Peters has a high proportion of patients from minority ethnic groups. Brentwood has a patient population from ethnic minorities of 6%. Option B ensures IMC bed numbers remain consistent with existing and planned future demand and keep an IMC presence across the MSE footprint, whilst accommodating the Stroke expansion which is important to meet the future demands of the population. Option B proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. The move from St. Peters will allow for Stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option B offers dedicated stroke care options at CICC. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. It is recommended to engage with people from ethnic minority groups proportionally to ensure it is understood how the proposed changes will impact residents. Option A was the least preferred option of the two consulted on, however, neither option was preferred by public feedback. 53% of staff, however, preferred option B.

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public/ Staff Engagement	Nature of potential impact and recommendations
		minorities and at CICC 4% are from ethnic minorities.			
Gender Reassignment	Option A Option B	There is limited information on the numbers of people identifying as transgender across MSE, so it is difficult to assess the extent to which gender-reassignment will be impacted.	Transgender people encounter significant difficulties in accessing and using health and social services[49]. There is limited information on the numbers of people identifying as transgender across MSE, so it is difficult to assess the extent to which gender-reassignment may be an important consideration in the relevant cohort.		Impact: **Neutral** There is no evidence to suggest that gender reassignment will be impacted by the proposed changes.
Marriage & Civil Partnership	Option A Option B	50% of people in MSE are married or in a civil partnership. 28% of people are living on their own, 131,000 people. 7% of people in MSE are widowed.	Konda et al (2020) found a significant correlation between discharge disposition and marital status (study conducted in USA). Single patients had 1.71 times, and widowed patients had 1.80 times the odds of being discharged to a		**Overall Impact: Neutral** Overall, the proposed models are not anticipated to impact those who are married or in a civil partnership as a result of the proposed changes, however, as future intermediate care models are proposing to optimise care at home for patients, this may be more difficult for those who live alone. It is recommended to engage with those who live alone or those who provide home based services, such as virtual hospitals, to understand the impact of the proposed models on patients who do not have additional support at home.

[49] Stonewall (2015) Unhealthy Attitudes www.stonewall.org.uk/sites/default/files/unhealthy_attitudes.pdf Accessed 24/01/2019

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public/ Staff Engagement	Nature of potential impact and recommendations
			nursing home, long-term care facility, or skilled nursing facility compared to married patients after controlling for age, gender, Score for Trauma Triage in the Geriatric and Middle-Aged score, and insurance type. Additionally, single and widowed patients experienced 1.36 and 1.30 times longer length of hospital stay than their married counterparts, respectively[50]. Researchers, from Duke University in North Carolina, looked at the data for 2,351 people who took part in the Health and Retirement Study (HRS) an ongoing study of US adults older than 50. For adults who never married, the risks of dying after a stroke were 71 per cent greater than adults		

[50] Konda SR, Gonzalez LJ, Johnson JR, Friedlander S, Egol KA. Marriage Status Predicts Hospital Outcomes Following Orthopedic Trauma. Geriatr Orthop Surg Rehabil. 2020 Jan 22;11:2151459319898648. doi: 10.1177/2151459319898648. PMID: 32030312; PMCID: PMC6977201.

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public/ Staff Engagement	Nature of potential impact and recommendations
			who were continuously married.[51]		
Pregnancy & Maternity	Option A Option B	There were 12,549 live births in MSE in 2020 and 12,391 maternities (where a maternity is a pregnancy resulting in the birth of one or more children, including stillbirths)	The standardised mean childbearing age has been increasing since the mid 1970's and reached a record high of 30.7 years in 2019 and 2020.[52] Black, Asian and minority ethnic women are at higher risk of dying during pregnancy, childbirth and postnatally and of experiencing premature birth, stillbirth or neonatal death compared with their White counterparts.[53]	Included in maternity chapter	Impact: **Neutral** Patients using intermediate care and stroke rehabilitation beds in the community are more likely to be over the age of 65 (see age section) and therefore pregnancy is unlikely to be a factor for patients within the scope of this IIA for Stroke and IMC community bed changes.
Religion or Belief	Option A Option B	The 2018 Annual Population Survey suggests that within the MSE region, 53% are Christian, while 42% have no religion. Other	Patients often turn to their religious and spiritual beliefs when making medical decisions. Religion and spirituality can impact decisions regarding diet,		Impact: **Neutral** There is no evidence to suggest that religion or belief will be impacted by the proposed changes.

[51] https://www.bhf.org.uk/informationsupport/heart-matters-magazine/news/behind-the-headlines/marriage-and-stroke
[52] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/childbearingforwomenbornindifferentyearsenglandandwales/2020#:~:text=Most%20common%20age%20at%20childbirth,years%20in%202019%20and%202020.
[53] MacLellan, J., Collins, S., Myatt, M., Pope, C., Knighton, W., & Rai, T. (2022). Black, Asian and minority ethnic women's experiences of maternity services in the UK: A qualitative evidence synthesis. Journal of advanced nursing, 78(7), 2175–2190. https://doi.org/10.1111/jan.15233

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public/ Staff Engagement	Nature of potential impact and recommendations
		religions account for 7% of the population.	medicines based on animal products, modesty, and the preferred gender of their health providers. Healthcare providers should be respectful of a patient's religious and spiritual needs[54] [55] [56].		
Sexual Orientation	Option A Option B	2.9% of the population of MSE (14,000) are lesbian, gay or bisexual. For those over 65, 0.5.% are gay or lesbian, 0.3% are bisexual and 0.5% are 'Other'.	According to the Stonewall report, one in seven LGBT people (14 per cent) have avoided treatment for fear of discrimination because they're LGBT. Almost one in four LGBT people (23 per cent) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, six per cent of LGBT people – including 20 per cent of trans people – have witnessed these remarks. One in eight LGBT people (13 per		Impact: **Neutral** There is no evidence to suggest that people with different sexual orientations will be impacted by the proposed changes because of their sexuality.

[54] Nkulu Kalengayi FK, Hurtig AK, Ahlm C, Ahlberg BM. "It is a challenge to do it the right way": an interpretive description of caregivers' experiences in caring for migrant patients in Northern Sweden. BMC Health Serv Res. 2012 Nov 29;12:433
[55] Polzer Casarez RL, Engebretson JC. Ethical issues of incorporating spiritual care into clinical practice. J Clin Nurs. 2012 Aug;21(15-16):2099-107
[56] Epner DE, Baile WF. Patient-centered care: the key to cultural competence. Ann Oncol. 2012 Apr;23 Suppl 3:33-42

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public/ Staff Engagement	Nature of potential impact and recommendations
			cent) have experienced some form of unequal treatment from healthcare staff because they're LGBT.[57].		

1.11. Equality Impact Assessment Framework- Freestanding Midwife-Led Birthing Unit

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public and Staff Engagement	Nature of potential impact and recommendations
Age	Freestanding midwife-led birthing unit at WJC. Maternity outpatients to remain in Maldon.	Highest stillbirth rates affect those that are over 35. 23% of those patients who give birth in MSE are 35+. Over the past 2 years there has been an increase in mothers aged 25-30 and a reduction in those under 25.	This means that patients are increasingly more likely to be over 25 and those vulnerable to adverse outcomes are over 35.	Between 93% and 95% of all age groups felt the freestanding midwife-led birthing unit moving to WJC was a poor or very poor solution. 25–34-year-olds had the largest percentage of respondents who felt it was a good or very	**Overall Impact: Positive** Inpatient activity moving to Braintree will ensure services are accessible and available consistently for patients. Travel may be more difficult for some and easier for others who once attended St. Peters for the birthing unit, however, patients will now receive a more consistent service in improved, more modern facilities. Outpatient services being located in Maldon, will mean patients will continue to have outpatient appointments locally. It is recommended to engage with patients who attend St. Peters and maternity and those who live in Maldon to understand the impact of travelling to Braintree for the freestanding midwife led birthing unit.

[57] https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

				good solution, but this was just 3%.	
Disability	Freestanding midwife-led birthing unit at WJC. Maternity outpatients to remain in Maldon.		Women with disabilities have a higher risk of pregnancy complications, including preterm birth, hypertensive disorders during pregnancy, gestational diabetes, and caesarean delivery[58]. As a proportion of all deliveries, vaginal deliveries decreased by 1.4% (5 deliveries per month) while all other delivery methods increased. The largest increase was in Elective Caesareans (0.7%). Ventouse deliveries increased 0.3%, Forceps increased by 0.3% and Emergency Caesareans increased by 0.2%. This suggests acuity is increasing despite maternities decreasing.	93% of people with a physical or mental health condition or illness lasting or expected to last 12 months or more felt moving the freestanding midwife-led birthing unit to WJC was a poor or very poor solution. 2% felt it was a good or very good solution.	**Overall Impact: Positive** Inpatient activity moving to Braintree will ensure services are accessible and available consistently for patients. Travel may be more difficult for some and easier for others who once attended St. Peters for the birthing unit, however, patients will now receive a more consistent service in improved, more modern facilities. Outpatient services being located in Maldon, will mean patients will continue to have outpatient appointments locally. It is recommended to engage with patients who attend St. Peters and maternity and those who live in Maldon to understand the impact of travelling to Braintree for the freestanding midwife led birthing unit.

[58] Tarasoff LA, Ravindran S, Malik H, Salaeva D, Brown HK. Maternal disability and risk for pregnancy, delivery, and postpartum complications: a systematic review and meta-analysis. *Am J Obstet Gynecol*. 2020;222(1):27.e1-27.e32. doi: 10.1016/j.ajog.2019.07.01

Sex	Freestanding midwife-led birthing unit at WJC. Maternity outpatients to remain in Maldon.	Maternity and pregnancy will impact women most, however, family and friends who support the birthing person will also be impacted by proposed changes.	Maternity and pregnancy will impact women most, however, family and friends who support the birthing person will also be impacted by proposed changes.	94% of women and 95% of men thought that moving the freestanding midwife-led birthing unit to WJC was a poor or very poor solution. 80% of respondents identifying as non-binary felt it was a poor or very poor solution.	**Overall Impact: Positive** Inpatient activity moving to Braintree will ensure services are accessible and available consistently for patients. Travel may be more difficult for some and easier for others who once attended St. Peters for the birthing unit, however, patients will now receive a more consistent service in improved, more modern facilities. Outpatient services being located in Maldon, will mean patients will continue to have outpatient appointments locally. It is recommended to engage with patients who attend St. Peters and maternity and those who live in Maldon to understand the impact of travelling to Braintree for the freestanding midwife led birthing unit.

Pregnancy and Maternity	Freestanding midwife-led birthing unit at WJC. Maternity outpatients to remain in Maldon.	Approximately 70-80 births per year.	This whole section is a deep dive into pregnancy and maternity	95% of those who are currently pregnant or have given birth in the last 12 months thought moving the freestanding midwife-led birthing unit to WJC was a poor or very poor solution compared to 94% who were not currently pregnant or had given birth in the last 12 months.	This whole section is a deep dive into pregnancy and maternity. This cohort will be most impacted by the proposal to move the freestanding midwife-led birthing unit from St Peter's Hospital to WJC.
Marital Status	Freestanding midwife-led birthing unit at WJC. Maternity outpatients to remain in Maldon.	There is no evidence to suggest the prosed changes will impact on marital status.	There is no evidence to suggest the prosed changes will impact on marital status.		**Overall Impact:** Neutral There is no evidence to suggest the proposed changes will impact on marital status.
Ethnicity	Freestanding midwife-led birthing unit at WJC.	16% of all childbirths in MSE are patients from an ethnic minority. 5.4% are Black or Black British	Maternity and early years services care for an increasingly diverse population. In 2018, more than 1 in 4 of all live births in England and Wales were to	94% of respondents who were White or	**Overall Impact:** Positive Inpatient activity moving to Braintree will ensure services are accessible and available consistently for patients. Travel may be more difficult for some and easier for others who once attended St. Peters

	Maternity outpatients to remain in Maldon.	and 6.7% are Asian or Asian British.	mothers born outside the UK and 13% of all babies born in 2013 to 2017 belonged to a Black, Asian or minority ethnic group. Although it is important to recognise that even in these groups, maternal and neonatal death is rare, the differences are significant, with Black women 5 times more likely to die during pregnancy and Asian or Asian British babies having a 73% increased risk of neonatal death compared to White babies[59].	White British thought moving the freestanding midwife-led birthing unit to WJC was a poor or very poor solution, compared to 84% of those from another ethnic background. 2% of White and or White British respondents felt it was a good or very good solution compared to 6% of those from another ethnic background.	for the birthing unit, however, patients will now receive a more consistent service in improved, more modern facilities. Outpatient services being located in Maldon, will mean patients will continue to have outpatient appointments locally. It is recommended to engage with patients who attend St. Peters and maternity and those who live in Maldon to understand the impact of travelling to Braintree for the freestanding midwife led birthing unit.
Sexual Orientation	Freestanding midwife-led birthing unit at WJC. Maternity outpatients to remain in Maldon.	14,200 (2.9%) of people in MSE are lesbian, gay or bisexual. There is no evidence to suggest the proposed changes will impact sexual orientation	There is no evidence to suggest the proposed changes will impact sexual orientation		**Overall Impact:** Neutral There is no evidence to suggest the proposed changes will impact on sexual orientation.

[59] Maternity high impact area: Reducing the inequality of outcomes for women from Black, Asian and Minority Ethnic (BAME) communities and their babies, Public Health England.

Religion or Belief	Freestanding midwife-led birthing unit at WJC. Maternity outpatients to remain in Maldon.	56,000 people in MSE (4.8%) are non-Christian religions and 35.8% have not stated or have no religion. There is no evidence to suggest the proposed changes will impact religion or belief.	There is no evidence to suggest the proposed changes will impact religion or belief.		**Overall Impact:** Neutral There is no evidence to suggest the proposed changes will impact on religion or belief.
Gender Reassignment	Freestanding midwife-led birthing unit at WJC. Maternity outpatients to remain in Maldon.	There is very little data regarding gender reassignment. Numbers of people identifying as transgender across the county is increasing with current estimates at 0.6% of people aged 16 and over. There is no evidence to suggest the proposed changes will impact gender reassignment.	There is no evidence to suggest the proposed changes will impact gender reassignment.		**Overall Impact:** Neutral There is no evidence to suggest the proposed changes will impact on gender reassignment.

1.11 Equality Impact Assessment Framework - Ambulatory Care Services

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public and Staff Engagement	Nature of potential impact and recommendations
Age	Ambulatory care services currently provided at St Peter's Hospital being relocated in and around the Maldon district.	The age range of outpatients is mixed, 13% are between 0-9 (6% of which are under 1) attending maternity-based outpatient clinics or paediatric clinics. 46% are 20-39 attending a range of outpatient clinics and 24% are over 65. A significant proportion of patients over 65 attend ophthalmology, audiology and nephrology appointments most commonly.	Patients can avoid harm and are generally happier receiving equivalent healthcare in community-based settings. Clinical outcomes for patients receiving equivalent healthcare in community-based settings can also often be as good as, and occasionally better than, those delivered in acute hospital settings, although a few studies do show a risk of problems for patients[60]. There is also anecdotal evidence from this research that older patients are more likely to suffer from falls in the unfamiliar hospital environment, and if they suffer from dementia are more likely to be disorientated.[61] The principles underpinning health on the high street offer us the opportunity to redesign our services with our communities. Working with, and supporting, citizens, businesses and other public services improves the cohesion, viability and prosperity	92%-99% of all age groups felt relocating all other services from St. Peters to the local area was a bad or very bad solution. In comparison to all other age groups, slightly fewer, at 89% of 35–44-year-olds thought It was a bad or very bad solution but only 4% of this age group felt it was a good or very good solution (the highest proportion in agreement).	**Overall Impact: Positive** Services will continue to remain in Maldon. The environment may be preferred for some patients if services were on the High Street in Maldon as it will be more familiar, and patients could combine their appointment with other activities in their daily lives. Familiar, local locations may have improved transport links compared to those at St. Peters. By having the early supported discharge team, district nurses and others co-located, this creates an integrated team of professionals which can support improved pathways for patients. If outpatient services are moved across multiple settings, then patients could find travel to these different locations difficult. Particularly if they have difficulty with mobility or rely on public transport.

[60] Gov.uk: Moving healthcare closer to home: Literature review of clinical impacts, https://assets.publishing.service.gov.uk/media/5a800b3de5274a2e8ab4dd99/Moving_healthcare_closer_to_home_clinical_review.pdf

[61] In discussion with trusts that have provided case studies of community services and collaborated with Monitor on assessing community healthcare services

Disability	Ambulatory care services currently provided at St Peter's Hospital being relocated in and around the Maldon district.	The scale of patients with a disability is unknown but 16% of patients are Ophthalmology patients, therefore may experience some visual impairment and 8% are rheumatology and T&O patients, meaning they may have some mobility problems. For those with learning disabilities, the scale is unknown.	of our places and demonstrably improves health and wellbeing. As high streets tend to be at the centre of public transport networks, this can make a wide range of health and care services more accessible to people and, importantly, increase their engagement and effectiveness. [62]	92% of people with a physical or mental health condition or illness lasting or expected to last 12 months or more felt relocating all other services from St. Peters to the local area was a bad or very bad solution.	**Overall Impact: Adverse** Those with a disability may experience adverse impacts as a result of this proposed model. Those with a disability may find travel in local built-up areas more difficult as this may require more walking from local car parks. It may also be difficult for patients to keep track of where their appointment is if they attend multiple locations. It is important to note that as not all patients live in Maldon, travelling to the local centre may be more difficult for parking. It is recommended to explore if parking is more limited and the cost, if any, to park needs to be considered. **Positive Impacts to Disability** Services will continue to remain in Maldon. The environment may be preferred for some patients if services were on the High Street in Maldon as it will be more familiar, and patients could combine their appointment with other activities in their daily lives. Familiar, local locations may have improved transport links compared to those at St. Peters. By having the early supported discharge team, district nurses and others co-located, this creates an integrated team of professionals which can support improved pathways for patients.
Sex	Ambulatory care services currently provided at St Peter's Hospital being relocated in and around the Maldon district.	The proportion of females overall is slightly higher at 54%. Females will be most impacted by the move of gynaecology (100%),	There is no evidence to suggest the proposed changes will impact on sex.	92% of woman, 91% of men and 90% of non-binary felt relocating all other services	**Overall Impact: Positive** Services will continue to remain in Maldon. The environment may be preferred for some patients if services were on the High Street in Maldon as it will be more familiar, and patients could combine their appointment with other activities in their daily lives.

[62] https://www.nhsconfed.org/system/files/media/Health%20on%20the%20High%20Street.pdf

		rheumatology (73%), obstetrics and maternity clinics (100%). The majority of nephrology (62%) and thoracic medicine (57%) are male patients.		from St. Peters to the local area was a bad or very bad solution.	Familiar, local locations may have improved transport links compared to those at St. Peters. By having the early supported discharge team, district nurses and others co-located, this creates an integrated team of professionals which can support improved pathways for patients.
Pregnancy and Maternity	Ambulatory care services currently provided at St Peter's Hospital being relocated in and around the Maldon district.	Over 8,000 outpatient clinics per year at St. Peters are for midwife episodes and obstetrics.	Maternity outpatient services will remain in Maldon so there is likely to be minimal impact of this group.	95% of those who are currently pregnant or have given birth in the last 12 months thought moving the freestanding midwife-led birthing unit to WJC was a poor or very poor solution compared to 94% who were not currently pregnant or had given birth in the	**Overall Impact: Positive** Services will continue to remain in Maldon. The environment may be preferred for some patients if services were on the High Street in Maldon as it will be more familiar, and patients could combine their appointment with other activities in their daily lives. Familiar, local locations may have improved transport links compared to those at St. Peters. By having the early supported discharge team, district nurses and others co-located, this creates an integrated team of professionals which can support improved pathways for patients.

				last 12 months.	
Marital Status	Ambulatory care services currently provided at St Peter's Hospital being relocated in and around the Maldon district.	There is no evidence to suggest the prosed changes will impact on marital status.	There is no evidence to suggest the prosed changes will impact on marital status.		**Overall Impact:** Neutral There is no evidence to suggest the proposed changes will impact on marital status.
Ethnicity	Ambulatory care services currently provided at St Peter's Hospital being relocated in and		There is no evidence to suggest the prosed changes will impact on ethnicity.	92% of those who are White or White British and	**Overall Impact:** Positive Services will continue to remain in Maldon. The environment may be preferred for some patients if services were on the High Street in Maldon as it will

	around the Maldon district.			86% of those who are from another ethnic background felt relocating all other services from St. Peters to the local area was a bad or very bad solution.	be more familiar, and patients could combine their appointment with other activities in their daily lives. Familiar, local locations may have improved transport links compared to those at St. Peters. By having the early supported discharge team, district nurses and others co-located, this creates an integrated team of professionals which can support improved pathways for patients.
Sexual Orientation	Ambulatory care services currently provided at St Peter's Hospital being relocated in and around the Maldon district.	14,200 (2.9%) of people in MSE are lesbian, gay or bisexual. There is no evidence to suggest the proposed changes will impact sexual orientation	There is no evidence to suggest the proposed changes will impact sexual orientation		**Overall Impact: Positive** Services will continue to remain in Maldon. The environment may be preferred for some patients if services were on the High Street in Maldon as it will be more familiar, and patients could combine their appointment with other activities in their daily lives. Familiar, local locations may have improved transport links compared to those at St. Peters. By having the early supported discharge team, district nurses and others co-located, this creates an integrated team of professionals which can support improved pathways for patients.
Religion or Belief	Ambulatory care services currently provided at St Peter's Hospital being relocated in and around the Maldon district.	56,000 people in MSE (4.8%) are non-Christian religions and 35.8% have not stated or have no religion. There is no evidence to suggest the proposed changes will impact religion or belief.	There is no evidence to suggest the proposed changes will impact religion or belief.		**Overall Impact: Neutral** There is no evidence to suggest the proposed changes will impact on religion or belief.
Gender Reassignment	Ambulatory care services currently provided at St Peter's Hospital being	There is very little data regarding gender reassignment.	There is no evidence to suggest the proposed changes will impact gender reassignment.		**Overall Impact: Neutral** There is no evidence to suggest the proposed changes will impact on gender reassignment.

	relocated in and around the Maldon district.	Numbers of people identifying as transgender across the county is increasing with current estimates at 0.6% of people aged 16 and over. There is no evidence to suggest the proposed changes will impact gender reassignment.			

2. Health Inequalities Analysis

Public bodies have a legal duty to consider health inequalities when making service changes. This health inequalities analysis is a systematic process for evaluating how proposed service changes might affect different groups of people differently, especially those experiencing health inequalities. It aims to identify and address potential negative impacts on vulnerable or disadvantaged groups, ensuring that services are accessible and equitable for all. Those at particular risk of health inequalities that may be impacted by the proposals are:

1. People living in deprivation
2. Carers and unpaid carers
3. Homeless people
4. People living with a mental health condition
5. People with additions and/or substance misuse
6. Refugees and people seeking asylum
7. Gypsy, Roma and Traveller communities

2.1. Deprivation

2.1.1. All Proposals

In general, the Essex local authority area is not particularly deprived; looking at the 151 upper-tier authorities, Essex has a rank of 114, putting it towards the end of the second least deprived quintile for overall deprivation[63]. This being said, the two unitary authorities within the Mid and South Essex patch, Southend City and Thurrock Councils, are slightly more deprived in general with rankings of 83 and 77 respectively.

Literature Review

People in the most deprived areas in England can expect to have two or more health conditions at 61 years, which is 10 years earlier than people in the least deprived areas, according to research carried out by the Health Foundation[64]

The more deprived areas in both England and Wales experienced a higher number of deaths from leading causes such as heart diseases, chronic respiratory diseases and lung cancer than less deprived areas[65]

The lack of affordability for private vehicles in low-income households, combined with limited public transport services in many peripheral social housing estates, exacerbates the problem (of inequalities to healthcare) in many parts of the UK[66]

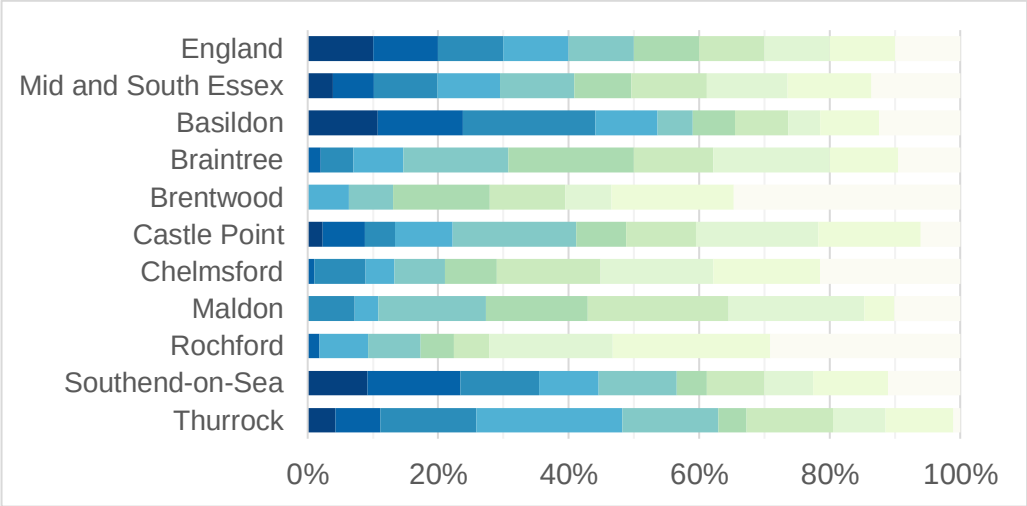
[63] Gov.uk, 2019. English Indices of Deprivation 2019: File 10 Local Authority District Summaries (lower-tier) https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

[64] https://www.health.org.uk/news-and-comment/news/people-in-most-deprived-areas-of-england-develop-multiple-health-conditions-10-years

[65] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/howdoesdeprivationvarybyleadingcauseofdeath/2017-11-01

[66] Lucas et al, 2019; Inequalities in mobility and Access in the UK Transport System: Evidence Review: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784685/future_of_mobility_access.pdf

An average IMD rank for each of the 9 districts in Mid and South Essex shows that there is significant polarity in deprivation across the region. The most deprived districts (Basildon and Thurrock) fall in the second most deprived quintile for deprivation out of 317 English authorities (most deprived 20%). In contrast, the least deprived districts (Brentwood, Chelmsford and Rochford) are in the least deprived quintile, and there are 5 districts where 0% of the population are in the most deprived 10% nationally. Furthermore, Brentwood and Maldon have 0% of their populations in the most deprived 20% nationally.

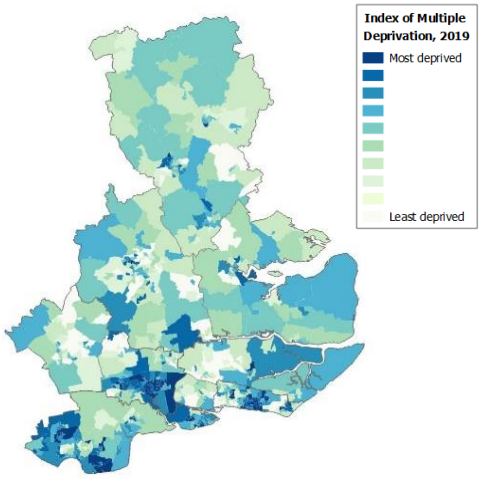


Despite these districts with little deprivation and the 316,248 people in Mid and South Essex in the least deprived 20% of the nation, the MSE area still has 120,840 people in the most deprived 20% of the nation; this equates to approximately 10% of the population in MSE. This information can be seen in the table below.

Area	Population living in the most deprived 20% of neighbourhoods		Population living in the least deprived 20% of neighbourhoods	
	Number	Percent	Number	Percent
Mid and South Essex	**120,840**	**10.1%**	**316,248**	**26.5%**
Basildon	44,437	23.7%	40,251	21.5%
Braintree	2,995	2.0%	30,448	20.0%
Brentwood	0	0%	41,172	53.5%
Castle Point	7,901	8.7%	19,646	21.7%
Chelmsford	1,754	1.0%	67,462	37.8%
Maldon	0	0%	9,562	14.7%
Rochford	1,546	1.8%	46,509	53.2%
Southend-on-Sea	42,854	23.4%	41,208	22.5%
Thurrock	19,353	11.1%	19,990	11.5%

Figure 16: Overall Index of Multiple Deprivation 2019 Map of Mid and South Essex by IMD 2019 Quintile[67].

2.1.2. Community Inpatient Beds



Local Community Hospital data below indicates the proportion of patients impacted by the proposed moves by Deprivation.

Protected Characteristics	Mid & South Essex	St Peters	Mountnessing Court	CICC	Brentwood
Deprivation top 20%	10.1%	-	9%	-	**9%**

2.1.3. Freestanding Midwife-Led Maternity Unit

If patients have to travel further away to deliver their baby or travel to multiple locations to attend outpatient appointments this may be costly or difficult if they rely on public transport. In turn, however, some patients may benefit from being closer to services as a result of the proposed change. Continuity of carer is a key part of the 'Better Births' guidance, specifically focusing on patients who are vulnerable to poor outcomes such as patients of an ethnic minority or those living in deprivation. Therefore, it is important to consider if the proposed changes will impact on the ability for patients to have continuity where possible.

2.1.4. Ambulatory Care Services

If patients have to travel to multiple locations to attend outpatient and diagnostic appointments this may be costly or difficult if they rely on public transport. In turn, however, some patients may benefit from being closer to services as a result of the proposed change and public transport links to these may be better than what patients will have currently experienced at St. Peters. This may give patients the opportunity to walk (if able to) or consolidate appointments with other activities they do in their local town to reduce costs. If there are patients who do not live in Maldon, these proposed changes could be more costly. Patients may need to find parking for example.

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2.2. Carers and Unpaid Carers

2.2.1. All Proposals

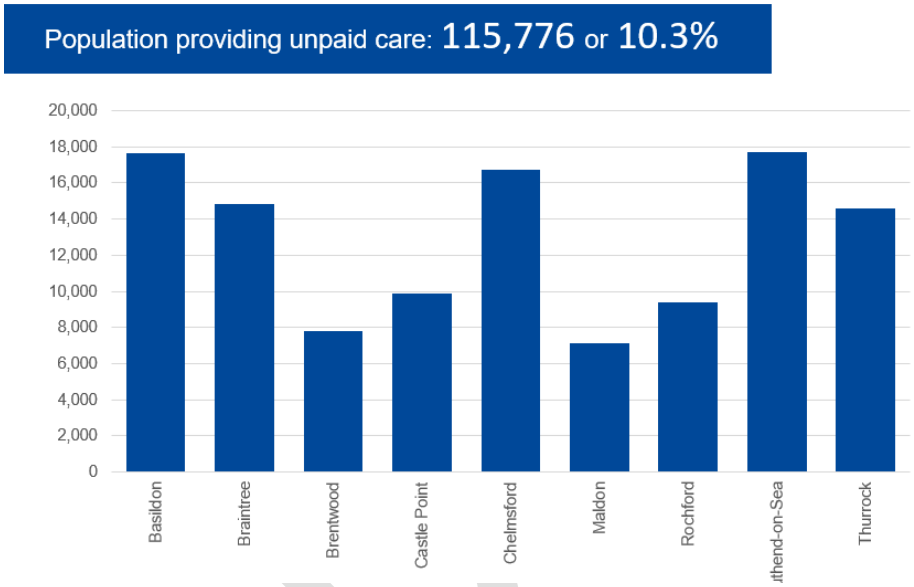
Increasing numbers of people are living with complex health needs and disabilities and require help with everyday activities. These people are often cared for, informally and unpaid, by family, friends, and neighbours.

Around 6.5 million carers in the UK provide care worth an estimated £57 billion to £100 billion per year. The number varies across the UK with a higher proportion of carers in Wales and Northern Ireland[68].

Literature Review

Providing unpaid care can affect carers' education, employment, relationships, household finances, health and well-being. Effects on carers tend to worsen with the more care provided. Support for carers can be provided by a range of organisations, such as employers and governments, and it can include financial, employment-related, respite care, and emotional and social support.[69] Some carers, such as those from ethnic minorities, can find it difficult to access support. Respite breaks, training, and counselling can improve carers' mental health and reduce stress.

In Mid and South Essex, 10.3%, 115,776 people, are providing unpaid care. The distribution of proportions of people is relatively even, however, based on volume Southend and Basildon have the highest volume of unpaid carers.



Area	Unpaid Carers	
	Number	Percent
England	5,430,016	10.2%
Mid and South Essex	**115,776**	**10.3%**
Basildon	17,633	10.1%
Braintree	14,830	10.1%
Brentwood	7,796	10.6%
Castle Point	9,897	11.2%
Chelmsford	16,750	10.0%
Maldon	7,161	11.6%
Rochford	9,421	11.3%
Southend-on-Sea	17,682	10.2%
Thurrock	14,606	9.3%

Figure 11:Source: Office for National Statistics (January 2013), Census 2011 KS301EW (Health and provision of unpaid care) -Nomis - Official Labour Market Statistics (nomisweb.co.uk)

2.2.2. Ambulatory Care Services

Patients who are reliant on carers to take them to appointments may now be required to travel to different locations for appointments and diagnostics. Parking may be more difficult as patients may need to walk through the high street areas whereas before they were able to park at the community hospital. For carers who are looking after patients with multi-morbidities, keeping track of the location of appointments may be more difficult. The locations, however, are close together and public transport links may be better,

[68] https://researchbriefings.files.parliament.uk/documents/POST-PN-0582/POST-PN-0582.pdf
[69] https://post.parliament.uk/research-briefings/post-pn-0582/#:~:text=Effects%20on%20carers%20tend%20to,and%20emotional%20and%20social%20support.

enabling some patients to attend alone who may have needed to be driven previously because of the location of St. Peters.

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2.3. Homelessness

All Proposals

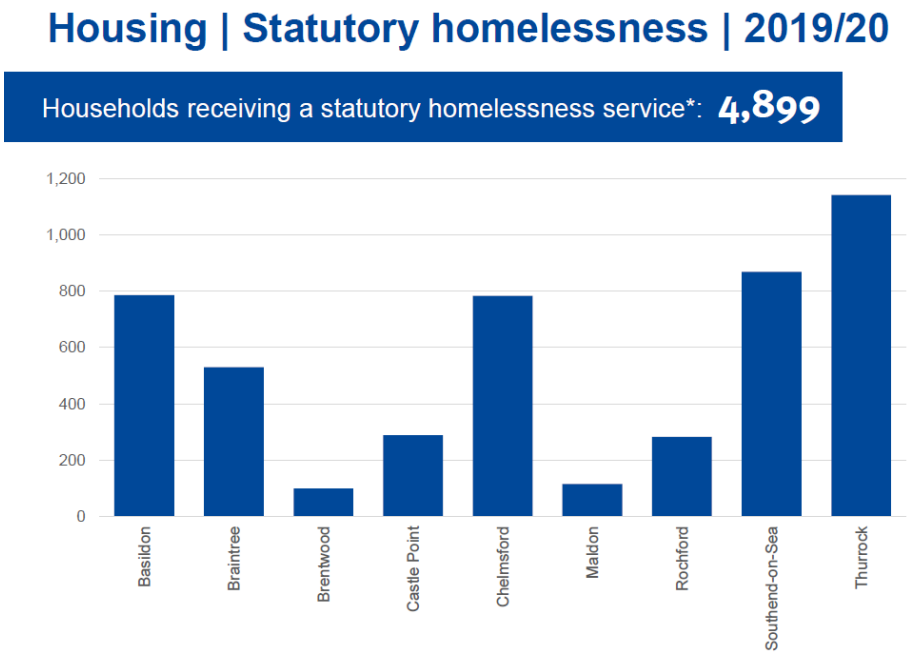
This analysis will look at the impact to those statutorily homeless. This is identified as the count of households who are living in temporary accommodation provided under the homeless legislation.

Literature Review

Statutorily homeless households contain some of the most vulnerable members of our communities and are at a higher risk of long-term conditions, mental health, smoking and various other illnesses, thus this cohort require a higher provision of care[70]. Being homeless also comes with a higher risk of delayed discharge from hospital, lengthening stays or cause repeated admissions to hospitals[71].

Numerous risk factors are associated with the likelihood of someone becoming homeless, and these broadly fall under individual circumstances and the wider forces. The risks range from drug and alcohol issues, bereavement, or experience of the criminal justice system, to the wider determinants of health such as inequality, unemployment, and housing supply and affordability[72]

There are just under 5,000 households in statutory homelessness in 19/20. The largest number in Thurrock, followed by Southend.



Area	Statutory homelessness
Mid and South Essex	4,899
Basildon	787
Braintree	531
Brentwood	99
Castle Point	288
Chelmsford	784
Maldon	115
Rochford	282
Southend-on-Sea	870
Thurrock	1,143

Figure 12: Source: Ministry of Housing, Communities & Local Government (October 2020), Statutory homelessness in England: financial year 2019-20 -GOV.UK (www.gov.uk).

[70] Morton , Jane. **Primary Health Care (2014+); London** Vol. 27, Iss. 8, (Sep 2017): 25. DOI:10.7748/phc.2017.e1289
[71] https://publichealthmatters.blog.gov.uk/2018/02/09/the-inequalities-of-homelessness-how-can-we-stop-them-dying-young/
[72] https://publichealthmatters.blog.gov.uk/2018/02/09/the-inequalities-of-homelessness-how-can-we-stop-them-dying-young/

2.4. Mental Health

2.4.1. All Proposals

Literature Review

There is a strong association between mental and physical ill health. People with long-term conditions, such as diabetes or cardiovascular disease, have significantly raised rates of depression, anxiety and other mental health problems. Evidence suggests that many of these people receive poorer quality care than those with a single condition.[73]

QOF Prevalence for Mental Health 2020/21 indicates an increasing population with mental health conditions across MSE over the past 10 years. In 2020/21 this rose by 0.1% to 0.82% or 10,236 people with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses.

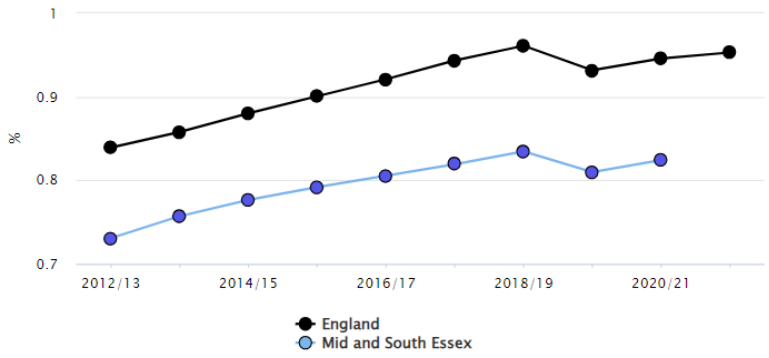
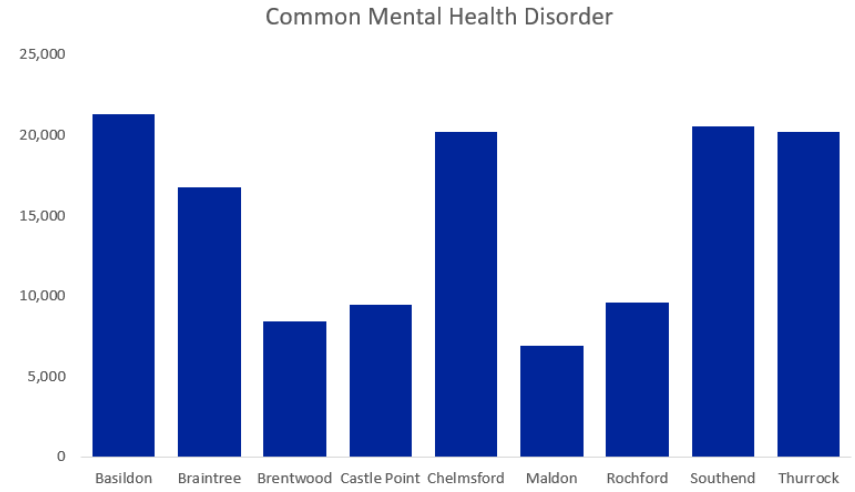


Figure 13: QOF Mental Health Prevalence, Fingertips, PHE

In addition to this, the Adult Psychiatry Morbidity Survey surveyed Mental Health and Wellbeing across England, released in 2016. This identified over 130,000 people with mental health disorders and Basildon had the highest volume of people self-reporting.

[73] https://www.kingsfund.org.uk/projects/mental-health-and-long-term-conditions-cost-co-morbidity



Mid and South Essex	133,362
Basildon	21,273
Braintree	16,752
Brentwood	8,404
Castle Point	9,429
Chelmsford	20,210
Maldon	6,928
Rochford	9,580
Southend	20,559
Thurrock	20,227

Figure 14: 3 Figures are based on the report Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 (2016)

2.4.2. Ambulatory Care Services

If outpatient services are moved across multiple settings, then patients could find travel to these different locations difficult. Particularly if they experience mental health conditions which may make travel more difficult. Some may find busy, high-street locations challenging or overwhelming. Equally, some patients may find the more familiar environment more comfortable than a clinical setting such as a community hospital.

2.5. Substance Misuse

All Proposals

Lierature Review

Patients with substance use disorder diagnoses, specifically those with drug use-related diagnoses, have higher rates of recurrent acute care hospital utilisation than those without substance use disorder diagnoses[74].

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

[74] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6034987/

Health | Substance Misuse | 2020

Population aged 18-64 predicted to be…		
Area	**at higher risk of alcohol-related health problems [1]**	**dependent on drugs [2]**
Mid and South Essex	**30,962**	**23,370**
Basildon	4,820	3,811
Braintree	3,945	2,849
Brentwood	1,962	1,422
Castle Point	2,234	1,639
Chelmsford	4,681	3,583
Maldon	1,686	1,113
Rochford	2,281	1,639
Southend-on-Sea	4,783	3,596
Thurrock	4,570	3,718

Figure 15: Projecting Adult Needs and Service Information (November 2020), PANSI
1. Figures are taken from the Health Survey for England 2018. Numbers have been calculated by applying percentages of men and women who are at higher risk to ONS projected population figures.
2. Figures are taken from the Adult Psychiatric Morbidity Survey 2014. The prevalence rates have been applied to ONS population projections for the 18-64 population to give estimated numbers predicted to have drug dependence.

2.6. Gypsy, Roma and Traveller communities

All Proposals

Literature Review

Research published by the Equality and Human Rights Commission in 2009 presented evidence of Gypsies' and Travellers' experience of inequality in a wide range of areas and highlighted 'the extent to which many of their experiences remain invisible and ignored within wider agendas. Compared with the general population, Gypsies and Travellers are more likely to have poor health. This includes lower life expectancy, high infant mortality rates, high maternal mortality rates, low child immunisation levels, higher prevalence of anxiety and depression, chronic cough or bronchitis (even after smoking is taken into account), asthma, chest pain and diabetes, and higher rates of smoking.

There is currently a lack of evidence or data to ascertain whether Gypsy, Roma and traveller communities will be disproportionately affected by the proposed relocation, however, evidence suggests that Traveller communities have difficulty accessing healthcare and therefore it is important to try to engage with this community around the proposed move of services in order to understand more about the current barriers and how the proposed changes to services can reduce negative impact to this community. It is also important that information is designed in an accessible format.

2.7. Refugees and People seeking asylum

All Proposals

Across the UK as of June 2023, the total 'work in progress' asylum caseload consisted of 215,500 cases. Of these, 138,000 cases were awaiting an initial decision, 5,100 were awaiting the outcome of an appeal, and approximately 41,200 cases were subject to removal action.The total asylum caseload has more than doubled in size since 2014, driven both by applicants waiting longer for an initial decision and a growth in the number of people subject to removal action following a negative decision. In 2021, 42% of applicants were nationals of Middle Eastern countries, and 23% were nationals of African countries. This pattern shifted in 2022 with the largest nationality groups being Asian countries (32% of applicants) and European countries (25% of applicants)[75].

Literature Review

Refugees and asylum seekers can have complex health needs. These may be influenced by experiences prior to leaving their home country, during transit or after arrival in the UK. Holistic and person-centred care is essential to support resilience and help them adapt to life in the UK. Refugees and asylum seekers may arrive in the UK with poorly controlled chronic conditions, such as diabetes and hypertension. This is usually the result of long periods without access to regular care, either in their home countries or during their journeys to the UK[76].

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[75] https://commonslibrary.parliament.uk/research-briefings/sn01403/#:~:text=As%20of%20June%202023%2C%20the,were%20subject%20to%20removal%20action.
[76] https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit/unique-health-challenges-for-refugees-and-asylum-seekers

2.8. Health Inequality Impact Assessment Framework- Community Inpatient Beds

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public and Staff Engagement	Nature of potential impact and recommendations
Deprivation	Option A	Option A proposals impact Rochford, Maldon & Brentwood. 1.8% of Rochford, 0% of Brentwood and 0% of Maldon are living in the 20% most deprived areas.	People in the most deprived areas in England can expect to have two or more health conditions at 61 years, which is 10 years earlier than people in the least deprived areas, according to research carried out by the Health Foundation[77] The more deprived areas in both England and Wales experienced a higher number of deaths from leading causes such as heart diseases, chronic respiratory diseases and lung cancer than less deprived areas[78]	The majority of respondents preferred neither option. Approximately one fifth to one quarter of respondents with enough or more than enough money for basic necessities preferred option B compared to 17% of those with just enough or not enough money for basic necessities.	**Overall Impact: Adverse** Option A proposes IMC bed closures at Brentwood (25 beds) and an increase in IMC bed capacity at CICC (22 beds) (compared to the current temporary arrangements). It also proposes an increase in stroke beds at Brentwood and the removal of stroke beds from CICC. Option A proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. The move from St Peter's Hospital will allow for stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option A offers dedicated stroke care options at Brentwood. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. For stroke patients and their relatives, travel analysis suggests 50-68.4% of people would see an increase in their journey times to travel to Brentwood rather than St. Peters and this is higher over the weekend However, it also

[77] https://www.health.org.uk/news-and-comment/news/people-in-most-deprived-areas-of-england-develop-multiple-health-conditions-10-years
[78] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/howdoesdeprivationvarybyleadingcauseofdeath/2017-11-01

					suggests that there is no significant variation in travel between Brentwood and CICC for IMC beds during the week and at the weekend, for either travel by car or by public transport. Travel challenges could significantly impact those living in deprived areas. Option A was the least preferred option of the two consulted on, however, neither option was preferred by public feedback. 53% of staff, however, preferred option B. It is recommended to engage with those living in deprivation when considering the impact of community bed locations and configurations and the potential impact of patients moving to another location which may result in travel changes for both patients and their families.
	Option B	Option B proposals impact Rochford, Brentwood & Maldon the most by the move from St. Peters and the closure of IMC beds in CICC. 1.8% of Rochford and 0% of Maldon are living in the 20% most deprived areas.			**Overall Impact: Adverse** Option B proposes closure of IMC beds at CICC and more stroke capacity at CICC in place of the IMC capacity, and 25 stroke beds and 25 IMC remaining at Brentwood as per temporary arrangements. Option B ensures IMC bed numbers remain consistent with existing and planned future demand and keep an IMC presence across the MSE footprint, whilst accommodating the Stroke expansion which is important to meet the future demands of the population. Option B proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. The move from St. Peters will allow for Stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option B offers dedicated stroke care options at CICC. This will enable development of

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					specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. For stroke patients and their relatives, travel analysis suggests 50-68.4% of people would see an increase in their journey times to travel to Brentwood rather than St. Peters and this is higher over the weekend However, it also suggests that there is no significant variation in travel between Brentwood and CICC for IMC beds during the week and at the weekend, for either travel by car or by public transport. Travel challenges could significantly impact those living in deprived areas. It is recommended to engage with those in deprived areas proportionally to understand how they are impacted. Option A was the least preferred option of the two consulted on, however, neither option was preferred by public feedback. 53% of staff, however, preferred option B. It is recommended to engage with those living in deprivation when considering the impact of community bed locations and configurations and the potential impact of patients moving to another location which may result in travel changes for both patients and their families.
Carers and Unpaid Carers Carers & Unpaid Carers	Option A	Option A proposals impact Rochford, Maldon & Brentwood. 24,378 people are carers or unpaid carers in these areas.	Providing unpaid care can affect carers' education, employment, relationships, household finances, health and well-being. Effects on carers tend to worsen with the more care provided. Support for carers can be provided by a range of organisations, such as employers and governments, and it		**Overall Impact: Adverse** Option A proposes IMC bed closures at Brentwood (25 beds) and an increase in IMC bed capacity at CICC (22 beds) (compared to the current temporary arrangements). It also proposes an increase in stroke beds at Brentwood and the removal of stroke beds from CICC. Option A proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. The move from St Peter's Hospital will allow for stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in

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			can include financial, employment-related, respite care, and emotional and social support.[79] Some carers, such as those from ethnic minorities, can find it difficult to access support. Respite breaks, training, and counselling can improve carers' mental health and reduce stress.		community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option A offers dedicated stroke care options at Brentwood. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. Some patients and carers may be required to travel further which could be costly and result in more reliance on carers/ relatives. 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. It is recommended to engage with carers and unpaid carers proportionally to understand how they are impacted, as they may need travel further as a result of the proposed changes.
	Option B	Option B proposals impact Rochford, Brentwood & Maldon the most by the move from St. Peters and the closure of IMC beds in CICC. 16,582 people are carers or unpaid carers in these areas.			**Overall Impact: Adverse** Option B proposes closure of IMC beds at CICC and more stroke capacity at CICC in place of the IMC capacity, and 25 stroke beds and 25 IMC remaining at Brentwood as per temporary arrangements. Option B ensures IMC bed numbers remain consistent with existing and planned future demand and keep an IMC presence across the MSE footprint, whilst accommodating the Stroke expansion which is important to meet the future demands of the population. Option B proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. The move from St. Peters will allow for Stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and

[79] https://post.parliament.uk/research-briefings/post-pn-0582/#:~:text=Effects%20on%20carers%20tend%20to,and%20emotional%20and%20social%20support.

					also provides access to dedicated rehab care which optimises patient outcomes. Option B offers dedicated stroke care options at CICC. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. Some patients and carers may be required to travel further which could be costly and result in more reliance on carers/ relatives. 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. It is recommended to engage with carers and unpaid carers proportionally to understand how they are impacted, as they may need travel further as a result of the proposed changes.
Homelessness	Option A	Option A proposals impact Rochford, Maldon & Brentwood. 496 households are statutory homeless in these areas.	Statutorily homeless households contain some of the most vulnerable members of our communities and are at a higher risk of long-term conditions, mental health, smoking and various other illnesses, thus this cohort require a higher provision of care[80]. Being homeless also comes with a higher risk of delayed discharge from hospital, lengthening stays or cause repeated		**Overall Impact:** Neutral There is no evidence to suggest that proposed models would impact those who are homeless, however, it is important to note Basildon is one of the areas in MSE with the highest volume of homelessness. Therefore, Model B would be reducing IMC services in that area. It is recommended to engage with homelessness and rough sleeper services and service users to understand how they may be impacted.
	Option B	Option B proposals impact Rochford, Brentwood & Maldon the most by the move from St. Peters and the closure of IMC beds in CICC. 397 households are statutory homeless in these areas.			

[80] Morton , Jane. **Primary Health Care (2014+); London** Vol. 27, Iss. 8, (Sep 2017): 25. DOI:10.7748/phc.2017.e1289

			admissions to hospitals[81]. Numerous risk factors are associated with the likelihood of someone becoming homeless, and these broadly fall under individual circumstances and the wider forces. The risks range from drug and alcohol issues, bereavement, or experience of the criminal justice system, to the wider determinants of health such as inequality, unemployment, and housing supply and affordability[82] There is a strong association between mental and physical ill health. People with long-term conditions, such as diabetes or cardiovascular disease, have significantly raised rates of depression, anxiety and other		

[81] https://publichealthmatters.blog.gov.uk/2018/02/09/the-inequalities-of-homelessness-how-can-we-stop-them-dying-young/
[82] https://publichealthmatters.blog.gov.uk/2018/02/09/the-inequalities-of-homelessness-how-can-we-stop-them-dying-young/

			mental health problems. Evidence suggests that many of these people receive poorer quality care than those with a single condition.[83]		
Mental Health	Option A	Option A proposals impact Rochford, Maldon & Brentwood. 24,912 people with mental health disorders in these areas.	There is a strong association between mental and physical ill health. People with long-term conditions, such as diabetes or cardiovascular disease, have significantly raised rates of depression, anxiety and other mental health problems. Evidence suggests that many of these people receive poorer quality care than those with a single condition.[84]		**Overall Impact: Positive** Option A proposes IMC bed closures at Brentwood (25 beds) and an increase in IMC bed capacity at CICC (22 beds) (compared to the current temporary arrangements). It also proposes an increase in stroke beds at Brentwood and the removal of stroke beds from CICC. 75% of IMC patients at Brentwood are Male, meaning Males will be significantly impacted, however, IMC capacity is proposed to increase at CICC and remains the same at the other sites, meaning overall there would be 11 less IMC beds compared to current temporary arrangements. Option A proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. The move from St Peter's Hospital will allow for stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option A offers dedicated stroke care options at Brentwood. This will enable development of specialist staff skill sets, care

[83] https://www.kingsfund.org.uk/projects/mental-health-and-long-term-conditions-cost-co-morbidity
[84] https://www.kingsfund.org.uk/projects/mental-health-and-long-term-conditions-cost-co-morbidity

					processes, easier audit and monitoring, and greater potential for research and innovation. Patients could find travel to different locations difficult, particularly if they experience mental health conditions which may make travel more difficult. The proposed models would, however, where possible try to promote more home-based care rather than inpatient care, optimising patients' outcomes and reducing travel when not necessary to support patient's mental health. It is recommended to engage with people with Mental health conditions and mental health services to understand how they are impacted, as patients may need travel further as a result of the proposed changes. Option A was the least preferred option of the two consulted on, however, neither option was preferred by public feedback. 53% of staff, however, preferred Option B.
	Option B	Option B proposals impact Rochford, Brentwood & Maldon the most by the move from St. Peters and the closure of IMC beds in CICC. 6,719 people with mental health disorders in these areas.			**Overall Impact:** **Positive** Option B proposes closure of IMC beds at CICC and more stroke capacity at CICC in place of the IMC capacity, and 25 stroke beds and 25 IMC remaining at Brentwood as per temporary arrangements. Option B ensures IMC bed numbers remain consistent with existing and planned future demand and keep an IMC presence across the MSE footprint, whilst accommodating the Stroke expansion which is important to meet the future demands of the population. Option B proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. The move from St. Peters will allow for Stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and

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					also provides access to dedicated rehab care which optimises patient outcomes. Option B offers dedicated stroke care options at CICC. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. Patients could find travel to different locations difficult, particularly if they experience mental health conditions which may make travel more difficult. The proposed models would, however, where possible try to promote more home-based care rather than inpatient care, optimising patients' outcomes and reducing travel when not necessary to support patient's mental health. It is recommended to engage with people with Mental health conditions and mental health services to understand how they are impacted, as patients may need travel further as a result of the proposed changes. Option A was the least preferred option of the two consulted on, however, neither option was preferred by public feedback. 53% of staff, however, preferred Option B.
Substance Misuse	Option A	Option A proposals impact Rochford, Maldon & Brentwood. 10,103 people at risk of alcohol related problems or drug misuse.	Patients with substance use disorder diagnoses, specifically those with drug use-related diagnoses, have higher rates of recurrent acute care hospital utilisation than those without substance use disorder diagnoses[85].		**Overall Impact:** Neutral There is no evidence to suggest that proposed models would impact those with substance misuse, however, it is important to note Basildon has the highest volume of people living with drug misuse and risk of alcohol related illness. Therefore, Model B would be reducing IMC services in that area. It is recommended to engage with substance misuse services and service users to understand how they may be impacted.
	Option B	Option B proposals impact Rochford, Brentwood & Maldon the most by the move from St. Peters and the closure of IMC beds in CICC.			

[85] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6034987/

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		6,719 people at risk of alcohol related problems or drug misuse.			
Gypsy, Roma and Traveller communities	Option A and B	There is currently a lack of evidence or data to ascertain whether Gypsy, Roma and traveller communities will be disproportionately affected by the proposed relocation, however, evidence suggests that Traveller communities have difficulty accessing healthcare and therefore it is important to try to engage with this community around the proposed move of services in order to understand more about the current barriers and how the proposed changes to services can reduce negative impact to this community.	Research published by the Equality and Human Rights Commission in 2009 presented evidence of Gypsies' and Travellers' experience of inequality in a wide range of areas and highlighted 'the extent to which many of their experiences remain invisible and ignored within wider agendas. Compared with the general population, Gypsies and Travellers are more likely to have poor health. This includes lower life expectancy, high infant mortality rates, high maternal mortality rates, low child immunisation levels, higher prevalence of anxiety and depression, chronic cough or bronchitis (even after smoking is taken into account), asthma,		Overall Impact: **Neutral** It is not anticipated that any of the proposed models will disproportionately impact Gypsy, Roma and Traveller communities, however, it is recommended that information is designed in an accessible format.

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			chest pain and diabetes, and higher rates of smoking.		
Refugees and People seeking asylum	Option A and B	As of June 2023, the total 'work in progress' asylum caseload consisted of 215,500 cases. Of these, 138,000 cases were awaiting an initial decision, 5,100 were awaiting the outcome of an appeal, and approximately 41,200 cases were subject to removal action.The total asylum caseload has more than doubled in size since 2014, driven both by applicants waiting longer for an initial decision and a growth in the number of people subject to removal action following a negative decision. There is no data regarding MSE specifically.	Refugees and asylum seekers can have complex health needs. These may be influenced by experiences prior to leaving their home country, during transit or after arrival in the UK. Holistic and person-centred care is essential to support resilience and help them adapt to life in the UK. Refugees and asylum seekers may arrive in the UK with poorly controlled chronic conditions, such as diabetes and hypertension. This is usually the result of long periods without access to regular care, either in their home countries or during their journeys to the UK[86].		**Overall Impact:** Neutral It is not anticipated that any of the proposed models will disproportionately impact Refugees and people seeking asylum.

[86] https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit/unique-health-challenges-for-refugees-and-asylum-seekers

2.9. Health Inequality Impact Assessment Framework- Freestanding Midwife-Led Birthing Unit

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public and Staff Engagement	Nature of potential impact and recommendations
Deprivation	Freestanding midwife-led birthing unit at WJC. Maternity outpatients to remain in Maldon.	120,840 people (10.1%) live in the 20% most deprived neighbourhoods in MSE.	Continuity of carer is a key part of the 'Better Births' guidance, specifically focusing on patients who are vulnerable to poor outcomes such as patients of an ethnic minority or those living in deprivation. Women living in the most deprived areas had a maternal mortality rate two-and-a-half times higher than women living in the least deprived areas[87].	89-94% of respondents with enough or more than enough money for basic necessities felt a freestanding midwife-led birthing unit was a poor or very poor solution. This increased to 96-99% for those who have just enough or not enough money for basic necessities.	**Overall Impact: Adverse** Model proposes inpatient activity at WJC and outpatient activity in Maldon. Inpatient activity moving to Braintree will ensure services are accessible and available consistently for patients. Travel may be more difficult for some, particularly those in the Maldon district living in deprivation, and easier for others who once attended St. Peters for the birthing unit, however, patients will now receive a more consistent service in improved, more modern facilities. Outpatient services being located in Maldon, will mean patients will continue to have outpatient appointments locally. It is recommended to engage with those living in deprivation proportionally to understand how they are impacted, as some people may need travel further as a result of the proposed changes.

[87] https://www.nuffieldtrust.org.uk/news-item/inequalities-in-midwifery-continuity-of-care-during pregnancy#:~:text=As%20we%20have%20shown%2C%20only,well%20below%20the%2075%25%20target.

Carers and Unpaid Carers	Freestanding midwife-led birthing unit at WJC. Maternity outpatients to remain in Maldon.	115,776 (10.3%) of people in MSE are unpaid carers.	Carers may need to ensure patients attend their appointments and take them to hospital and therefore, proposed changes to the location of care could impact them. If the patient themselves is a carer, then the change in location may also impact them as they may be further from their caring responsibilities. However, the impact would be on inpatient care only and therefore likely to be limited impact.		**Overall Impact: Adverse** Model proposes inpatient activity at WJC and outpatient activity in Maldon. Inpatient activity moving to Braintree will ensure services are accessible and available consistently for patients. Travel may be more difficult for some, particularly those in the Maldon district, and easier for others who once attended St. Peters for the birthing unit, however, patients will now receive a more consistent service in improved, more modern facilities. Outpatient services being located in Maldon, will mean patients will continue to have outpatient appointments locally. It is recommended to engage with carers and unpaid carers proportionally to understand how they are impacted, as some people may need travel further as a result of the proposed changes.
Homelessness	Freestanding midwife-led birthing unit at WJC. Maternity outpatients to remain in Maldon.	4,899 people are statutory homeless in MSE. There is no evidence to suggest the proposed changes will impact on homelessness.	There is no evidence to suggest the proposed changes will impact on homelessness.		**Overall Impact: Neutral** There is no evidence to suggest the proposed changes will impact on homeless people.

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Mental Health	Freestanding midwife-led birthing unit at WJC. Maternity outpatients to remain in Maldon.	133,362 people in MSE have a mental health disorder.	Patients could find travel to a different locations difficult, particularly if they experience mental health conditions which may make travel more difficult.	93% of people with a physical or mental health condition or illness lasting or expected to last 12 months or more felt a freestanding midwife-led birthing unit was a poor or very poor solution. 2% felt it was a good or very good solution.	**Overall Impact: Positive** Model proposes inpatient activity at WJC and outpatient activity in Maldon. Inpatient activity moving to Braintree will ensure services are accessible and available consistently for patients. Travel may be more difficult for some, particularly those in the Maldon district, and easier for others who once attended St. Peters for the birthing unit, however, patients will now receive a more consistent service in improved, more modern facilities. Outpatient services being located in Maldon, will mean patients will continue to have outpatient appointments locally.
Substance Misuse	Freestanding midwife-led birthing unit at WJC. Maternity outpatients to remain in Maldon.	There is no evidence that the proposed changes will impact on substance misuse.	There is no evidence that the proposed changes will impact on substance misuse.		**Overall Impact: Neutral** There is no evidence to suggest the proposed changes will impact on people who have substance misuse.
Obesity	Freestanding midwife-led birthing unit at WJC. Maternity outpatients to remain in Maldon.	MSE has seen a 0.35% increase (4 maternities per month) in maternities of patients categorised as severely obese.	Patients who are obese are at risk of some of the same impacts identified for those under disability section. This is due to complexity in birth and potential mobility difficulties that may be experienced.		**Overall Impact: Positive** Model proposes inpatient activity at WJC and outpatient activity in Maldon. Inpatient activity moving to Braintree will ensure services are accessible and available consistently for patients. Travel may be more difficult for some, particularly those in the Maldon district, and easier for others who once attended St. Peters for the birthing unit, however, patients will now receive a more consistent service in improved, more modern facilities.

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					Outpatient services being located in Maldon, will mean patients will continue to have outpatient appointments locally.
Gypsy, Roma and Traveller Communities	Freestanding midwife-led birthing unit at WJC. Maternity outpatients to remain in Maldon.	Data is limited on the traveller community. There is no evidence to suggest the proposed changes will impact Gypsy, Roma and Traveller Communities.	There is no evidence to suggest the proposed changes will impact Gypsy, Roma and Traveller Communities.		**Overall Impact:** Neutral There is no evidence to suggest the proposed changes will impact on Gypsy, Roma and Traveller communities.
Refugees and People seeking asylum	Freestanding midwife-led birthing unit at WJC. Maternity outpatients to remain in Maldon.	As of June 2023, the total 'work in progress' asylum caseload consisted of 215,500 cases. Of these, 138,000 cases were awaiting an initial decision, 5,100 were awaiting the outcome of an appeal, and approximately 41,200 cases were subject to removal action. The total asylum caseload has more than doubled in size since 2014, driven both by applicants waiting longer for an initial decision and a growth in the number of people subject to removal action following a negative decision.	Refugees and asylum seekers can have complex health needs. These may be influenced by experiences prior to leaving their home country, during transit or after arrival in the UK. Holistic and person-centred care is essential to support resilience and help them adapt to life in the UK. Refugees and asylum seekers may arrive in the UK with poorly controlled chronic conditions, such as diabetes and hypertension. This is usually the result of long periods without access to regular care, either in their home countries or during their journeys to the UK.		**Overall Impact:** Neutral It is not anticipated that any of the proposed models will disproportionately impact Refugees and people seeking asylum.

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		There is no data regarding MSE specifically.			

2.10. Health Inequality Impact Assessment Framework- Ambulatory Care Services

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Public and Staff Engagement	Nature of potential impact and recommendations
Deprivation	Ambulatory care services currently provided at St Peter's Hospital being relocated in and around the Maldon district.	120,840 people (10.1%) live in the 20% most deprived neighbourhoods in MSE.	People in the most deprived areas in England can expect to have two or more health conditions at 61 years, which is 10 years earlier than people in the least deprived areas, according to research carried out by the Health Foundation[88] The more deprived areas in both England and Wales experienced a higher number of deaths from leading causes such as heart diseases, chronic respiratory diseases and lung cancer than less deprived areas[89]	86% of respondents with enough or more than enough money for basic necessities felt relocating ambulatory care services was a poor or very poor solution. This increased to 96% for those who have just enough or not enough money for basic necessities.	**Overall Impact: Positive** Services will continue to remain in Maldon. The environment may be preferred for some patients if services were on the High Street in Maldon as it will be more familiar, and patients could combine their appointment with other activities in their daily lives. Familiar, local locations may have improved transport links compared to those at St. Peters. By having the early supported discharge team, district nurses and others co-located, this creates an integrated team of professionals which can support improved pathways for patients. If patients have to travel to multiple locations to attend outpatient and diagnostic appointments this may be costly or difficult if they rely on public transport. In turn, however, some patients may benefit from being closer to services as a result of the proposed change and public transport links to these may be better than what patients will have currently experienced at St. Peters. This may give patients the opportunity to walk (if able to) or consolidate appointments with other activities they do in their local town to reduce costs. If there are patients who do not live in Maldon, these proposed

[88] https://www.health.org.uk/news-and-comment/news/people-in-most-deprived-areas-of-england-develop-multiple-health-conditions-10-years
[89] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/howdoesdeprivationvarybyleadingcauseofdeath/2017-11-01

					changes could be more costly. Patients may need to find parking for example.
Carers and Unpaid Carers	Ambulatory care services currently provided at St Peter's Hospital being relocated in and around the Maldon district.	115,776 (10.3%) of people in MSE are unpaid carers.	Carers may need to ensure patients attend their appointments and take them to hospital and therefore, proposed changes to the location of care could impact them. If the patient themselves is a carer, then the change in location may also impact them as they may be further from their caring responsibilities.		**Overall Impact: Adverse** Services will continue to remain in Maldon. The environment may be preferred for some patients if services were on the High Street in Maldon as it will be more familiar, and patients could combine their appointment with other activities in their daily lives. Familiar, local locations may have improved transport links compared to those at St. Peters. By having the early supported discharge team, district nurses and others co-located, this creates an integrated team of professionals which can support improved pathways for patients. Patients who are reliant on carers to take them to appointments may now be required to travel to different locations for appointments and diagnostics. Parking may be more difficult as patients may need to walk through the high street areas whereas before they were able to park at the community hospital. For carers who are looking after patients with multi-morbidities, keeping track of the location of appointments may be more difficult. Public transport links may be better, enabling some patients to attend alone who may have needed to be driven previously because of the location of St. Peters. It is recommended to engage with carers and unpaid carers proportionally to understand how they are impacted, as some people may need travel further as a result of the proposed changes.

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Homelessness	Ambulatory care services currently provided at St Peter's Hospital being relocated in and around the Maldon district.	4,899 people are statutory homeless in MSE. There is no evidence to suggest the proposed changes will impact on homelessness.	There is no evidence to suggest the proposed changes will impact on homelessness.		**Overall Impact:** Neutral There is no evidence to suggest the proposed changes will impact on homeless people.
Mental Health	Ambulatory care services currently provided at St Peter's Hospital being relocated in and around the Maldon district.	133,362 people in MSE have a mental health disorder.	Patients could find travel to a different location difficult, particularly if they experience mental health conditions which may make travel more difficult.	92% of people with a physical or mental health condition or illness lasting or expected to last 12 months or more felt relocating ambulatory care services was a poor or very poor solution.	**Overall Impact:** Adverse Services will continue to remain in Maldon. The environment may be preferred for some patients if services were on the High Street in Maldon as it will be more familiar, and patients could combine their appointment with other activities in their daily lives. Familiar, local locations may have improved transport links compared to those at St. Peters. By having the early supported discharge team, district nurses and others co-located, this creates an integrated team of professionals which can support improved pathways for patients. If outpatient services are moved across multiple settings, then patients could find travel to these different locations difficult. Particularly if they experience mental health conditions which may make travel more difficult. Some may find busy, high-street locations challenging or overwhelming. Equally, some patients may find the more familiar environment more comfortable than a clinical setting such as a community hospital. It is recommended to engage with people with mental health conditions proportionally to understand how they are impacted by the proposal.
Substance Misuse	Ambulatory care services currently provided at St Peter's Hospital being	There is no evidence that the proposed changes will impact	There is no evidence that the proposed changes will impact on substance misuse.		**Overall Impact:** Neutral There is no evidence to suggest the proposed changes will impact on people who have substance misuse.

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	relocated in and around the Maldon district.	on substance misuse.			
Obesity	Ambulatory care services currently provided at St Peter's Hospital being relocated in and around the Maldon district.		Patients who are obese are at risk of some of the same impacts identified for those under disability section.		**Overall Impact: Adverse** Services will continue to remain in Maldon. The environment may be preferred for some patients if services were on the High Street in Maldon as it will be more familiar, and patients could combine their appointment with other activities in their daily lives. Familiar, local locations may have improved transport links compared to those at St. Peters. By having the early supported discharge team, district nurses and others co-located, this creates an integrated team of professionals which can support improved pathways for patients. Those with obesity are one of the cohorts who may experience adverse impacts as a result of this proposed relocation of services as their mobility could be impacted and they may find travel in local built-up areas more difficult as this may require more walking from local car parks. It is recommended to engage with people with obesity proportionally to understand how they are impacted by the proposal.
Gypsy, Roma and Traveller Communities	Ambulatory care services currently provided at St Peter's Hospital being relocated in and around the Maldon district.	Data is limited on the traveller community. There is no evidence to suggest the proposed changes will impact Gypsy, Roma and Traveller Communities.	There is no evidence to suggest the proposed changes will impact Gypsy, Roma and Traveller Communities.		**Overall Impact: Neutral** There is no evidence to suggest the proposed changes will impact on Gypsy, Roma and Traveller communities.
Refugees and People seeking asylum	Ambulatory care services currently provided at St Peter's Hospital being relocated in and	As of June 2023, the total 'work in progress' asylum caseload consisted of 215,500 cases. Of	Refugees and asylum seekers can have complex health needs. These may be influenced by experiences prior to leaving their home country, during transit or		**Overall Impact: Neutral** There is no evidence to suggest the proposed changes will disproportionately impact Refugees and people seeking asylum.

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	around the Maldon district.	these, 138,000 cases were awaiting an initial decision, 5,100 were awaiting the outcome of an appeal, and approximately 41,200 cases were subject to removal action. The total asylum caseload has more than doubled in size since 2014, driven both by applicants waiting longer for an initial decision and a growth in the number of people subject to removal action following a negative decision. There is no data regarding MSE specifically.	after arrival in the UK. Holistic and person-centred care is essential to support resilience and help them adapt to life in the UK. Refugees and asylum seekers may arrive in the UK with poorly controlled chronic conditions, such as diabetes and hypertension. This is usually the result of long periods without access to regular care, either in their home countries or during their journeys to the UK.		

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3. Health Impact Assessment

A Health Impact Analysis is a structured process used in the NHS to assess the potential effects of a service change on the health and wellbeing of a population. It helps decision-makers understand the broader implications of changes—especially unintended consequences—before they are implemented. The health impacts identified are specific to the service changes proposed and particular groups of people with certain conditions that may be impacted by them. Therefore, for the different proposals there are different groups and conditions that have been identified as being potentially impacted by the proposed service changes. These are outlined below:

Community Inpatient Beds

1. Dementia
2. Falls
3. Stroke
4. Frailty

Freestanding Midwife-Led Birthing Unit

1. Diabetes

Ambulatory Care Services

1. Ophthalmology
2. Musculoskeletal (MSK) Conditions
3. Neurology
4. Dermatology
5. Other factors to consider- Digital Inclusion

3.1. Dementia

Community Inpatient Beds

There are currently 944,000 people with dementia in the UK, more than ever before, and this number is projected to increase over time. National average of 1.33% of the population has dementia, and for each of the districts in Mid and South Essex, the proportions of people living with dementia are similar or above this national average[90], except in the case of Thurrock where dementia prevalence is reported as 0.85%. Nationally, it is estimated that there are approximately 885,000 people aged 65 and over with dementia, 748,000 of whom are in England which equates to a prevalence rate of 7.2% for dementia in older people[91].

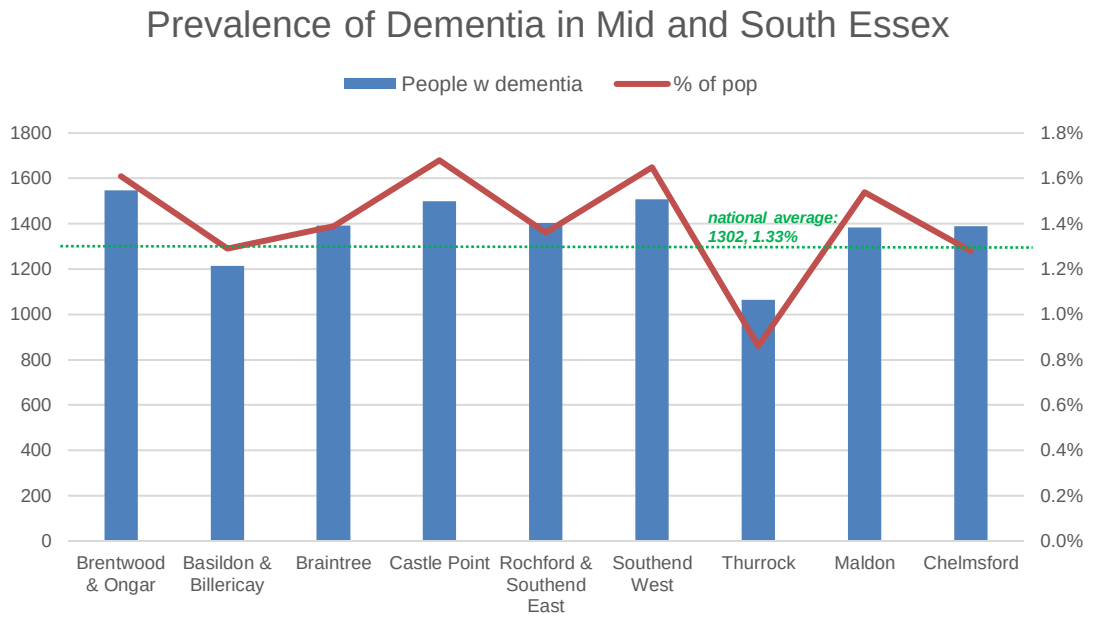
Literature Review

[90] Dementia Prevalence by UK Constituency (polimapper.co.uk)
[91] LSE, Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040 5 (alzheimers.org.uk)

Women make up 65% of those who currently have dementia, and so are more at risk. While this may in part be linked to the fact with age is the main risk factor for dementia and women live longer than men on average, this does not fully explain the difference[92].

It is suspected that many people living with dementia do not have a formal diagnosis (approximately 37% across Mid and South Essex[93]). And for those who do have a formal diagnosis of dementia or Alzheimer's disease, the proportion with care plans or recent reviews is below 50% and appears to have decreased in recent years[94].

A Graph to show the prevalence of dementia in MSE by area, with numbers and percentages based on local population size.



3.2. Falls

Community Inpatient Beds

A rapidly ageing population means that doctors in all specialties are likely to encounter older people who have had falls. Falls in the elderly are common and associated with major morbidity and mortality.

Literature Review

Recurrent falls and fear of falling are the most common reasons for an older person to require nursing home care. An initial fall may be a manifestation of an acute illness and may be the only presenting feature. However, it is known that an index fall is a risk for future falls and approximately half of those who fall once are likely to do so again.[95]

Across MSE, there are 6 districts with a higher rate of falls amongst over 65s compared to the East of England Average. Thurrock and Basildon have the highest rates of falls amongst over 65s, followed closely by Castle Point and Southend.

[92] Hormones and dementia | Alzheimer's Society (alzheimers.org.uk)
[93] NHS Digital Recorded Dementia Diagnoses as at July 2022 Microsoft Power BI
[94] Statistical commentary: dementia profile, March 2021 update - GOV.UK (www.gov.uk)
[95] https://www.rcpe.ac.uk/sites/default/files/anderson.pdf

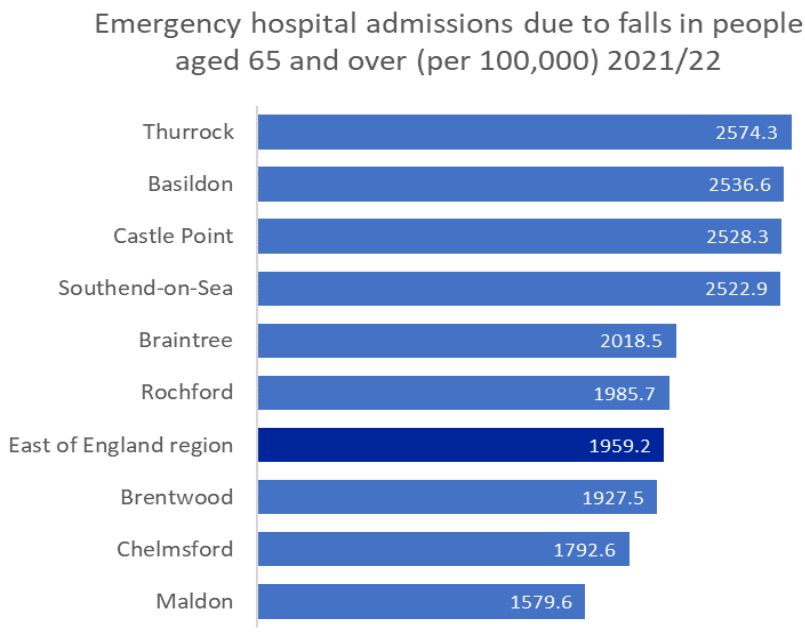


Figure 16: Finger Tips, PHE[96]

3.3. Stroke

Community Inpatient Beds

Over 100,000 people have a stroke in the UK every year. Many of those who survive a stroke, with appropriate and timely rehabilitation and support, can make a full and complete recovery. However, a third will be left with some form of long-term disability, affecting mobility, cognition, vision, psychological wellbeing or communication[97]. Personalised plans for all patients should include personalised rehabilitation goals to allow patients to take ownership of their rehabilitation. These goals should be reviewed regularly with the patient and, where appropriate, their carers throughout the treatment period to promote and support the wellbeing principle[98].

Literature Review

A 2019 study looked at discharge destination of acute stroke patients and showed an increasing likelihood of discharge to long-term care as frailty increased (non-frail 18.5% versus pre-frail 28% versus frail 46.9%).[99]

[96] https://fingertips.phe.org.uk/search/fall#page/3/gid/1/pat/6/par/E12000006/ati/501/are/E07000066/iid/22401/age/27/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/tre-ao-1_car-do-0

[97] https://www.england.nhs.uk/wp-content/uploads/2022/02/stroke-integrated-community-service-february-2022.pdf

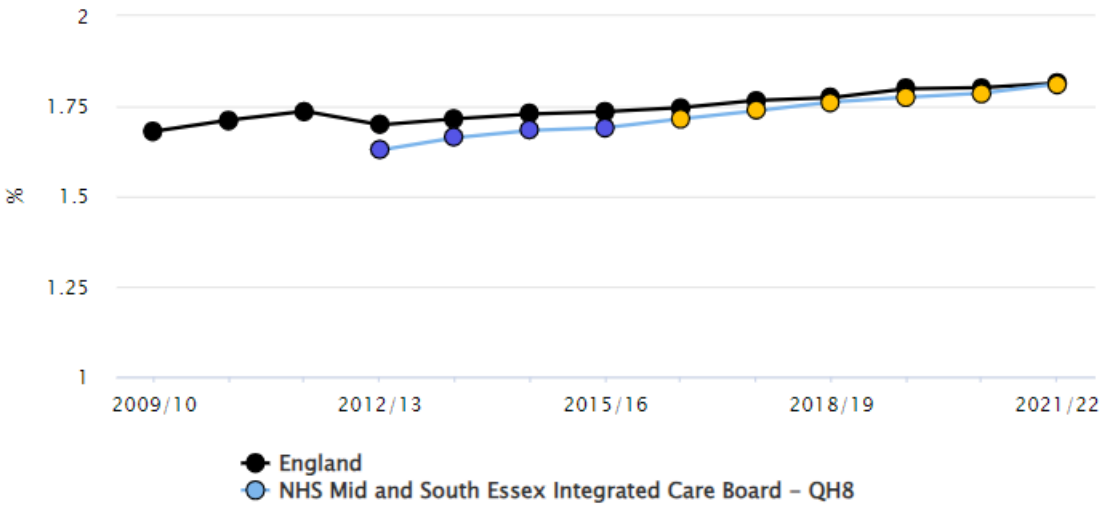
[98] https://www.england.nhs.uk/wp-content/uploads/2022/02/stroke-integrated-community-service-february-2022.pdf

[99] Seamon BA, Simpson KN. The effect of frailty on discharge location for medicare beneficiaries after acute stroke. Arch Phys Med Rehabil 2019; 100: 1317–23.

The average age for people having a stroke is falling. 38% of people suffering strokes are middle aged (40-69) – up from 33% a decade ago. The average age for a woman suffering a stroke has dropped from 75 to 73 and for men it has dropped from 71 to 68[100].

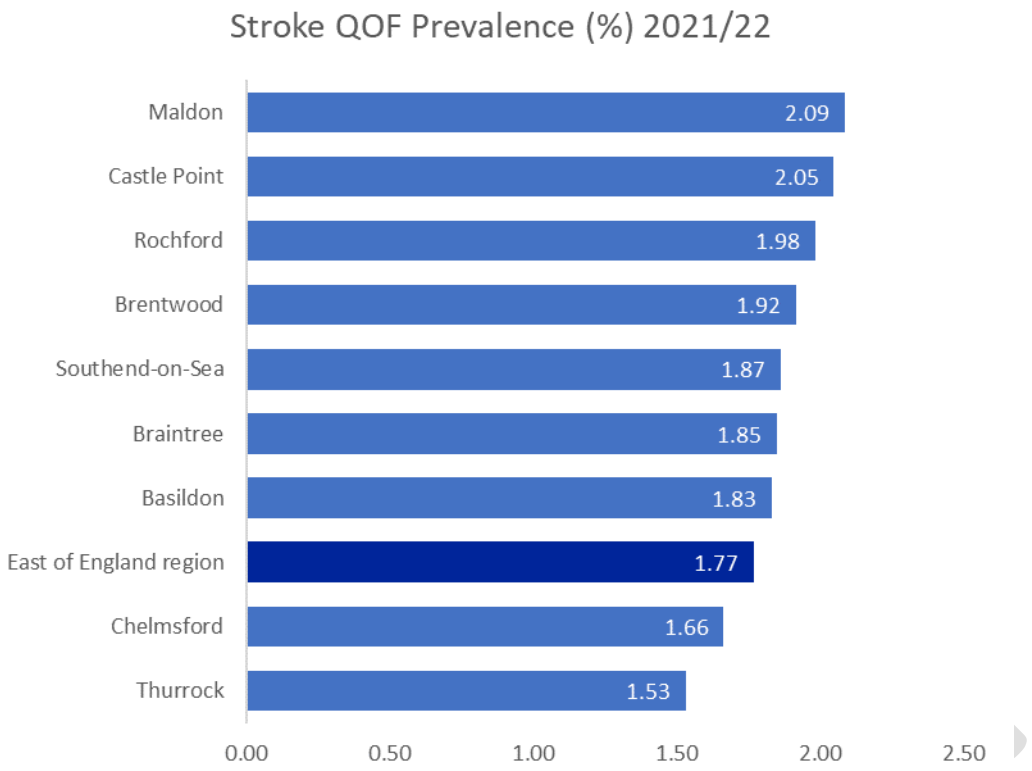
Strokes happen more often in people who are black or from South Asian families. Sickle cell disease is an inherited condition that affects the red blood cells, which carry oxygen around the body. It can cause painful episodes and other symptoms, and it can also raise the risk of a stroke. Women have some specific risk factors, such as pregnancy and using the combined contraceptive pill and Certain medical conditions can increase your risk of stroke such as atrial fibrillation, diabetes, high blood pressure and high cholesterol[101].

Stroke prevalence in MSE has been rising over the past 10 years from 1.6% to 1.8%.



In MSE, Maldon and Castle Point have the highest prevalence of stroke with just over 2% of the population. In terms of demand, however, Basildon and Southend have the highest volume of people having had a stroke. This means that Maldon has a high number of strokes relative to the population, but Basildon has approximately 2,500 more people having had a stroke compared to Maldon. This is an important nuance when considering where Stroke services could be best placed to support the population that needs it most.

[100] https://www.bhf.org.uk/what-we-do/news-from-the-bhf/news-archive/2018/february/average-age-of-stroke-victims-is-getting-younger-according-to-new-figures-released-today-by-phe
[101] https://www.stroke.org.uk/what-is-stroke/are-you-at-risk-of-stroke#Main%20risk%20factors%20for%20stroke



For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option A and B offer dedicated stroke care options at Brentwood and CICC (option B). This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation.

Option B would mean Stroke beds in two units in MSE which could be beneficial for patients in terms of travel.

3.4. Frailty

Community Inpatient Beds

The term frailty or 'being frail' is often used to describe a particular state of health often experienced by older people. But sometimes the term is used inaccurately. When used properly, it actually describes someone's overall resilience and how this relates to their chance to recover quickly following health problems. In practice being frail means a relatively 'minor' health problem, such as a urinary tract infection, can have a severe long-term impact on someone's health and wellbeing. This is why it is so important that people living with frailty have access to well-planned, joined-up care to prevent problems arising in the first place – and a rapid, specialist response should anything go wrong. Frailty is generally characterised by issues like reduced muscle strength and fatigue. Around 10% of people

aged over 65 live with frailty. This figure rises to between 25% and a 50% for those aged over 85[102].

Literature Review

A higher prevalence of frailty was found for urban than rural areas, and coastal than inland areas. There are widespread geographic inequalities in healthy ageing in England, with older people in urban and coastal areas disproportionately frail relative to those in rural and inland areas[103].

There is little data available identify the prevalence of frailty by local authority/ district, however, the prevalence of frailty in adults aged 50+ (2020) in England was estimated to be 8.1%[104].

3.5 Diabetes

Freestanding Midwife-Led Birthing Unit

Registrations in Mid and South Essex in the National Diabetes audit increased in the general population by 15% between 2019 and 2023. In women aged under 40, there was a 9.2% increase. This represents an increase from 0.37% to 0.67% of women aged under 40.

3.6 Ophthalmology

Ambulatory Care Services

Approximately 16% of all outpatient appointments at St. Peters are for Ophthalmology. Aside from Maternity this is the largest outpatient cohort. Patients in this cohort may be experiencing visual impairment which can make travel difficult. The average age of patients in this cohort is 71.

3.7 Musculoskeletal (MSK) Conditions

Ambulatory Care Services

Approximately 7% of outpatient appointments at St. Peters are for Rheumatology and 73% of this cohort are female. The average age for this patient cohort is 59. Under 1% are for Trauma and Orthopaedics. Musculoskeletal conditions can often affect mobility and therefore, travelling to multiple locations could be difficult for this cohort of patients. Consideration for the co-location of services is important to consider as some patients will be

[102] https://www.ageuk.org.uk/our-impact/policy-research/frailty-in-older-people/understanding-frailty/
[103] Sinclair, D.R., Maharani, A., Chandola, T. *et al.* Frailty among Older Adults and Its Distribution in England. *J Frailty Aging* **11**, 163–168 (2022). https://doi.org/10.14283/jfa.2021.55
[104] Sinclair DR, Maharani A, Chandola T, Bower P, Hanratty B, Nazroo J, O'Neill TW, Tampubolon G, Todd C, Wittenberg R, Matthews FE, Pendleton N. Frailty among Older Adults and Its Distribution in England. J Frailty Aging. 2022;11(2):163-168. doi: 10.14283/jfa.2021.55. PMID: 35441193.

with multiple specialities and travel may be challenging for someone with a joint or muscle condition.

3.8 Neurology

Ambulatory Care Services

5% of outpatients in St. Peters are for Neurology. The average age of patients is 56.

Symptoms of neurological conditions may make travel to different locations difficult as patients may experience both cognitive and physical symptoms. Providing access to outpatient appointments in a facility local and accessible in Maldon, however, be easier to access and have better public transport links compared to St. Peters.

3.9 Dermatology

Ambulatory Care Services

4% of outpatients in St. Peters are for Dermatology with an average patient age of 28. For many patients in this age range with dermatological conditions, having outpatient appointments in a local setting may be more convenient. Transport links may be better than St. Peters and patients may be able to combine appointments with other activities they do in their local town. Parking may be more difficult for patients however, for those who do drive.

Patients may already be familiar and comfortable travelling to local locations. This is less convenient for patients who do not live in Maldon.

If outpatient services are moved across multiple settings, then patients could find travel to these different locations difficult. Particularly if they have difficulty with mobility or rely on public transport.

3.10 Other factors to Consider- Digital Inclusion

Ambulatory Care Services

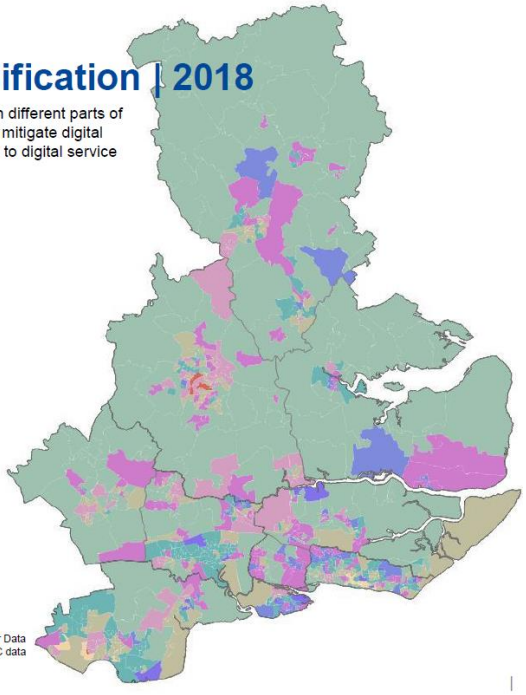
It is important to note that due to NHS England guidance there will be targets to move outpatient appointments to virtual appointments where possible to save on unnecessary travel for patients. It is important to consider areas of digital exclusion when rolling this out.

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Digital Inclusion | Internet User Classification | 2018

The Internet User Classification is a bespoke classification that describes how people living in different parts of Great Britain interact with the Internet. Understanding this geography is critically important to mitigate digital inequality, provide a means of targeting interventions necessary to ensure smooth transitions to digital service use at the local level.

Internet User Classification*	Percent
e-Cultural Creators	They are new but very active users, with a very high levels of internet engagement on a daily basis.
e-Professionals	They are experienced users, with high levels of internet engagement daily and in a variety of settings.
e-Veterans	They are more likely to be frequent and experienced users of the Internet, using multiple devices and in a variety of ways.
Youthful Urban Fringe	The levels of Internet engagement are average overall, with high levels of social media usage.
e-Rational Utilitarians	High demand for internet services by members of this Group is constrained by poor infrastructure.
e-Mainstream	The level of engagement is average across most attributes, characterising the typical user.
Passive and Uncommitted Users	Many individuals have limited or no interaction with the Internet, typically used for social networks, gaming and some limited online shopping.
Digital Seniors	Despite being infrequent users, they make average use of the Internet for information.
Settled Offline Communities	They undertake limited engagement with the Internet, they may have only rare access or indeed no access to it at all.
e-Withdrawn	They have the highest ratio of people that don't have access, or have access but never engage with the Internet.

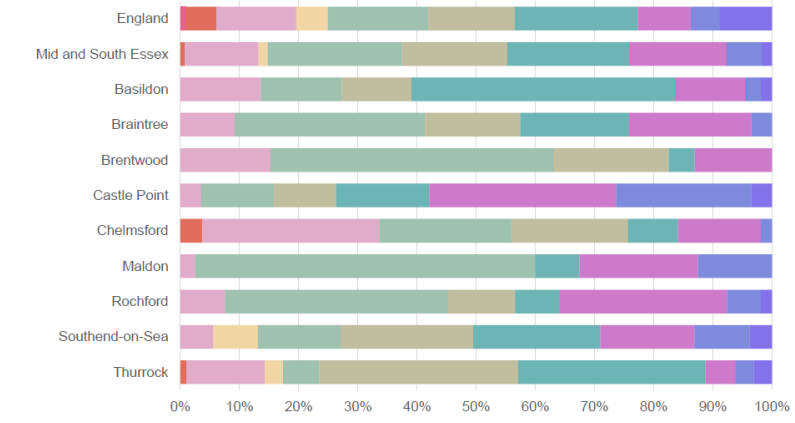


Source: Consumer Data Research Centre (March 2018), Internet User Classification | CDRC Data. Data provided by the ESRC Consumer Data Research Centre. Contains National Statistics data Crown copyright and database right 2017; Contains Ofcom data 2016; Contains CDRC data from Data Partners 2017.

*Methodology: https://data.cdrc.ac.uk/system/files/iuc2018userguide.pdf

Digital Inclusion | Internet User Classification | 2018

Population who classified as typical internet users "e-Mainstream" * : **17.9%**



Internet User Classification *	Percent
e-Cultural Creators	0%
e-Professionals	0.7%
e-Veterans	12.5%
Youthful Urban Fringe	1.6%
e-Rational Utilitarians	22.7%
e-Mainstream	17.9%
Passive and Uncommitted Users	20.7%
Digital Seniors	16.3%
Settled Offline Communities	6.0%
e-Withdrawn	1.7%

Source: Consumer Data Research Centre (March 2018), Internet User Classification | CDRC Data. Data provided by the ESRC Consumer Data Research Centre. Contains National Statistics data Crown copyright and database right 2017; Contains Ofcom data 2016; Contains CDRC data from Data Partners 2017

3.11. Public and Staff Engagement

3.11.1. Community Inpatient Beds

The overall preference for the public was neither option, however, 53% of staff preferred Option B. Objectors had concerns about access difficulties for family members and the impact this would have on patients due to lack of support network, staff travel issues, loss of IMC beds for Brentwood or Rochford residents, significant staff changes, and implications of centralised services. There were also concerns identified about the capacity of community

services to support patients without IMC beds at CICC, and the level of therapy input needed given current vacancies in Occupational Therapy.

Staff responses suggested 16% preferred Option A and 53% preferred Option B, 31% preferred neither option.

Supporters recognised the proposed options for having one or two specialist stroke rehabilitation facility, more beds, adequate staff, and facilities at Brentwood Hospital and CICC, and acknowledged St Peter's Hospital as not fit for purpose. Supporters also felt the new proposals improved access with more local care, reduced travel time for visitors, and that Option B was better for Brentwood residents with a mix of stroke rehabilitation and IMC beds. Option B was seen as a better solution or compromise.

3.11.2. Freestanding Midwife-Led Birthing Unit

With regards to maternity models, the consultation asked the public and staff what they thought of 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. 3% supported the option, because they felt WJC was newer with fit for purpose facilities and staffed at all times and that St. Peters was not fit for purpose and was financially constrained. The proximity of WJC to Broomfield hospital in the event of complications, the potential to improve outcomes and previous negative experiences at St. Peters were some of the reasons for support.

94% felt this was a poor or very poor option. Reasons for objection were around travel and transport, loss of provision at St. Peters Hospital, increasing demand through an increasing population and concern about capacity at WJC and other maternity units.

3.11.3. Ambulatory Care Services

With regards to ambulatory care services 92% of people felt it was a bad or very bad idea to move services from St. Peters to other locations. 81% of staff also felt this was a bad or very bad idea. Reasons for objection were around travel and transport, loss of provision at St. Peters Hospital, increasing demand through an increasing and ageing population and the value of St. Peters Hospital in the local community, as well as increased pressure on other services.

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3.12. Health Impact Assessment Framework- Community Inpatient Beds

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Nature of potential impact and recommendations
Dementia	Option A	Option A proposals impact Rochford, Maldon & Brentwood. 1.5% of Rochford, 1.6% of Brentwood and 1.4% of Maldon are living with Dementia. Brentwood and Ongar have the second largest proportion of Dementia, after Southend West.	Women make up 65% of those who currently have dementia, and so are more at risk. While this may in part be linked to the fact with age is the main risk factor for dementia and women live longer than men on average, this does not fully explain the difference[105].	**Overall Impact: Positive** Option A proposes IMC bed closures at Brentwood (25 beds) and an increase in IMC bed capacity at CICC (22 beds) (compared to the current temporary arrangements). It also proposes an increase in stroke beds at Brentwood and the removal of stroke beds from CICC. Option A proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. The move from St Peter's Hospital will allow for stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option A offers dedicated stroke care options at Brentwood. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. Brentwood has the second highest proportion of people living with Dementia. This model will need to ensure that patients with Dementia have the infrastructure to receive home based care which will result in better patient outcomes. It is recommended to engage with those with Dementia and Dementia Services to understand how patients and service users are impacted, particularly in Brentwood.

[105] Hormones and dementia | Alzheimer's Society (alzheimers.org.uk)

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Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Nature of potential impact and recommendations
	Option B	Option B proposals impact Rochford, Maldon & Brentwood. 1.5% of Rochford, 1.6% of Brentwood and 1.4% of Maldon are living with Dementia. Brentwood and Ongar have the second largest proportion of Dementia, after Southend West.		**Overall Impact: Positive** Option B proposes closure of IMC beds at CICC and more stroke capacity at CICC in place of the IMC capacity, and 25 stroke beds and 25 IMC remaining at Brentwood as per temporary arrangements. Option B ensures IMC bed numbers remain consistent with existing and planned future demand and keep an IMC presence across the MSE footprint, whilst accommodating the Stroke expansion which is important to meet the future demands of the population. Option B proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. Brentwood has the second highest proportion of people living with Dementia. This model will need to ensure that patients with Dementia have the infrastructure to receive home based care which will result in better patient outcomes. It is recommended to engage with those with Dementia and Dementia Services to understand how patients and service users are impacted, particularly in Brentwood.

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Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Nature of potential impact and recommendations
Falls	Option A	Option A proposals impact Rochford, Maldon & Brentwood. 1,831 per 100,000 people on average have been admitted as an emergency for a fall in these areas.	Recurrent falls and fear of falling are the most common reasons for an older person to require nursing home care. An initial fall may be a manifestation of an acute illness and may be the only presenting feature. However, it is known that an index fall is a risk for future falls and approximately half of those who fall once are likely to do so again.[106]	**Overall Impact: Positive** Option A proposes IMC bed closures at Brentwood (25 beds) and an increase in IMC bed capacity at CICC (22 beds) (compared to the current temporary arrangements). It also proposes an increase in stroke beds at Brentwood and the removal of stroke beds from CICC. Option A proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. The move from St Peter's Hospital will allow for stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option A offers dedicated stroke care options at Brentwood. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. It is recommended to engage with Falls services to understand how patients and service users are impacted.
	Option B	Option B proposals impact Rochford, Maldon & Brentwood. 1,831 per 100,000 people on average have been admitted as an emergency for a fall in these areas.		**Overall Impact: Positive** Option B proposes closure of IMC beds at CICC and more stroke capacity at CICC in place of the IMC capacity, and 25 stroke beds and 25 IMC remaining at Brentwood as per temporary arrangements. Option B ensures IMC bed numbers remain consistent with existing and planned future demand and keep an IMC presence

[106] https://www.rcpe.ac.uk/sites/default/files/anderson.pdf

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Nature of potential impact and recommendations
				across the MSE footprint, whilst accommodating the Stroke expansion which is important to meet the future demands of the population. Option B proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. The move from St. Peters will allow for Stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option B offers dedicated stroke care options at CICC. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. It is recommended to engage with Falls services to understand how patients and service users are impacted.

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Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Nature of potential impact and recommendations
Stroke	Option A	Option A proposals impact Rochford, Maldon & Brentwood. 2% households in these areas have had a stroke. Maldon has the highest percentage of the population who have had the stroke but not the largest volume of people. The largest volume of people is in Basildon.	A 2019 study looked at discharge destination of acute stroke patients and showed an increasing likelihood of discharge to long-term care as frailty increased (non-frail 18.5% versus pre-frail 28% versus frail 46.9%).[107] The average age for people having a stroke is falling. 38% of people suffering strokes are middle aged (40-69) – up from 33% a decade ago. The average age for a woman suffering a stroke has dropped from 75 to 73 and for men it has dropped from 71 to 68[108].	**Overall Impact: Positive** Option A proposes IMC bed closures at Brentwood (25 beds) and an increase in IMC bed capacity at CICC (22 beds) (compared to the current temporary arrangements). It also proposes an increase in stroke beds at Brentwood and the removal of stroke beds from CICC. The move from St Peter's Hospital will allow for stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option A offers dedicated stroke care options at Brentwood. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. It is recommended to engage with those who have had a stroke and stroke services to understand how patients and service users are impacted.
	Option B	Option B proposals impact Rochford, Maldon & Brentwood. 2% households in these areas have had a stroke. Maldon has the highest percentage of the population who have had the stroke but not the largest volume of people. The largest volume of people is in Basildon.		**Overall Impact: Positive** Option B proposes closure of IMC beds at CICC and more stroke capacity at CICC in place of the IMC capacity, and 25 stroke beds and 25 IMC remaining at Brentwood as per temporary arrangements. Option B ensures IMC bed numbers remain consistent with existing and planned future demand and keep an IMC presence across the MSE footprint, whilst accommodating the Stroke

[107] Seamon BA, Simpson KN. The effect of frailty on discharge location for medicare beneficiaries after acute stroke. Arch Phys Med Rehabil 2019; 100: 1317–23.
[108] https://www.bhf.org.uk/what-we-do/news-from-the-bhf/news-archive/2018/february/average-age-of-stroke-victims-is-getting-younger-according-to-new-figures-released-today-by-phe

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Nature of potential impact and recommendations
				expansion which is important to meet the future demands of the population. Option B proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. The move from St. Peters will allow for Stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option B offers dedicated stroke care options at CICC. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. It is recommended to engage with those who have had a stroke and stroke services to understand how patients and service users are impacted.

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Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Nature of potential impact and recommendations
Frailty	Option A	There is little data available identify the prevalence of frailty by local authority/ district, however, the prevalence of frailty in adults aged 50+ (2020) in England was estimated to be 8.1%[109].	A higher prevalence of frailty was found for urban than rural areas, and coastal than inland areas. There are widespread geographic inequalities in healthy ageing in England, with older people in urban and coastal areas disproportionately frail relative to those in rural and inland areas[110].	**Overall Impact: Positive** Option A proposes IMC bed closures at Brentwood (25 beds) and an increase in IMC bed capacity at CICC (22 beds) (compared to the current temporary arrangements). It also proposes an increase in stroke beds at Brentwood and the removal of stroke beds from CICC. Option A proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. The move from St Peter's Hospital will allow for stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option A offers dedicated stroke care options at Brentwood. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. It is recommended to engage with people with Frailty to understand how they are impacted, as patients may need travel further as a result of the proposed changes.
	Option B			**Overall Impact: Positive** Option B proposes closure of IMC beds at CICC and more stroke capacity at CICC in place of the IMC capacity, and 25 stroke beds and 25 IMC remaining at Brentwood as per temporary arrangements.

[109] Sinclair DR, Maharani A, Chandola T, Bower P, Hanratty B, Nazroo J, O'Neill TW, Tampubolon G, Todd C, Wittenberg R, Matthews FE, Pendleton N. Frailty among Older Adults and Its Distribution in England. J Frailty Aging. 2022;11(2):163-168. doi: 10.14283/jfa.2021.55. PMID: 35441193.

[110] Sinclair, D.R., Maharani, A., Chandola, T. *et al.* Frailty among Older Adults and Its Distribution in England. *J Frailty Aging* **11**, 163–168 (2022). https://doi.org/10.14283/jfa.2021.55

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Nature of potential impact and recommendations
				Option B ensures IMC bed numbers remain consistent with existing and planned future demand and keep an IMC presence across the MSE footprint, whilst accommodating the Stroke expansion which is important to meet the future demands of the population. Option B proposes dedicated IMC inpatient bed facilities across 4 sites in MSE. Dedicated IMC will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. The move from St. Peters will allow for Stroke patients to receive care in better equipped facilities and provide appropriate room for expansion to meet the population's needs. For Stroke patients who meet the criteria to be treated outside of the acute hospital, receiving care in community bedded setting both reduces risks associated with acute care (e.g. hospital-acquired infection etc), and also provides access to dedicated rehab care which optimises patient outcomes. Option B offers dedicated stroke care options at CICC. This will enable development of specialist staff skill sets, care processes, easier audit and monitoring, and greater potential for research and innovation. It is recommended to engage with people with Frailty to understand how they are impacted, as patients may need travel further as a result of the proposed changes.

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3.13. Health Impact Assessment Framework- Freestanding Midwife-Led Birthing Unit

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Nature of potential impact and recommendations

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Diabetes	Freestanding midwife-led birthing unit at WJC. Maternity outpatients to remain in Maldon.	Registrations in Mid and South Essex in the National Diabetes audit increased in the general population by 15% between 2019 and 2023. In women aged under 40, there was a 9.2% increase. This represents an increase from 0.37% to 0.67% of women aged under 40.	An increasing population of diabetic patients in MSE suggests a growing demand for services supporting this particular condition during pregnancy and birth.	**Overall Impact: Positive** Model proposes inpatient activity at WJC and outpatient activity in Maldon. Inpatient activity moving to Braintree will ensure services are accessible and available consistently for patients. Travel may be more difficult for some, particularly those in the Maldon district, and easier for others who once attended St. Peters for the birthing unit, however, patients will now receive a more consistent service in improved, more modern facilities. Outpatient services being located in Maldon, will mean patients will continue to have outpatient appointments locally.

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3.14. Health Impact Assessment Framework- Ambulatory Care Services

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Nature of potential impact and recommendations
Ophthalmology	Ambulatory care services currently provided at St Peter's Hospital being relocated in and around the Maldon district.	Approximately 16% of all outpatient appointments at St. Peters are for Ophthalmology. Aside from Maternity (covered in the previous chapter) this is the largest outpatient cohort. Patients in this cohort may be experiencing visual impairment which can make travel difficult. The average age of patients in this cohort is 71.	Patients can avoid harm and are generally happier receiving equivalent healthcare in community-based settings. Clinical outcomes for patients receiving equivalent healthcare in community-based settings can also often be as good as, and occasionally better than, those delivered in acute hospital settings, although a few studies do show a risk of problems for patients[111]. There is also anecdotal evidence from this research that older patients are more likely to suffer from falls in the unfamiliar hospital environment, and if they suffer from dementia are more likely to be disorientated.[112] The principles underpinning health on the high street offer us the opportunity to redesign our services with our communities. Working with, and supporting,	**Overall Impact: Adverse** Services will continue to remain in Maldon. The environment may be preferred for some patients if services were on the High Street in Maldon as it will be more familiar, and patients could combine their appointment with other activities in their daily lives. Familiar, local locations may have improved transport links compared to those at St. Peters. By having the early supported discharge team, district nurses and others co-located, this creates an integrated team of professionals which can support improved pathways for patients. Patients in this cohort may be experiencing visual impairment which can make travel difficult. Ophthalmology and audiology patients may experience some sensory impairment which may be challenging in busy, high-street settings. It is recommended to engage with patients with ophthalmology related conditions and those with visual impairments to understand the potential impact of service changes.
Musculoskeletal (MSK) Conditions	Ambulatory care services currently provided at St Peter's Hospital being relocated in and around the Maldon district.	Approximately 7% of outpatient appointments at St. Peters are for Rheumatology and 73% of this cohort are female. The average age for this patient cohort is 59. Under 1% are for Trauma		**Overall Impact: Adverse** Services will continue to remain in Maldon. The environment may be preferred for some patients if services were on the High Street in Maldon as it will be more familiar, and patients could combine their appointment with other activities in their daily lives. Familiar, local locations may have improved transport links compared to those at St. Peters. By having the

[111] Gov.uk: Moving healthcare closer to home: Literature review of clinical impacts, https://assets.publishing.service.gov.uk/media/5a800b3de5274a2e8ab4dd99/Moving_healthcare_closer_to_home_clinical_review.pdf

[112] In discussion with trusts that have provided case studies of community services and collaborated with Monitor on assessing community healthcare services

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Nature of potential impact and recommendations
		and Orthopaedics. Musculoskeletal conditions can often affect mobility and therefore, travelling to multiple locations could be difficult for this cohort of patients. Consideration for the co-location of services is important to consider as some patients will be with multiple specialities and travel may be challenging for someone with a joint or muscle condition.	citizens, businesses and other public services improves the cohesion, viability and prosperity of our places and demonstrably improves health and wellbeing. As high streets tend to be at the centre of public transport networks, this can make a wide range of health and care services more accessible to people and, importantly, increase their engagement and effectiveness. [113]	early supported discharge team, district nurses and others co-located, this creates an integrated team of professionals which can support improved pathways for patients. MSK conditions can often affect mobility and therefore, travelling to multiple locations could be difficult for this cohort of patients. Despite locations likely being near to each other, travel may still be challenging for someone with a joint or muscle condition. Co-location of appropriate services is part of the considerations which will be taking place. Those with a MSK condition may find travel in local built-up areas more difficult as this may require more walking from local car parks. It is important to note that as not all patients live in Maldon, travelling to the local centre may be more difficult for parking. It is recommended to explore if parking is more limited and the cost, if any, to park needs to be considered. It is recommended to engage with patients with MSK conditions to understand their needs with regards to travel and facilities and to ensure that X-Ray facilities are accessible and comfortable for those with MSK conditions. It is also important to consider co-location of appropriate services that patients are likely to require together.
Neurology	Ambulatory care services currently provided at St Peter's Hospital being relocated in and around the Maldon district.	5% of outpatients in St. Peters are for Neurology. The average age of patients is 56. Symptoms of neurological conditions may make		**Overall Impact: Adverse** Services will continue to remain in Maldon. The environment may be preferred for some patients if services were on the High Street in Maldon as it will be more familiar, and patients could combine their appointment with other activities in their daily lives.

[113] https://www.nhsconfed.org/system/files/media/Health%20on%20the%20High%20Street.pdf

Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Nature of potential impact and recommendations
		travel to different locations difficult as patients may experience both cognitive and physical symptoms. Providing access to outpatient appointments in a facility local and accessible in Maldon, however, be easier to access and have better public transport links compared to St. Peters.		Familiar, local locations may have improved transport links compared to those at St. Peters. By having the early supported discharge team, district nurses and others co-located, this creates an integrated team of professionals which can support improved pathways for patients. Symptoms of neurological conditions may make travel to different locations difficult as patients may experience both cognitive and physical symptoms. People may find travel in local built-up areas more difficult as this may require more walking from local car parks. It is recommended to explore if parking is more limited and the cost, if any, to park needs to be considered. It is recommended to engage with patients with neurological conditions and those with visual impairments to understand the potential impact of service changes.
Dermatology	Ambulatory care services currently provided at St Peter's Hospital being relocated in and around the Maldon district.	4% of outpatients in St. Peters are for Dermatology with an average patient age of 28. For many patients in this age range with dermatological conditions, having outpatient appointments in a local setting may be more convenient.		**Overall Impact: Positive** Services will continue to remain in Maldon. The environment may be preferred for some patients if services were on the High Street in Maldon as it will be more familiar, and patients could combine their appointment with other activities in their daily lives. Familiar, local locations may have improved transport links compared to those at St. Peters. By having the early supported discharge team, district nurses and others co-located, this creates an integrated team of professionals which can support improved pathways for patients. If outpatient services are moved across multiple settings, then patients could find travel to these

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Protected Characteristic	Proposed Change	Scale of Potential impact	Evidence of Potential Impact and potential duration	Nature of potential impact and recommendations
				different locations difficult. Particularly if they have difficulty with mobility or rely on public transport.

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4. Assumptions Taken from The Travel Analysis

Please see below an analysis of travel impacts of the proposed changes.

4.1. Community Inpatient Beds

50% of patients and visitors travelling by car to Brentwood Community Hospital for stroke rehabilitation facilities and 68.4% travelling by public transport would experience increased car journeys to Brentwood on a weekday compared to travelling to St. Peters. 50% of people by car and 75.4% of people by public transport would see increases at the weekend. For those who experience an increase in journey times, this would be an 18-minute increase by car and a 31-minute increase by public transport on weekdays and a 17-minute increase by car and a 51-minute increase by public transport on the weekends.

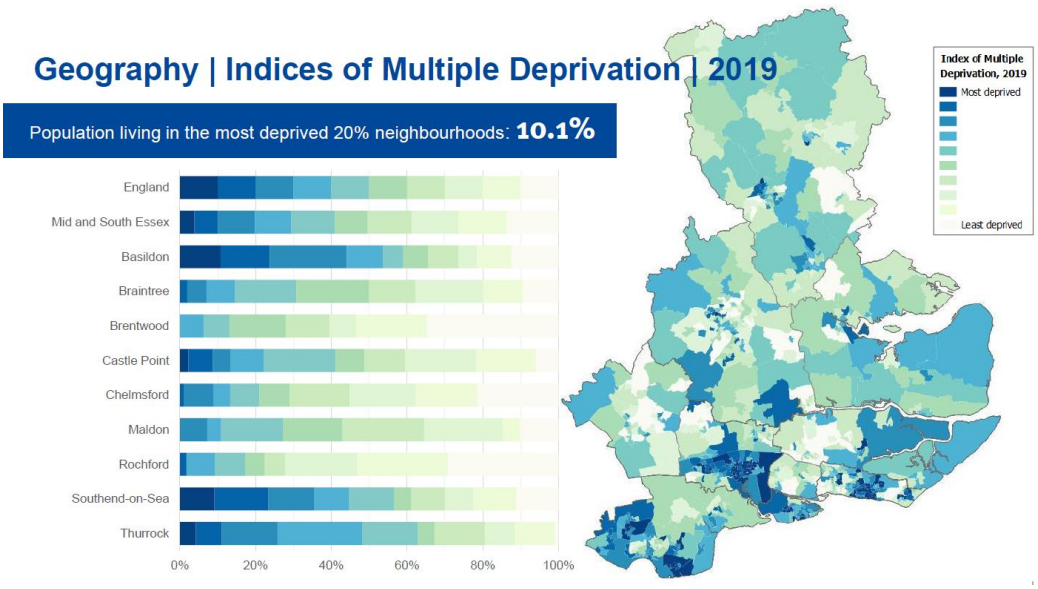
On average, it takes 45 minutes to travel from CICC to Brentwood Community Hospital on a weekday and 40 minutes on a weekend by car and 55 minutes by public transport on a weekday and 57 minutes by public transport on a weekend. There is no patient data set for CICC as patients have access to all intermediate care bed facilities across Mid and South Essex and would not automatically be placed in either Brentwood or CICC beds but would be placed based on bed availability and wherever possible patient choice. There is no significant variation in travel between the two sites during the week and at the weekend, for either travel by car or by public transport.

4.2. Freestanding Midwife-Led Birthing Unit

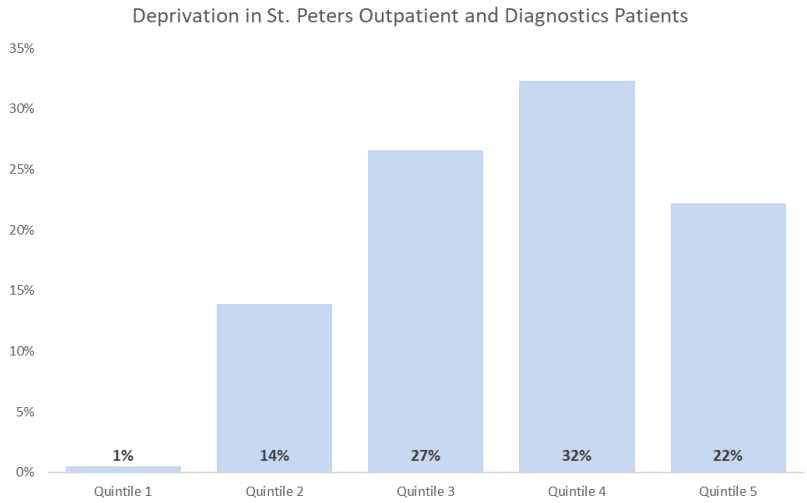
61.3% of maternity patients travelling by car and 61.8% of maternity patients travelling by public transport would experience increased car journeys to Braintree on a weekday compared to travelling to St. Peters. This increases to 77.9% of people by car and 77.5% of people by public transport at the weekend. For those who experience an increase in journey times, this is a this is a 14-minute increase by car and a 26-minute increase by public transport on weekdays and a 12-minute increase by car and a 29-minute increase by public transport on the weekends.

4.3. Ambulatory Care Services

Across Mid and South Essex, 10.1% of residents live in the 20% most deprived neighbourhoods. This is approximately just over 120,000 people.



When looking at those who attend outpatient and diagnostic clinics at St. Peters, approximately 0.5% live in the 20% most deprived, followed by 14% in the second quintile. This equates to 2,823 patients living in deprivation in some way either in the 1st or second quintile. Therefore, it is important to consider the impacts of travel to patients in deprivation and ensure considerations around cost of travel and parking are made.



5. Impact to the Local Environment

5.1. Boosting Local Economy and Assets

The decline of the UK's high streets is well documented. The growth of out-of-town shopping centres and internet shopping has led to absentee landlords, empty shops and a stifling of choice at the heart of our communities. There are though, green shoots of optimism. While it was clear before the COVID-19 pandemic that the high street could not survive just as a retail destination, experiences since have galvanised the idea of the high street returning as a community hub. The pandemic has accelerated the need to think differently about how to design and create thriving high streets. As high streets tend to be at the centre of public transport networks, this can make a wide range of health and care services more accessible to people and, importantly, increase their engagement and effectiveness. Placing this principle at the heart of service design can stimulate a new chapter in how public services such as the NHS engage with citizens and communities. It would also reduce carbon emissions, as travel to distant hospitals could drop, and could reduce footfall in hospitals. This can include both widening the offer in existing NHS high street premises such as community pharmacists and looking at newly vacant space on the high street that could be utilised by the NHS in partnership with a range of other services[114].

By providing outpatient services in the Maldon, local shops and may see the benefit of an increased population of customers which could help to sustain local businesses.

5.2. Healthy travel

High streets are more accessible to people without cars than out-of-town centres and offer a chance to promote other sustainable forms of travel. In the longer term, car use is likely to decline and public

[114] https://www.nhsconfed.org/system/files/media/Health%20on%20the%20High%20Street.pdf

transport, walking and cycling will be the normal way to access town centres, meaning high street design needs to evolve. Low traffic neighbourhoods have also been shown to increase life expectancy[115].

5.3. Reducing Carbon Emissions

The move from St. Peters could reduce Mid and South Essex's carbon footprint as the building was originally built in 1872 and, despite improvement works being carried out since, does not efficiently use energy due to its vast size and likely it is difficult to isolate effectively.

It is important to consider, however, that as only 40% of patients who would attend St. Peters actually live in Maldon, by creating spaces in the high street for outpatient services, this may generate more pollution and traffic in the centre of Maldon as many may continue to drive.

5.4. Parking Challenges

By providing outpatient services in local facilities, this could create a pressure on local car parks that are not equipped to deal with an increase in demand that may be generated.

5.5. Local Community Culture

A 2022 report about boosting pride in place identified 8 ways this can be achieved. Empowering people to shape places; improving local amenities; creating attractive local environments; supporting community venues; building participation and community ties; regenerating high streets; restoring heritage buildings; and harnessing culture to bring people together[116]. Locating ambulatory care services in Maldon and integrating health teams to support patients helps to bring people together and use local amenities to boost pride in the local community. The difficulty will be to sustain this if patients are not from the area, however, the majority do live near Maldon so this impact still could be seen.

DRAFT

[115] https://www.nhsconfed.org/system/files/media/Health%20on%20the%20High%20Street.pdf
[116] https://www.highstreetstaskforce.org.uk/resources/details/?id=40ffe198-8121-462b-b77a-7fa3a8de3550

Appendix 12 - Six Facet Survey summary- St Peter's Hospital

The condition of the St Peter's Hospital site

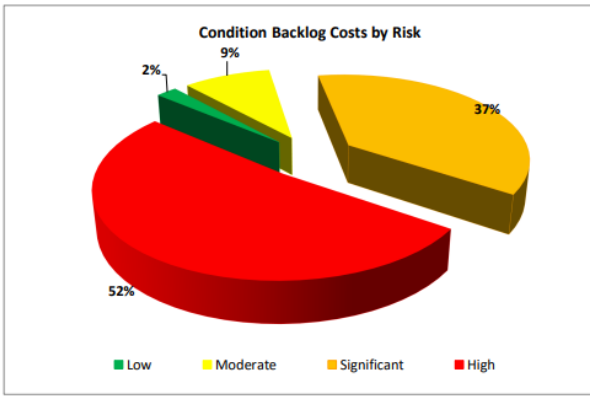
The overall condition of the St Peter's Hospital estate has been a concern for many years. Limitations on the availability of NHS capital funding restrict the ability to address the concerns. This is an issue across many parts of the Essex estate. St Peter's Hospital is one of the oldest NHS properties owned by MSEFT, with the costs of remedial works higher here than elsewhere due to the age of the building and its general lack of suitability for modern healthcare provision.

The lift breakdown issues were becoming more frequent, to the point that it was felt in summer 2023 this could not be tolerated any longer. To replace the lift, there would be significant cost as well as needing to decant services out of the 1st and 2nd floors whilst replacement works happened, which would also have been at a significant cost.

The Six Facet survey is an independent assessment which identifies the extent of maintenance work required to a site. It focuses on backlog maintenance work and work that need to be carried out in the subsequent 5 years. The last survey of this type completed for Mid and South Essex NHS Foundation Trust was undertaken in late 2021 (see annex 1). It showed that the total funds required to address all maintenance needs on site equated to £20.07m, with 76% of the site being graded as being of poor condition and 24% as in bad condition.

The survey grades the risk associated with the maintenance works. 'High' and 'Significant' are the main areas of concern. 52% of the work required for St Peters Hospital is 'High' with a cost of £6.9M and 37% is 'Significant' with a cost of £6.7M.

A separate Six Facet survey was undertaken for Cherry Trees House. This identified a maintenance requirement of £115k.



The table below identifies the top areas of concern:

Area of Work	Description	Estimated Funding Requirement
Window replacement to Main Block and Outpatient Building	The windows are in extremely poor condition across these two buildings This contributes to the clinical areas often feeling too cold for visitors and staff in the winter months and drafts on the upper floors. Windows and glazing condition was identified as a significant risk in the latest fire assessment in November 2023. The Cherry Trees maintenance requirement is largely relating to window replacement also.	£3,090,000
Asphalt and concrete replacement	All routes onto site and to the rear car parking area require works. Pathways are uneven causing a risk of trips and falls	£1,590,000
Roof works to Main Block and Outpatient Building	Defects with the roof have led to several occasions of flooding and leaks with the building. Often electrics must be turned off when the leaks occur. Buckets are placed under the leaks to minimise water on the floor and continued mopping takes place. Constant flooding weakens roof structures. Pigeons have nested in the main building loft area where the therapies services used to reside. All services on the 1st and 2nd floors have been re-located to ground floor areas.	£497,000
Replacement of boilers	Boilers have reached end of life throughout the site with particular focus on the Main Block, Outpatient Building and the Social Hall. This has led to clinics being cancelled in winter months where rooms are too cold for patients to undress.	£600,000
Fire systems	The latest fire risk assessment was taken in November 2023. The report was overall rated as ‘significant risk’ with 421 actions identified. Multiple faults on Notifier Panel covering Ward as reported on recent maintenance inspection of Fire Alarm equipment at St Peters hospital. The report recommends entire fire alarm system be upgraded due to age of system.	£485,000

Electric re-wiring	This work is required across the full site.	£433,000
Repair works to walls and ceiling.	The frequent leaks from the roof has led to large scale damage to plastered walls and ceilings and required repair work.	£240,000
Old Tissue Viability Centre, Training rooms and offices	This building has been out of use for several years due to significant issues with the roof and structure and no longer being suitable for clinical services. The survey recommends demolition, asbestos removal and rebuild. At minimum the building will need to be demolished only.	£3,500,000 or estimated £750k demolition only
Various asbestos removal across site	Most buildings on site have asbestos. Whilst undisturbed this does not cause harm, however with any of the works listed above, asbestos removal work will be required.	£1,089,000

The £20m quoted in the Six Facet Survey report reflects a point in time position. We are experiencing increasing costs across several capital programmes across the system, due to market forces and inflation, and therefore a note of caution should be applied to this figure regarding robustness as time progresses.

Annex 1

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St Peters Hospital		**Gross Floor Area**	**9,133**
Spital Road		**Net Usable Area**	**7,306**
Maldon		**Building Year**	**1900 - 2010**
CM9 6EG		**Total Backlog**	**£7,988,604**
	Updated 2022	**Total Budget**	**£4,795,656**
Survey Date	**Nov - Dec 2021**	**Total Cost (Exc. On Costs)**	**£12,784,260**

Backlog Summary	**£s**
Low Risk	£172,140
Moderate Risk	£727,103
Significant Risk	£2,962,333
High Risk	£4,127,028
Total Backlog Risk	**£7,988,604**

Site Location & Description

St Peter's Hospital is a cottage hospital type facility located in the town of Maldon, Essex. The hospital is made up of several buildings across the site with a wide range of building styles and ages.



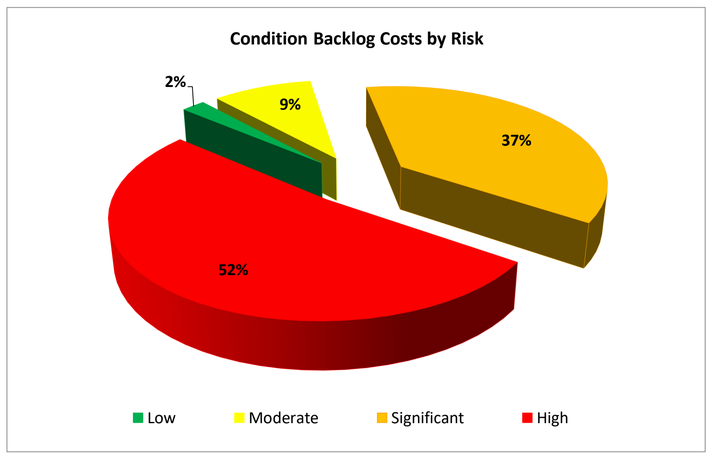
Block No. & Name	GIA	Backlog Costs (2022)	Budget Costs (2023 - 2027)	Total Cost	Total Cost (Inc On-Costs)	Facet 1 Condition Grade	Facet 2 Function Grade	Facet 3 Space Utilisation	Facet 4 Quality Grade	Facet 5 Statutory Grade	Overall Grade
000 - Site	NA	£1,633,732	£918,550	**£2,552,282**	**£4,007,083**	D	N/A	N/A	N/A	N/A	D
004 - Recreation Hall	250	£69,848	£62,007	**£131,855**	**£207,012**	C	B	U	B	B	C
008 - Water Softener Room, Garage, Sun Lounge & Tank	50	£7,170	£0	**£7,170**	**£11,257**	D	N/A	N/A	N/A	N/A	D
010, 012, 014, 016, 020 & 022 - Main Block	4,619	£2,410,476	£1,674,474	**£4,084,950**	**£6,413,372**	C	C	U	C	C	C
018 - Disused Boiler House	408	£442,210	£43,797	**£486,007**	**£763,030**	D	C	U	C	C	D
024 - Outpatients Clinic	1,000	£308,908	£1,072,523	**£1,381,430**	**£2,168,845**	C	B	F	C	C	C
028 - Harkenwell Child and Family	750	£412,006	£148,120	**£560,126**	**£879,398**	B	N/A	V	D	N/A	D
030 - Generator House, Fittings Store & Pipe Store	22	£3,585	£0	**£3,585**	**£5,628**	D	N/A	E	N/A	N/A	D
032 - Day Hospital	377	£478	£287,637	**£288,115**	**£452,340**	B	B	F	C	C	C
034, 036 & 038 - Tissue Viability Centre/Training Room/Offices	1,000	£2,530,592	£191,624	**£2,722,216**	**£4,273,878**	D	C	F	C	C	D
041 - Villa No.1 - Maldon (Essex) Mind	219	£35,312	£145,652	**£180,964**	**£284,113**	B	B	U	C	B	C
042 - Villa No.3 - Primary Care	219	£24,946	£143,723	**£168,669**	**£264,810**	B	B	U	C	B	C
044 - Villa No.2 - Samphire Centre	219	£109,343	£107,550	**£216,893**	**£340,521**	B	N/A	V	C	B	C
TOTAL	**9,133**	**£7,988,604**	**£4,795,656**	**£12,784,260**	**£20,071,288**	-	-	-	-	-	-

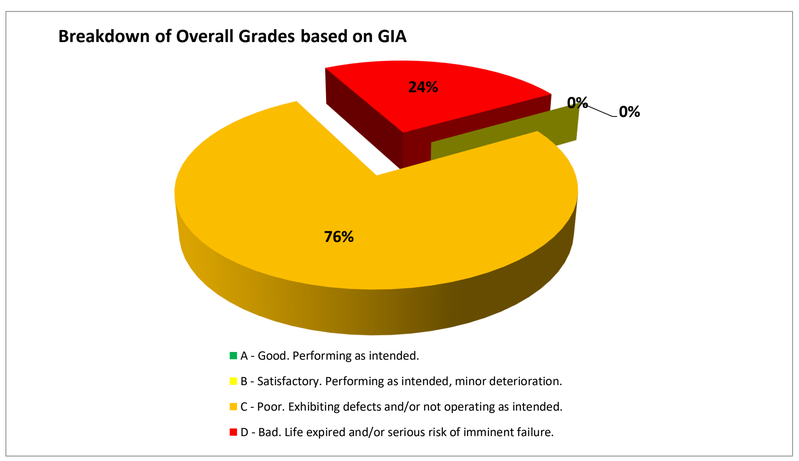
Condition Backlog Maintenance Works	
Building	£7,092,982
M&E	£725,120
Statutory Compliance	£138,620
Fire Safety	£31,883
Backlog Total Cost	**£7,988,604**

Condition Future Planned Costs for Future Maintenance Works (5 years)	
Building	£2,017,376
M&E	£2,494,228
Statutory Compliance	£0
Fire Safety	£284,052
Future Planned Total Cost	**£4,795,656**

Combined Total Costs	**£12,784,260**
Combined Total Costs (Including On Costs)	**£20,071,288**

The On-costs include for: Contingency, Fees, Prelims, Profit and VAT.





Building	Building Volume m3	Total Energy GJ	Energy Result GJ/100m3	Energy Rating
Whole Site	TBA	TBA	TBA	**TBA**

Facet 1 - Physical Condition Grade
- A - Good. Performing as intended.
- B - Satisfactory. Performing as intended, minor deterioration.
- C - Poor. Exhibiting defects and/or not operating as intended.
- D - Bad. Life expired and/or serious risk of imminent failure.

Facet 2: Functional Suitability
- A - Very satisfactory, no change needed.
- B - Satisfactory, minor change needed.
- C - Not satisfactory, major change needed.
- D - Unacceptable in its present condition.

Facet 4: Quality
- A - A facility of excellent quality.
- B - A facility requiring general maintenance investment only.
- C - A less than acceptable facility requiring capital investment.
- D - A very poor facility requiring major capital investment or replacement.

Facet 5: Statutory Compliance
- A - Complies with all relevant standards and relevant guidance.
- B - Action required to comply with relevant guidance and statutory requirements.
- C - Building with known contravention of one or more standards.
- D - Building areas which are dangerously below 'B'.

Facet 3: Space Utilisation

F	Fully Utilised
O	Over Utilised
U	Under Utilised
E	Empty

Facet 6: Environmental

A	35 - 55
B	56 - 65
C	66 - 75
D	76 - 100

Overall Grade
- A - Good. Performing as intended.
- B - Satisfactory. Performing as intended, minor deterioration.
- C - Poor. Exhibiting defects and/or not operating as intended.
- D - Bad. Life expired and/or serious risk of imminent failure.
- Not Surveyed

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St Peters Hospital		**Gross Floor Area**	**0**
Spital Road		**Net Usable Area**	**7,306**
Maldon		**Building Year**	**1900 - 2010**
CM9 6EG		**Total Backlog**	**£0**
	Updated 2022	**Total Budget**	**£0**
Survey Date	**Nov - Dec 2021**	**Total Cost (Exc. On Costs)**	**£0**

Backlog Summary	**£s**
Low Risk	£172,140
Moderate Risk	£727,103
Significant Risk	£2,962,333
High Risk	£4,127,028
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Site Location & Description

St Peter's Hospital is a cottage hospital type facility located in the town of Maldon, Essex. The hospital is made up of several buildings across the site with a wide range of building styles and ages.

Overall Grade

- A - Good. Performing as intended.
- B - Satisfactory. Performing as intended, minor deterioration.
- C - Poor. Exhibiting defects and/or not operating as intended.
- D - Bad. Life expired and/or serious risk of imminent failure.
- Not Surveyed



Appendix 13 - Travel Analysis

Stroke Rehabilitation

Key areas to highlight:

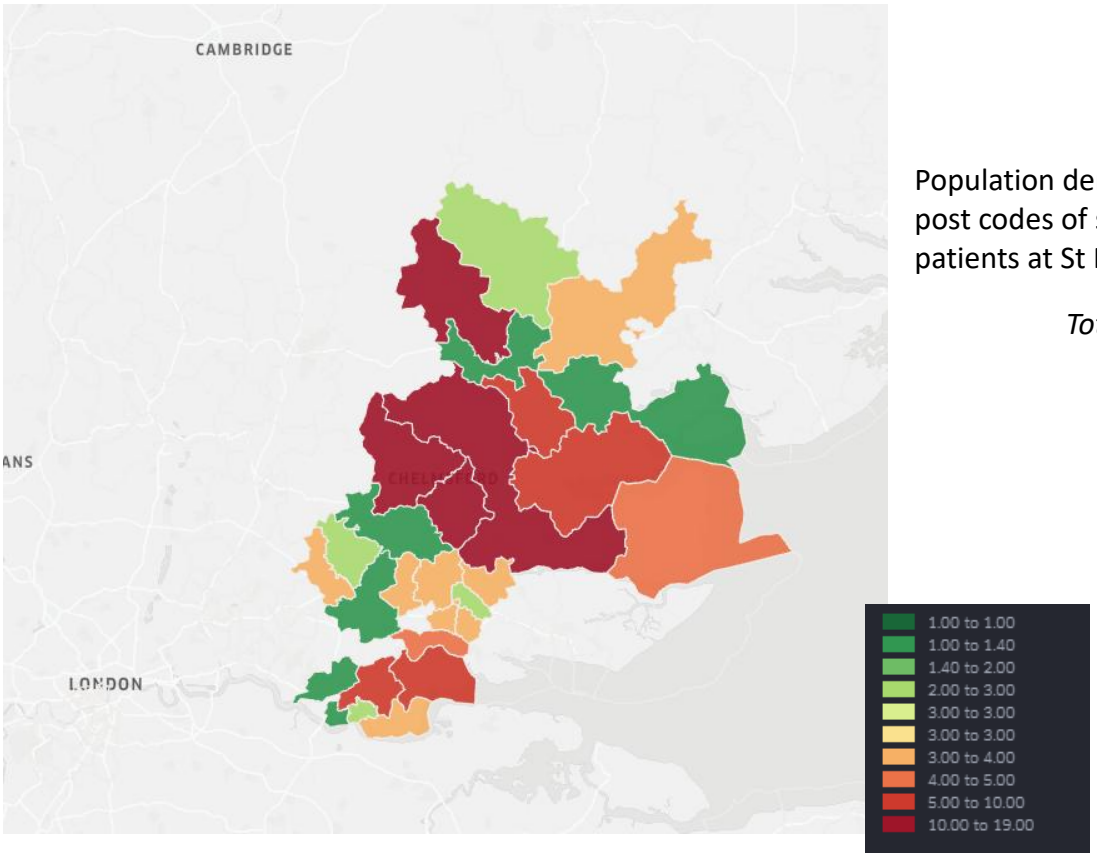
118 patients' post code data were provided.

To travel between the two post codes on **public transport**:

- **92 patients** would see a **decrease** in travel time to reach Brentwood vs St Peter's.
- **26 patients** would see an **increase** in travel time to reach Brentwood over St Peter's.

To travel between the two post codes as **land travel / via car:**

- **53** patients see a **decrease** in in travel time to reach Brentwood vs St Peter's.
- **65** patients see an **increase** in in travel time to reach Brentwood vs St Peter's.
    - Of those with an increase in time, **28** patients see an increase of **10 miles** or less.



Population density map of the post codes of stroke rehab patients at St Peter's 2022-2023.

Total = 118

St Peter's:

The following map visualises the length of duration to travel via **public transport** from **St Peter's** (CM9 6EG).
It assesses the time taken on a weekday morning, with the increase in lightness of colour referencing an increase in journey length.

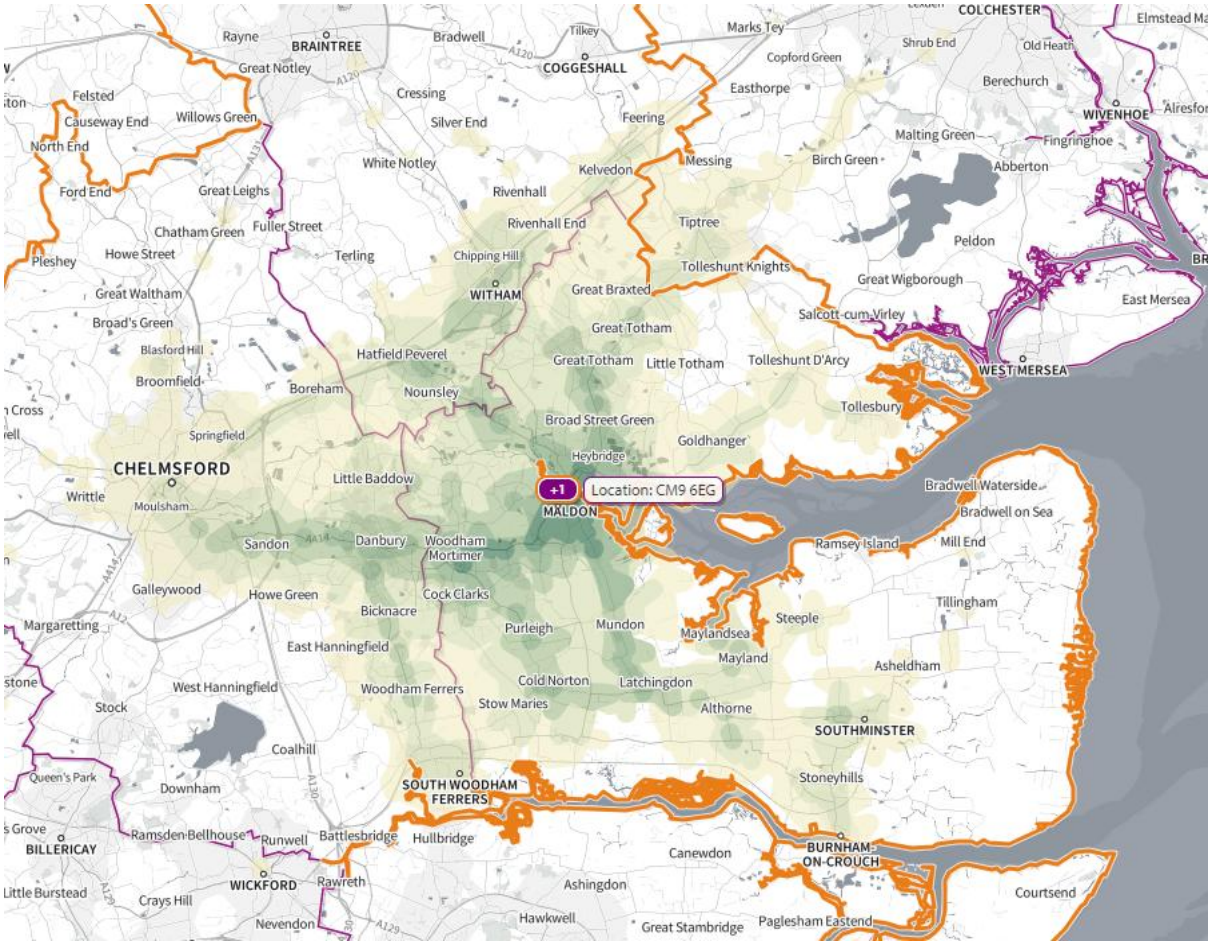
Reachable within 10 minutes =

Reachable within 20 minutes =

Reachable within 30 minutes =

Reachable within 45 minutes =

Reachable within 60 minutes =



St Peter's:

The following map visualises the length of duration to travel via **car / land travel** from **St Peter's** (CM9 6EG).
It assesses the time taken on a weekday morning, with the increase in lightness of colour referencing an increase in journey length.

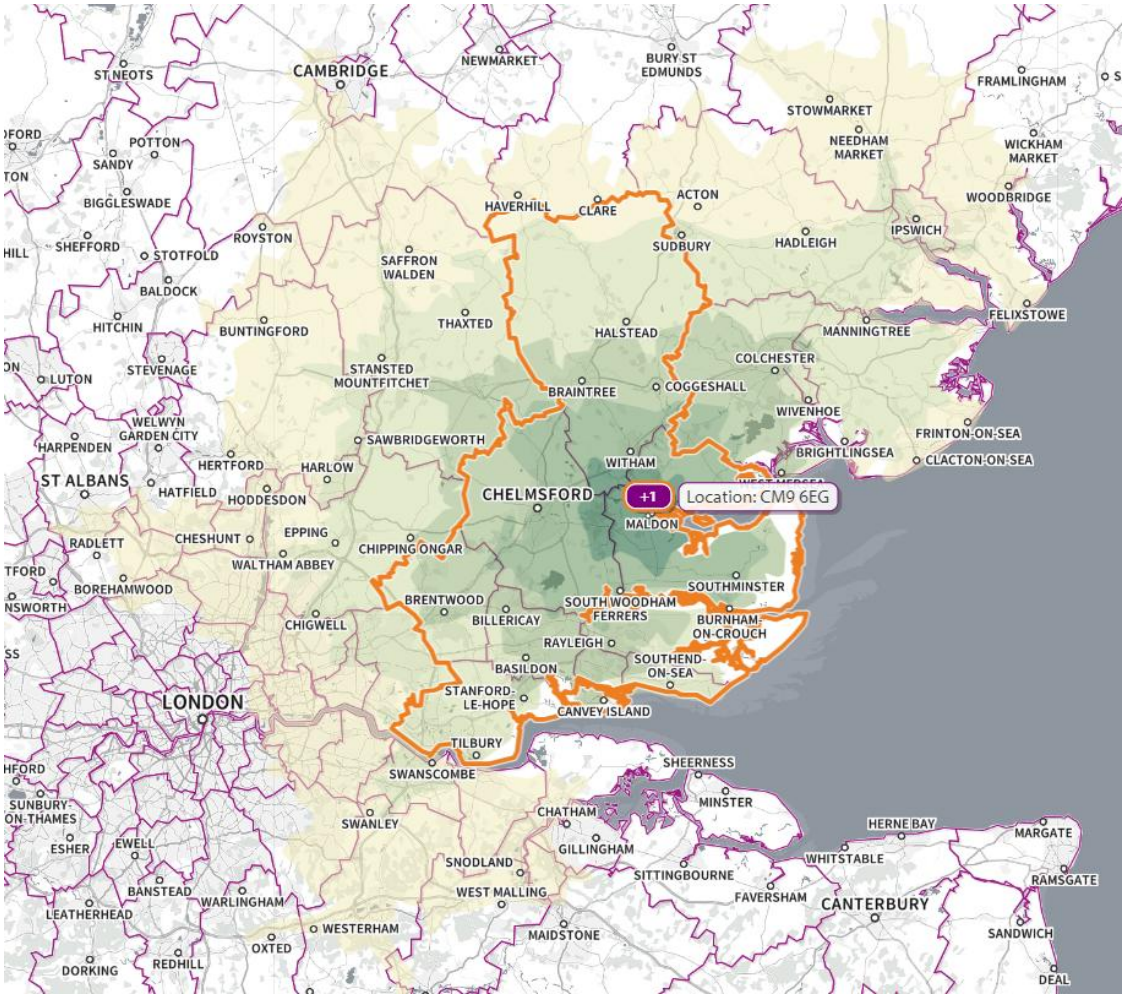
Reachable within 10 minutes =

Reachable within 20 minutes =

Reachable within 30 minutes =

Reachable within 45 minutes =

Reachable within 60 minutes =



Brentwood:

The following map visualises the length of duration to travel via **public transport** from **Brentwood** (CM15 8DR).
It assesses the time taken on a weekday morning, with the increase in lightness of colour referencing an increase in journey length.

Reachable within 20 minutes =

Reachable within 40 minutes =

Reachable within 60 minutes =

Reachable within 90 minutes =

Reachable within 120 minutes =



Brentwood:

The following map visualises the length of duration to travel via **car / land travel** from **Brentwood** (CM15 8DR).
It assesses the time taken on a weekday morning, with the increase in lightness of colour referencing an increase in journey length.

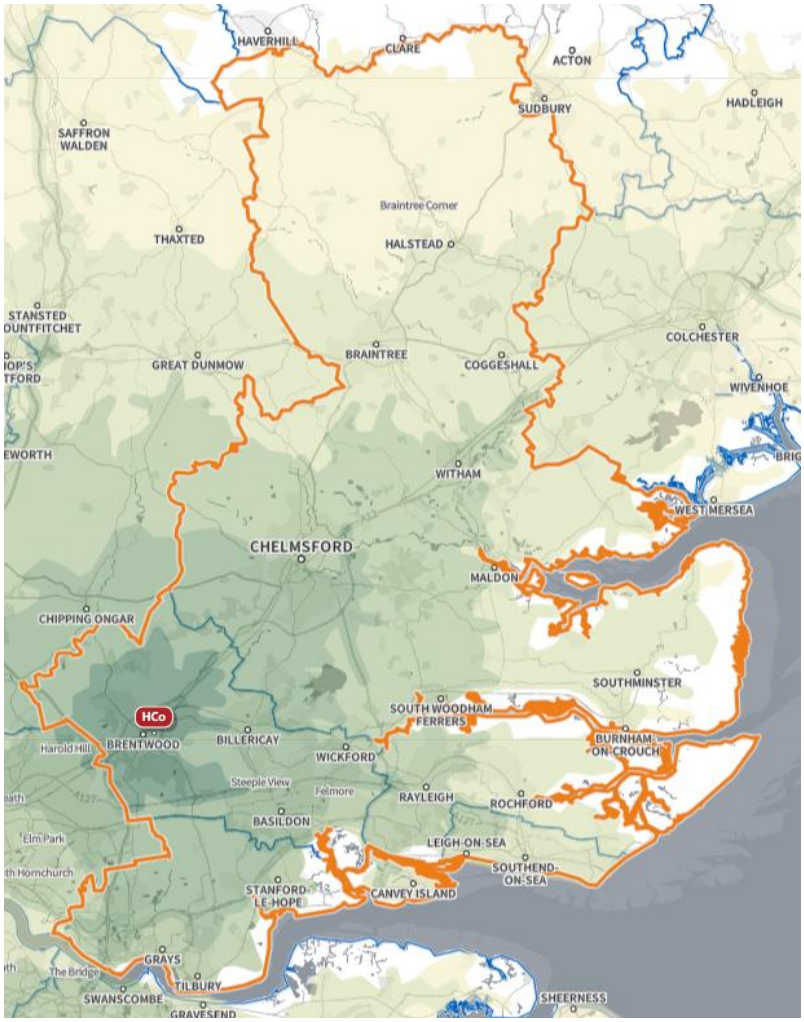
Reachable within 10 minutes =

Reachable within 20 minutes =

Reachable within 30 minutes =

Reachable within 45 minutes =

Reachable within 60 minutes =



Maternity

Key areas to highlight:

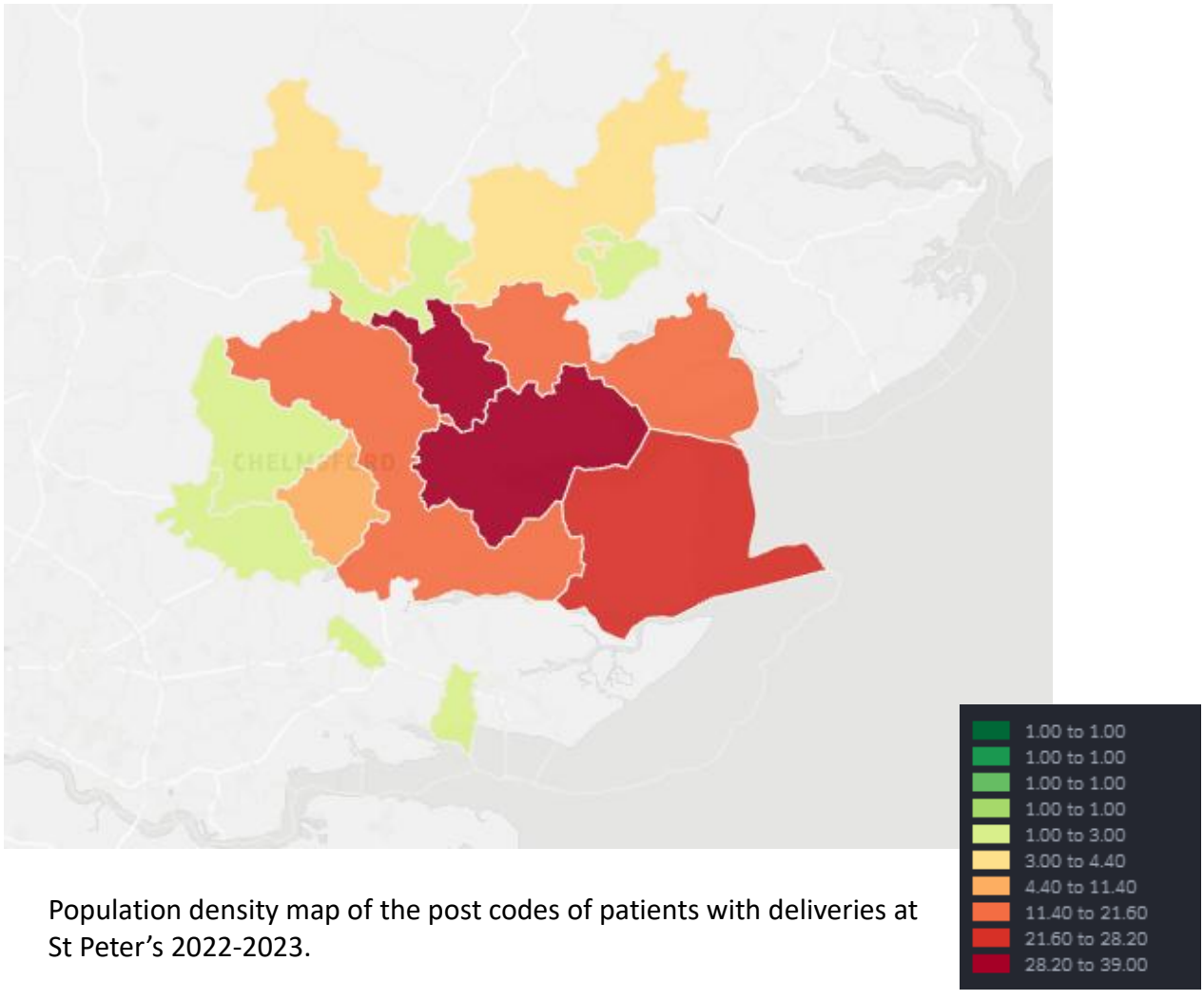
409 patients' post code data were provided.

To travel between the two post codes on **public transport**:

- **165 patients** would see a **decrease** in travel time to reach Braintree vs St Peter's.
- **244 patients** would see an **increase** in travel time to reach Braintree over St Peter's.

To travel between the two post codes as **land travel / via car:**

- **159 patients** would see a **decrease** in travel time to reach Braintree vs St Peter's.
- **250 patients** would see an **increase** in travel time to reach Braintree over St Peter's.
    - The average increase in time is 20 minutes.



Population density map of the post codes of patients with deliveries at St Peter's 2022-2023.

St Peter's:

The following map visualises the length of duration to travel via **public transport** from **St Peter's** (CM9 6EG).
It assesses the time taken on a weekday morning, with the increase in lightness of colour referencing an increase in journey length.

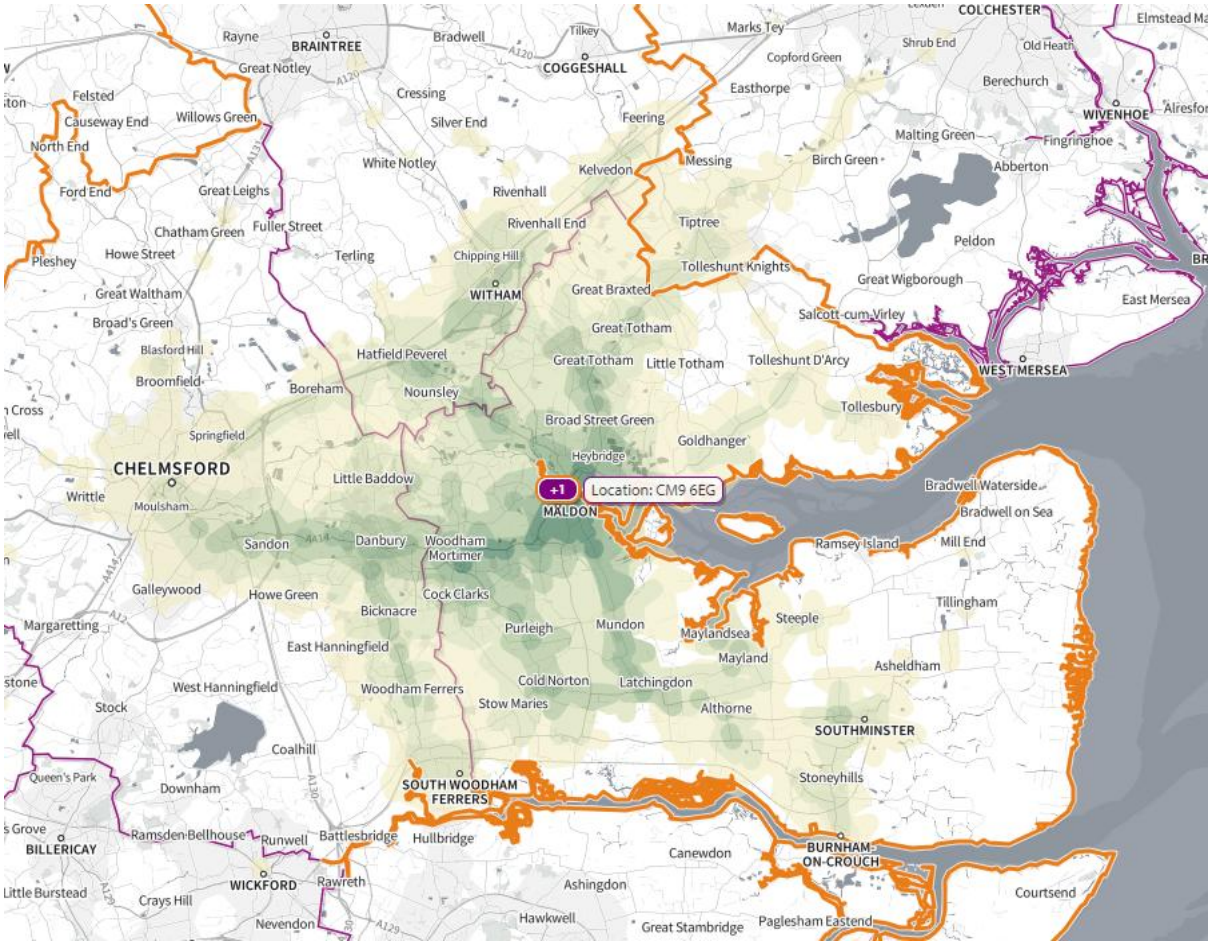
Reachable within 10 minutes =

Reachable within 20 minutes =

Reachable within 30 minutes =

Reachable within 45 minutes =

Reachable within 60 minutes =



St Peter's:

The following map visualises the length of duration to travel via **car / land travel** from **St Peter's** (CM9 6EG).
It assesses the time taken on a weekday morning, with the increase in lightness of colour referencing an increase in journey length.

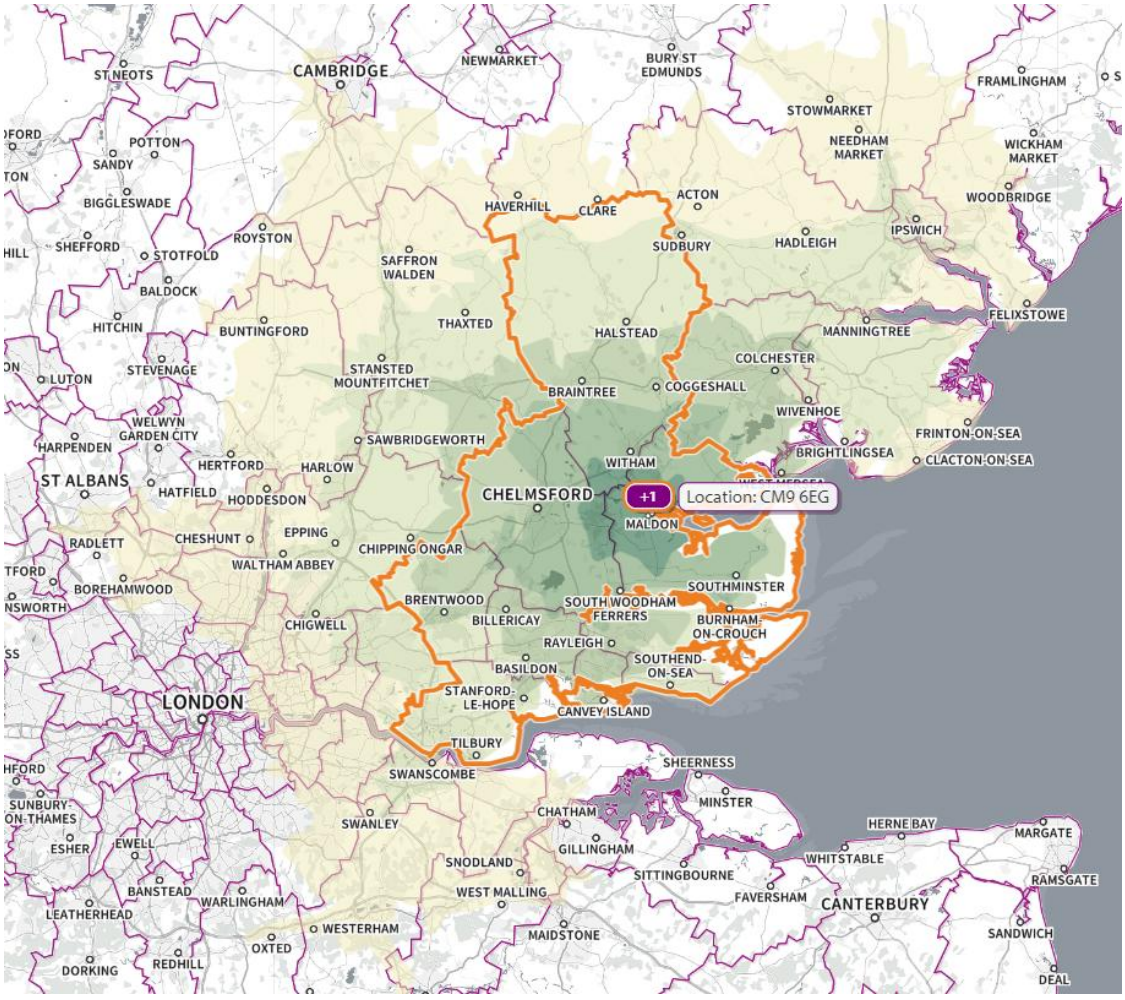
Reachable within 10 minutes =

Reachable within 20 minutes =

Reachable within 30 minutes =

Reachable within 45 minutes =

Reachable within 60 minutes =



Willian Julien Courtauld at St Michaels Braintree:

The following map visualises the length of duration to travel via **public transport** from **William Julien Courtauld at St Michaels Braintree**
It assesses the time taken on a weekday morning, with the increase in lightness of colour referencing an increase in journey length.

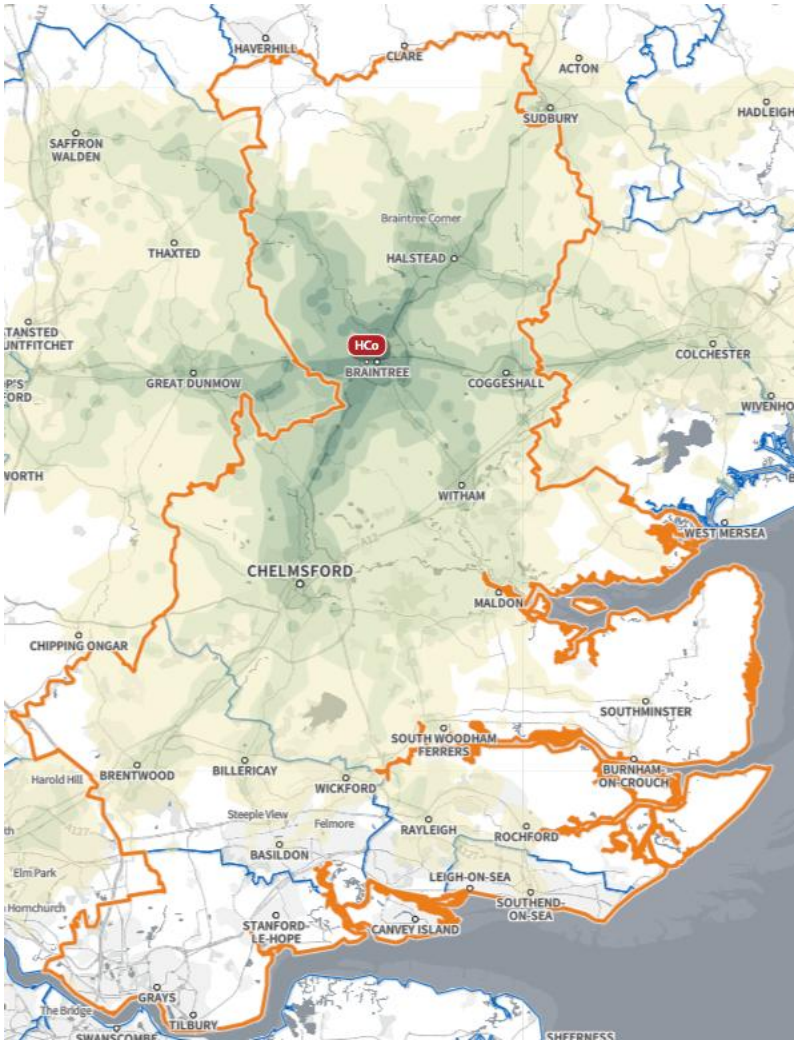
Reachable within 20 minutes =

Reachable within 40 minutes =

Reachable within 60 minutes =

Reachable within 90 minutes =

Reachable within 120 minutes =



Willian Julien Courtauld at St Michaels Braintree:

The following map visualises the length of duration to travel via **car / land travel** from **William Julien Courtauld at St Michaels Braintree** It assesses the time taken on a weekday morning, with the increase in lightness of colour referencing an increase in journey length.

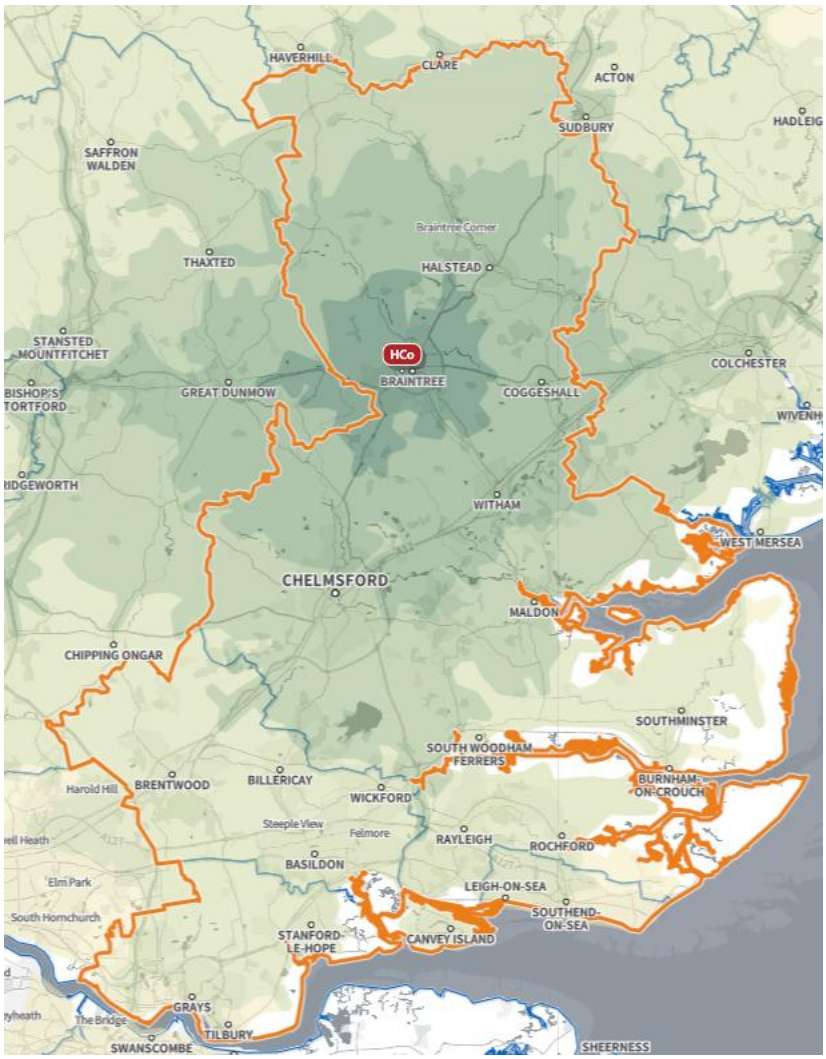
Reachable within 10 minutes =

Reachable within 20 minutes =

Reachable within 30 minutes =

Reachable within 45 minutes =

Reachable within 60 minutes =



Blue Light

- Cat 1 calls may not always be a life-threatening condition once support arrives however, if it was and the patient needed to be conveyed the patient under emergency blue light conditions, the following time frames are applicable:
    - St Peter's Hospital Maldon to Broomfield = 25mins approx
    - Braintree Community Hospital to Broomfield = 12mins approx.
- Every journey depends on road conditions, time of day and patient presentation.

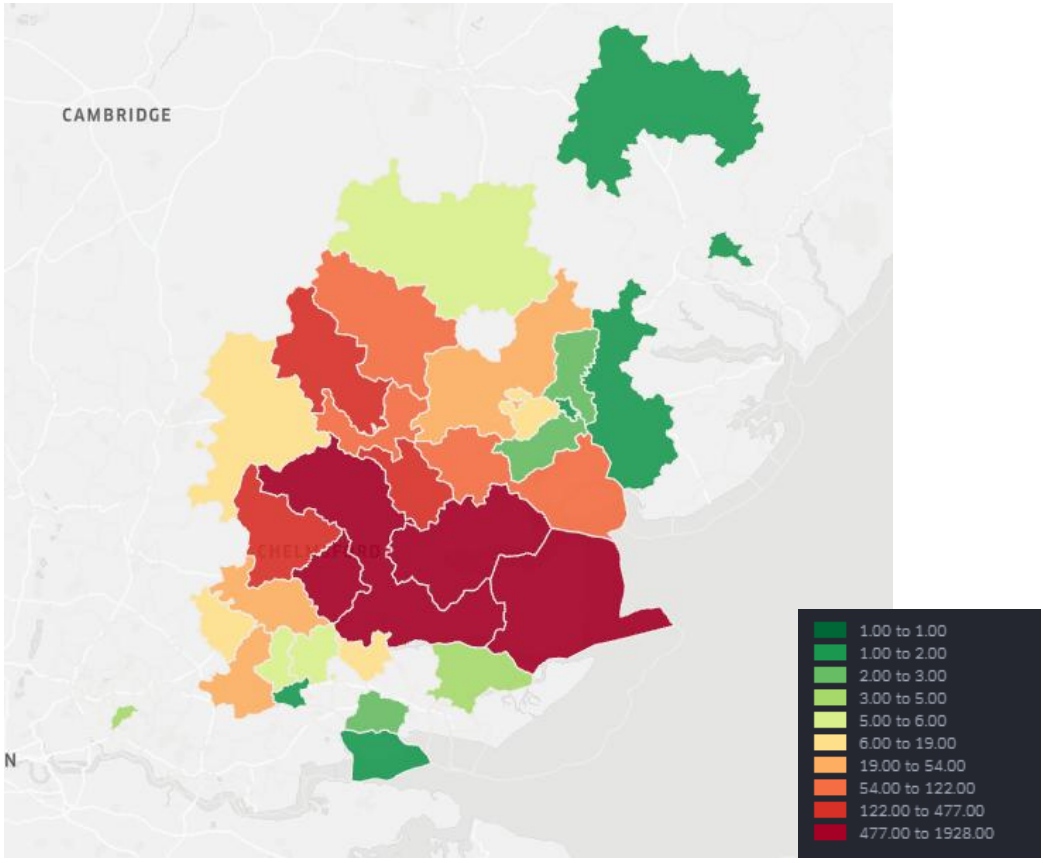
Outpatients

Key areas to highlight:

For 2023, 5574 outpatients' post code data was provided (from Provide), spanning across several different services.

Almost 90% of the patient's data provided live within just 5 post codes:

CM9
CM3
CM0
CM2
CM8



Population density map of the post codes of outpatients at St Peter's 2023.

Total = 5574

St Peter's:

The following map visualises the length of duration to travel via **public transport** from **St Peter's** (CM9 6EG).
It assesses the time taken on a weekday morning, with the increase in lightness of colour referencing an increase in journey length.

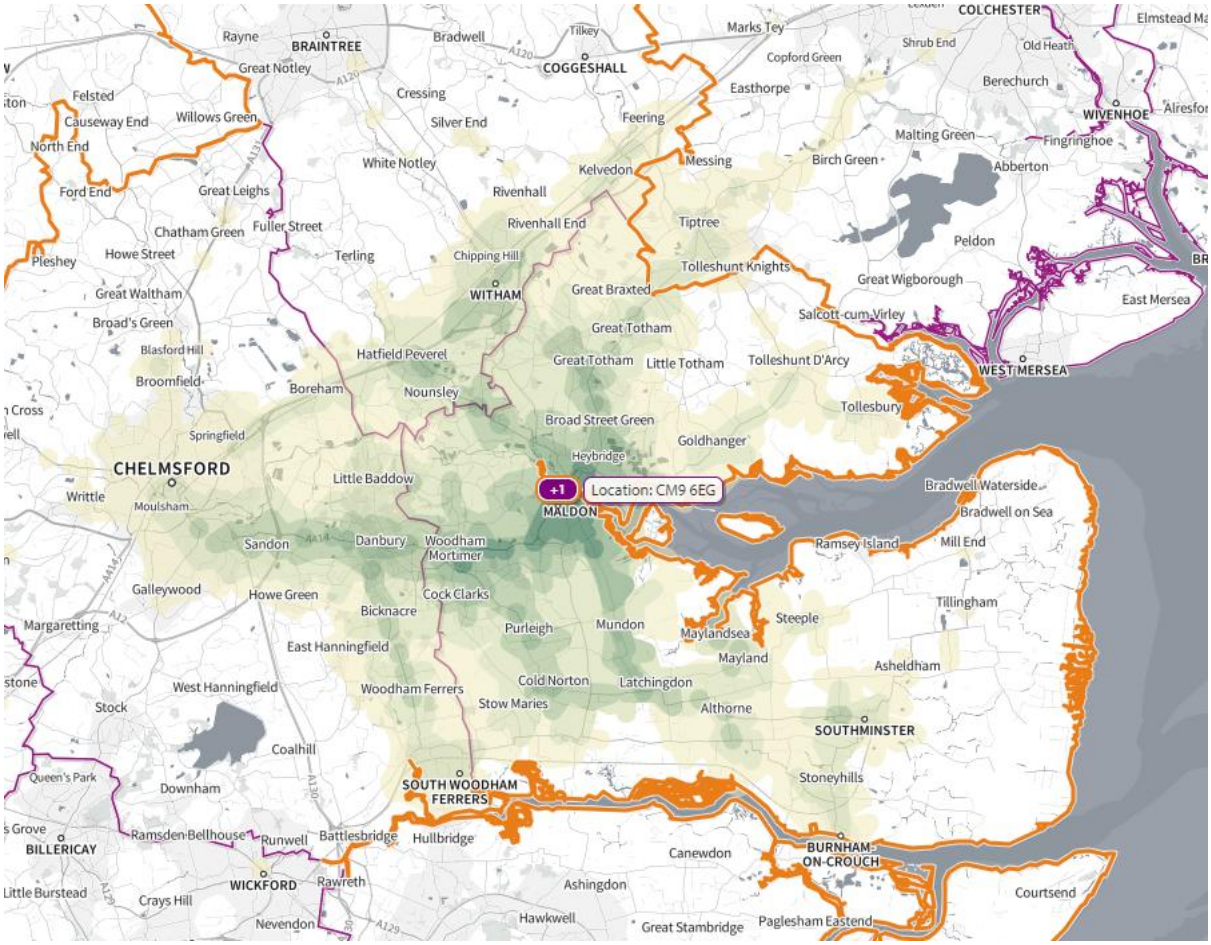
Reachable within 10 minutes =

Reachable within 20 minutes =

Reachable within 30 minutes =

Reachable within 45 minutes =

Reachable within 60 minutes =



St Peter's:

The following map visualises the length of duration to travel via **car / land travel** from **St Peter's** (CM9 6EG).
It assesses the time taken on a weekday morning, with the increase in lightness of colour referencing an increase in journey length.

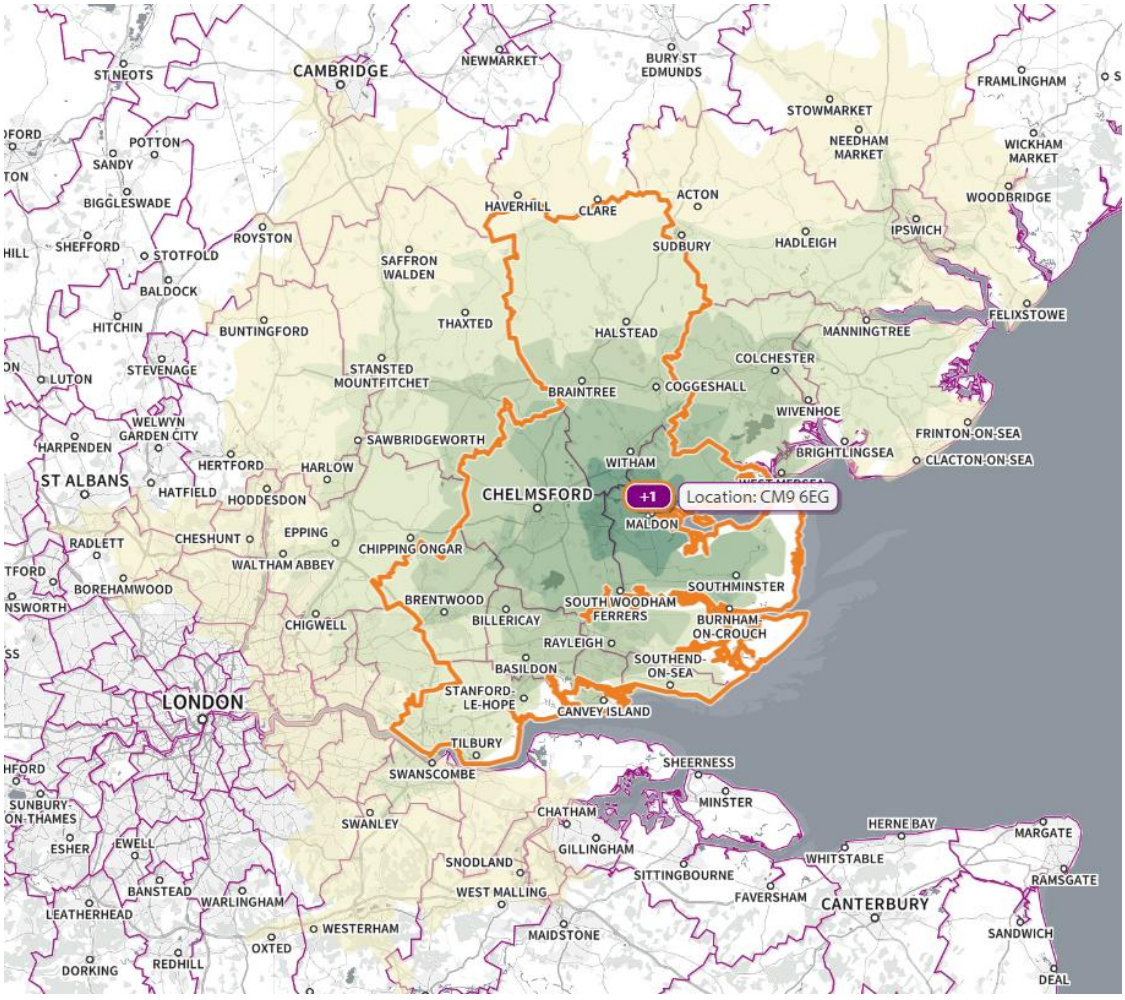
Reachable within 10 minutes =

Reachable within 20 minutes =

Reachable within 30 minutes =

Reachable within 45 minutes =

Reachable within 60 minutes =



Appendix 14 - MSE ICB - Sustainability Impact Assessment – ICB HQ Relocation

Being sustainable simply means we can meet the needs of the present without compromising the ability of future generations to meet their own needs.

Social value is the added value that is delivered to society and is focused on three core elements of social, economic and environmental.

When determining policy decisions, or projects/processes to undertake, it is important that we consider the sustainable implications as well as the social value that is delivered. Decisions made today will impact on tomorrow, so the thinking must include long term implications on people and the environment both now, and in the future.

To help evaluate the potential impact of decisions and work please use the below Sustainability Impact Assessment (SIA) and Guidance (P2)

- Start with simply answering the below 2 questions with Yes or NO
- Explain the potential impact in the box on the right.
- Use the information on page 2-4 to interpret the question and support your response.

Does the project your leading contribute towards the NHS Net Zero Carbon target? Yes or No	**Please explain how and, if the answer is negative, explain the actions taken to mitigate this and, where possible, reverse it**
If so, please explain how. This could include a positive/negative impact on: • Medicines Management • Procurement and Supply Chain • Workforce and System Leadership • Climate Adaptation • Sustainable Models of Care • Travel and Transport • Food and Nutrition • Digital Transformation • Estates and Facilities • Energy usage • Biodiversity • Community Engagement	Yes. *See table below for detailed review and mitigations*. • Positive- minimal impact • Not applicable • Positive/limited negative • Not applicable • Positive/limited negative • Positive and negative • Positive- minimal impact • Positive- minimal impact • Positive/limited negative • Not applicable (covered in other areas above) • Not applicable • Positive and negative
Does the project contribute to delivering social value? Yes or No	**Please explain how and, if the answer is negative, explain the actions taken to mitigate this and, where possible, reverse it**
If so, explain how. This could include a positive/negative impact on the following factors: • Social • Economic • Environmental	Yes. *See table below for detailed review and mitigations*. • Positive and negative

Does the project your leading contribute towards the NHS Net Zero Carbon target? Overview area:	Please explain how and, if the answer is negative, explain the actions taken to mitigate this and, where possible, reverse it
Medicines Management	Positive- minimal impact • All community hospital service providers across mid and south Essex work in accordance with national and local policies around medicines management. • Through contracts mid and south Essex Integrated Care Board hold with these service providers they are expected to work in line with the system's Green Plan around medicines management. This is managed and monitored through contract meeting governance.
Procurement and Supply Chain	Not applicable • No procurement involved. • See social value section below for full response on impact on social value.
Workforce and System Leadership	Positive/limited negative Positive • All services will be delivered within the mid and south Essex Integrated Care Board footprint, therefore ensuring there are job opportunities available for local people. • The uncertainty around the future permanent location and configuration of community inpatient beds has led to the use of significant agency staff or the use of the staff bank. Being able to confirm the future location and configuration of inpatient community beds is expected to support staff recruitment and retention. • An aim of permanently moving the freestanding midwife led birthing unit is also to give greater stability to the workforce. • It is anticipated that creating a long-term solution for ambulatory services within Maldon will support the development of sustainable services in the area, which in turn is likely to support retention of current staff and attract new and local staff. Negative • The proposed permanent change in location for

	community intermediate care and stroke rehabilitation beds and the freestanding midwife led birthing unit may have an adverse impact on the workforce that previously delivered these services at St Peter's Hospital, particularly if they live locally and may now have to travel further to the other proposed sites. This may impact on retention of these staff.
Climate Adaptation	Not applicable
Sustainable Models of Care	Positive/limited negative <u>Positive</u> • Optimising the location of care through the use of existing buildings to reduce carbon emissions through new builds. For community inpatient beds and maternity services this means using the most 'fit for purpose' estate available across mid and south Essex for these services. For ambulatory care services, the recommendation within this decision-making business case is for services to remain at St Peter's Hospital in the short to medium term. There were no viable alternative locations that would not have needed a significant about of refurbishment which would have meant increased carbon emissions. • Earlier and quicker detection, diagnosis and treatment through right sizing the capacity in community inpatient beds to meet demand, both now and in the future. Keeping ambulatory care services at St Peter's Hospital, Maldon means residents continue to have access to outpatient and diagnostic services locally. • Changes will provide evidence-based, personalised care that achieves the best possible health and well-being outcomes with the resources available across the system. Best clinical practice will be embedded through changes to the location and configuration of services and the wider interdependent workstreams happening across the system. Consolidating community stroke rehabilitation beds into two stroke units means clinical expertise and staff are concentrated across two units which will better support in embedding the best clinical care in community stroke rehabilitation beds. • Rehabilitating people in intermediate care and stroke rehabilitation beds in the community supports in treating people 'for the long-term' by helping people to become more independent again after a stroke of an episode of illness or an acute hospital stay. Community hospital inpatient beds reduce the need for unnecessary hospital stays or prolonged care in an acute hospital. This

	supports in 'carbon savings' from reduced bed days in the acute hospital. It also reduces the number of people going on to need a permanent admission into a residential or nursing home or needing ongoing care in their own home which also creates a 'carbon saving'. Negative • The decision-making business case recommends ambulatory care services continuing to be delivered from the St Peter's Hospital site for the short to medium term (0-5 years). The continued use of the St. Peter's Hospital site for ambulatory care services means that we continue to deliver services from a site that is not energy efficient due to its age and vast size.
Travel and Transport	Positive and negative Positive • For some patients and visitors, the change in the location of inpatient community beds and the freestanding midwife led birthing unit, will mean a reduction in travel, therefore minimising care miles. • Keeping ambulatory care services where they are at St Peter's Hospital, rather than relocating them to other sites in and around Maldon, also means travel will not be impacted for those using the services. • As part of implementation of community inpatient bed changes and the freestanding midwife led birthing unit changes, if approved, information on travel advice, including public transport, will be developed and shared with patients and visitors. • Keeping ambulatory care services at St Peter's Hospital for the short to medium term (0-5 years) means that there are good public transport links already in place for patients. This was one of the reasons the community Consultation Working Group recommended keeping services on the site. Negative • Increase in travel times and mileage as suggested in the travel analysis could result in increased air pollution from traffic across MSE and increased care miles for patients and visitors.
Food and Nutrition	Positive- minimal impact • In line with MSEICS's Green Plan, all community hospital service providers across mid and south Essex endeavor to procure food from sustainable

	and local sources. The Mid and South Essex Integrated Care Board monitors compliance against this through contract monitoring governance.
Digital Transformation	Positive- minimal impact • As part of the ongoing work across the NHS to 'move from analogue to digital', the mid and south Essex Integrated Care system plan to increase the use of technology to support patient initiated follow ups in outpatients. This is part of the interdependent workstreams happening alongside this decision-making business case.
Estates and Facilities	Positive/limited negative <u>Positive</u> • Using existing estate across mid and south Essex for community inpatient beds and the freestanding midwife led birthing unit supports in the reduction of carbon emissions because it means new building are not needed to deliver these services. Instead, the most 'fit for purpose' estate available will be used. These sites are more modern than the St Peter's Hospital site and therefore more energy efficient. • As St Peter's Hospital is an old site which is not energy efficient, not using the site for inpatient services will hopefully reduce some of its carbon emissions. • For ambulatory care services, the recommendation within this decision-making business case is for services to remain at St Peter's Hospital in the short to medium term. There were no viable alternative locations that would not have needed a significant about of refurbishment work, which would have increased carbon emissions. • The facilities management of all the community hospitals across mid and south Essex is the responsibility of the owners of the sites. Through contracts Mid and South Essex Integrated Care Board hold with these providers they are expected to work in line with the system's Green Plan. This is managed and monitored through contract meeting governance. <u>Negative</u> • This decision-making business case recommends ambulatory care services continuing to be delivered from the St Peter's Hospital site for the short to medium term (0-5 years). The continued use of the St. Peter's Hospital site for ambulatory

	care services means that we continue to deliver services from a site that is not energy efficient due to its age and vast size. • There will need to be maintenance work carried out on the St Peter's Hospital site over the short to medium term which will result in carbon emissions, although this is expected to be limited.
Energy usage	Not applicable (covered in other areas above)
Biodiversity	Not applicable
Community Engagement	Positive and negative <u>Positive</u> • As set out in the Integrated Impact Assessment also completed as part of the DMBC work programme, an assessment of the impact of proposed changes on inequalities in health and access to services has been undertaken. For some the proposed changes will support in better access to services and reduce health inequalities. For some there will be an adverse impact as patients and visitors may have to travel further. • Access for patients, relatives and carers is an important aspect when considering equality, but Mid and South Essex Integrated Care System is not in a position to enable equal geographical access for all since it is not proposing, nor has the finance to build and operate new community hospitals or freestanding birthing units, and therefore proposals are based on best use of existing premises which are themselves not distributed evenly throughout mid and south Essex. • The challenges of potentially increased travel times for some residents need to be balanced against the benefits of better estate, more robust staffing and therefore better outcomes for patients through ensuring they receive the highest quality care, with access to specialist teams and facilities that can deliver better health outcomes. • For community stroke rehabilitation beds, the clinical requirement is that the beds are concentrated, thereby concentrating on expertise to ensure that the best outcomes for patients are achieved. If this were not done, another inequality would be created by offering sub-optimal stroke rehabilitation services. <u>Negative</u>

	• As set out in the Integrated Impact Assessment also completed as part of the DMBC work programme, an assessment of the impact of proposed changes on inequalities in health and access to services has been undertaken. For some the proposed changes will have an adverse impact on access to services and therefore may increase health inequalities as patients and visitors have to travel further for community intermediate care and stroke rehabilitation beds and the freestanding midwife led birthing unit. • Access for patients, relatives and carers is an important aspect when considering equality, but Mid and South Essex Integrated Care System is not in a position to enable equal geographical access for all since it is not proposing, nor has the finance to build and operate new community hospitals or freestanding birthing units, and therefore proposals are based on best use of existing premises which are themselves not distributed evenly throughout mid and south Essex. • The challenges of potentially increased travel times for some residents need to be balanced against the benefits of better estate, more robust staffing and therefore better outcomes for patients through ensuring they receive the highest quality care, with access to specialist teams and facilities that can deliver better health outcomes. • For community stroke rehabilitation beds, the clinical requirement is that the beds are concentrated, thereby concentrating on expertise to ensure that the best outcomes for patients are achieved. If this were not done, another inequality would be created by offering sub-optimal stroke rehabilitation services.
Does the project contribute to delivering <u>social value</u>? Yes or No	**Please explain how and, if the answer is negative, explain the actions taken to mitigate this and, where possible, reverse it**
If so, explain how. This could include a positive/negative impact on the following factors: • Social • Economic • Environmental	Positive and negative <u>Positive</u> • Reducing health inequalities and improving population health outcomes through reducing travel for some residents across mid and south Essex and using more modern estate that may be more accessible for older adults or those with complex needs (community inpatient beds and the freestanding midwife led birthing unit proposals). • Increasing patient satisfactions through more modern, welcoming environments for community inpatient beds and the freestanding midwife led birthing unit. • Supporting workforce wellbeing and long-term

	sustainability by confirming the permanent location of services and using more modern, fit for purpose estate. • Boosting local economy by ensuring services continue to be delivered within the mid and south Essex footprint and have the right capacity to meet demand, therefore ensuring that jobs remain within the mid and south Essex footprint. • Contributing to environmental sustainability through the best use of more modern estate available across mid and south Essex, therefore reducing the need for new buildings (for community inpatient beds and the freestanding midwife led birthing unit). <u>Negative</u> • Reducing accessibility to services for some residents with transport barriers (i.e. no access to private transport) and the increase in travel time and costs (community inpatient beds and the freestanding midwife led birthing unit proposals). • Loss of local services (community inpatient beds and the freestanding midwife led birthing unit) may see a reduction in community cohesion as local services can often act as community 'anchors'. However, this impact is reduced by the proposal to keep ambulatory services on the St Peter's Hospital site in the short to medium term (0-5 years) whilst a long-term solution for a future Maldon Health Hub/replacement for St Peter's Hospital is developed. • Potential widening of health inequalities as deprived communities may be disproportionately affected by service changes due to having to travel further and increased travel costs to reach services (community inpatient beds and the freestanding midwife led birthing unit). • Reduced trust and engagement with the NHS in mid and south Essex as communities may feel deprioritised.

Guidance

Area of focus	Review questions
1. Sustainable Models of Care (prevention, patient selfcare, lean service delivery and low carbon alternatives)	• Will it minimise 'care miles' making better use of new technologies such as virtual consultations, telecare/telehealth, delivering care in settings closer to people's homes? • Will it promote prevention, empowerment, healthy behaviours, emotional wellbeing, living independently and self-management? • Will it provide evidence-based, personalised care that achieves the best possible health and well-being outcomes with the resources available? • Will it reduce avoidable hospital admissions or permanent admissions to residential care or nursing homes? • Will it deliver integrated care, one that co-ordinates different elements of care more effectively and remove duplication and redundancy from care pathways? • Will it support deprescribing of medicines? • Will it deliver lower carbon pathways or alternatives e.g., social prescribing or lower carbon medicines?
2. Travel and Transport (patient, visitor, NHS, supplier/third party)	• Will it reduce 'care miles' (virtual consultations, telecare, care closer to home)? • Will it avoid new or repeat appointments? • Will it provide / improve / promote alternatives to car-based transport (e.g. public transport, walking and cycling)? • Will it support more efficient use of cars (car sharing, low emission vehicles, community transport, environmentally friendly fuels and technologies)? • Will it improve access to services and facilities for vulnerable or disadvantaged communities or individuals? • Will it reduce any third parties travel impacts/mileage (Visitors, suppliers, deliveries etc.)?
3. Procurement and Supply Chain (5 Rs of procurement, social Value, environmental improvement, carbon reduction)	• Will it deliver local '*social value'* i.e. support communities in recovering from the impacts of COVD19, support economic development and tackle economic inequality, drive equal opportunities and improve wellbeing, health and community integration? • Will it support the local economy through local suppliers, SMEs or engage with third sector or community groups? • Have you considered whole life costs? i.e. Procurement versus revenue costs (£ & carbon) • Will it reduce single use plastics? • Will it address the 5 Rs of procurement i.e. (reduce, reuse, reprocessed, renewable, recyclable)? E.g. can it be re-used/remanufactured such as walking aid re-use • Will it reduce waste, environmental hazards and toxic materials for example by reducing PVC, antibiotic use, air pollution, noise and deforestation? • Will it reduce use of natural resources such as raw materials, embedded water, and energy to promote a circular economy? • Will it promote ethical purchasing of goods or services e.g. increasing transparency of modern slavery in the supply chain globally?

4. Estates and Facilities Management (energy savings, energy efficiency, retrofitting, carbon reductions, green spaces)	• Will it improve the resource efficiency of new or refurbished buildings (energy, water, density, use of existing buildings/space, designing for a longer lifespan)? • Will it use eco-friendly/lower carbon building materials? • Will it improve energy efficiency/energy use (electricity, heating, equipment, carbon) • Will it reduce the amount of waste produced or increase the amount of waste recycled? • Will it reduce water consumption? • Will it improve green space (inside, on (walls/roofs) or around buildings (landscape) i.e., biophilic design) and access to or use of green space? • Will it improve nature & biodiversity?
5. Workforce & System Leadership (engagement, training, health inequalities)	• Will it provide employment opportunities for local people and communities? • Will it promote or support equal employment opportunities? • Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)? • Will it offer employment opportunities to disadvantaged groups and pay above living wage?
6. Medicines Management	• Will it reduce waste? • Will it reduce the carbon footprint? • Is there an ethical framework in place to help make decisions about which medicines to purchase? • Will it help with educating about the benefits of alternative options for prescriptions?
7. Digital Transformation	• Will it help with access to services for patients? • Will it reduce travel? • Does it consider those in digital poverty and provide alternative options?
8. Food and Nutrition	• Does it help to reduce the carbon footprint? • Is the food locally purchased? • Does it aid with a balanced diet? • Does it consider meat free/reduced options as a part of a wider menu?
9. Adaptation to Climate Change (adaptation, resilience, business continuity)	• Will it support mitigation of the likely effects of climate change (e.g. identifying proactive and community support for vulnerable groups/staff; contingency planning for flood, heatwave and other weather extremes)? • Is it resilient to future climatic & other extremes such as pandemics?
10. Community Engagement (live well, listening, co-production)	• Will it promote health, increase community resilience, social cohesion, reduce social isolation and support sustainable development? • Will it reduce inequalities in health and access to services? • Will it increase participation including patients, the public, health professionals and elected officials to contribute to decision making? • Have you sought the views of our communities in relation to the impact on sustainable development for this activity? • Will it increase peer-support mechanisms?

11. Reducing Energy Usage	• Does it reduce the reliance on fossil fuels? • Is there a renewable option? • Is there potential to work on this at a system, or regional level?
12. Estimated carbon benefit	• How does the project reduce carbon and follow the NHS carbon reduction targets? • Can you quantify the impact of it?
13. Social Value	• Does the project demonstrate added value? • Does it consider the implications for social, economic and environmental elements • Does it consider internal as well as external implications?

Thank you for championing sustainability at the ICB.

Appendix 15 - Health Overview and Scrutiny Committee's consultation feedback responses

Health Overview Policy and Scrutiny Committee's formal response to the Community Hospital Services in Mid and South Essex consultation, run by the Mid and South Essex Integrated Care System

Essex County Council

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3. **Actions** 4
4. **Formal response to the consultation** 4
5. **Next steps** 5
6. **Appendices** 5

1. Introduction

1.1 This report sets out Essex County Council's (ECC) Health Overview Policy and Scrutiny Committee's (HOSC) formal response to the to the Community Hospital Services in Mid and South Essex consultation.

1.2 The deadline to submit a response to the Mid and South Essex Integrated Care System (MSE ICS) is 23 September 2024.

1.3 ECC HOSC members, at its meeting on Thursday 5 September 2024, received a presentation from MSE ICS on the outcome of the consultation, and the below detail set out in this report is its agreed, final response.

1.4 Members welcomed the presentation from MSE officers, and appreciated the short notice they were given to attend.

2. Background

2.1 In December 2023, ECC's Chairman of HOSC, Councillor Jeff Henry, received a request from Mid and South Essex Integrated Care Board (MSE ICB) to support in working with Southend City Council (SCC) and Thurrock Council to consider making appropriate arrangements to form a Joint Health Overview Policy and Scrutiny Committee (JHOSC).

2.2 The request was specifically in relation to the MSE ICS review of Community Hospital Services in Mid and South Essex.

2.3 Subsequent discussions were held with the Chairman of the relevant scrutiny committees at each authority (Essex, Southend and Thurrock) to determine how they can come together to scrutinise this consultation, as it significantly affects all three local populations.

2.4 At an ECC HOSC meeting on 7 March 2024, members endorsed the proposed the Terms of Reference for the JHOSC, and a formal meeting was subsequently arranged for the end of May 2024. By this time, Thurrock Council had notified both ECC and SCC that it was not in a position to be part of the JHOSC.

2.5 The scheduled JHOSC meeting in May 2024 was postponed following the announcement of the General Election, and NHS England announcing the consultation had been put on hold. They also extended the consultation for a short period after the election.

2.6 The meeting was re-arranged and scheduled to take place on Wednesday 28 August 2024. After consideration by ECC's HOSC Chairman, the decision was

taken that instead of the consultation outcome being presented to JHOSC, it would be preferable if MSE ICS attended each individual scrutiny committee separately (Essex, Southend and Thurrock) so all members of each committee could have their say on the proposed plans.

2.7 MSE ICS presented the outcome of the consultation to ECC's HOSC on Thursday 5 September 2024, the minutes of which can be found here - Meetings and Events (essex.gov.uk).

3. Actions

3.1 The committee were asked to consider the following:

a) Confirm it is satisfied with the consultation process that MSE ICB has undertaken by acknowledging the draft Consultation Report and the associated appendices.
b) Note timelines for decision making on 30 September 2024 and action for MSE ICB to formally write to HOSC to inform members of the decisions. HOSC will then review and choose whether to provide feedback or make recommendations to the ICB Board.

4. Response to the consultation

4.1 Overall, the committee were satisfied with the overall consultation process, and felt that it included the relevant people, organisations and groups that would be most affected by any changes. Concerns were raised specifically around the St Peter's Hospital site in Maldon, where it was felt that the consultation could have reached further.

4.2 Since the transfer of the birthing unit from St Peter's Hospital to the WJC birthing unit at St Michael's Hospital in Braintree, concern was raised that 50% of the births that had taken place at WJC had been transferred by ambulance to the birthing unit at Broomfield Hospital in Chelmsford and therefore queried whether WJC was a suitable alternative to St Peter's Hospital.

4.3 Whilst St Peter's Hospital in Maldon is in a state of disrepair now, members raised questions over the condition of the other sites within MSE that the services are being moved to, and whether long-term, they are suitable or will they need to be moved again in years to come.

4.4 The committee are concerned around what the future looks like for residents of Maldon, given they are most severely impacted by this consultation and the decision to move services away from St Peter's Hospital.

4.5 The committee recognise that 71% of survey responses were from people living in the Maldon district and would like it recognised that the good response rate to the consultation is down the tenacious and hard work of Maldon residents who completed the survey.

4.6 As the decision-making process moves forward, the committee would like Maldon residents to be kept informed, more so than other districts, as they are most affected by this process.

5. Next steps

5.1 Following decision making, the Chair of the NHS MSE ICB will formally write to ECC's HOSC to inform members of the decisions made.

5.2 HOSC will then have an opportunity to review the decisions and decide whether to provide further feedback or make recommendations to the ICB Board.

Civic Offices, New Road, Grays
Essex RM17 6SL

12 April 2024

Mid and South Essex ICS

Via Email: mseics.getinvolved@nhs.net

Proposed changes to services at local community hospitals

This letter is written on behalf of Thurrock Council's Health and Wellbeing Overview and Scrutiny Committee (HOSC).

The Mid and South Essex Integrated Care System (MSE ICS) commenced an eight week consultation from 25 January to 21 March 2024 in relation to specific health services across the MSE footprint.

Partners were asked to provide their views on proposals for future arrangements for inpatient services at its community hospitals, freestanding midwife-led birthing unit, and other patient services provided at St Peter's Hospital, Maldon.

The Committee was provided with a briefing note from the MSE NHS Foundation Trust and given the opportunity to comment on the community beds consultation at the formal committee meeting held on 7 March 2024. Members were advised both proposals within the consultation include the retention of 24 intermediate beds for Thurrock at the Mayfield Unit. These will continue to be prioritised for Thurrock patients.

Thurrock's HOSC noted the briefing note at their meeting and had no further comments to make regarding the consultation.

If you have any queries regarding this letter, please contact Thurrock Council's Democratic Services Team on the following email address: Direct.Democracy@thurrock.gov.uk

Yours Sincerely,

Councillor Mark Hooper
Chair of Thurrock Council's Health and Wellbeing Overview and Scrutiny Committee (HOSC).

Southend-on-Sea City Council
Executive Director (Strategy and Change): Claire Shuter
Civic Centre, Victoria Avenue, Southend-on-Sea, Essex SS2 6ER
01702 215000
www.southend.gov.uk

Claire Hankey
Director of Communications and Partnerships
NHS Mid and South Essex ICB

Our ref:
Your ref: Community Beds Consultation
Date: 30/10/24
Telephone: 01702 534514
Email:

Dear Claire,

People Scrutiny Committee's formal response to the Community Hospital Services in Mid and South Essex consultation

Thank you for recently attending a meeting of Southend's People Scrutiny Committee, along with your colleague, Dr Matt Sweeting, to present the outcomes of the public consultation for future arrangements for inpatient services at community hospitals, freestanding midwife-led birthing and other patient services currently provided at St Peter's Hospital in Maldon.

Please find attached the minutes of the meeting of the People Scrutiny Committee held on 19 September 2024, which captures the Committee's comments and concerns. I trust these can be fed back to the working party to inform the next phase of the decision-making process.

Members of the Committee felt that neither of the presented consultation options (option A or option B) were in the best interests of Southend residents and we welcomed the decision by Mid and South Essex ICB to delay the final decision-making process by a period of 6 months, so that further engagement and co-development can take place.

Whilst we understood the desire to locate specialist services on one site, to provide improved outcomes, it was felt that locating all Southend Stroke rehabilitation beds to Brentwood from Cumberlege Intermediate Care Centre in Rochford may be too far for residents and relations to travel.

Maintaining connections to family and receiving care, rehabilitation and support in the home or local community cannot be underestimated as an aid to recovery. The Committee observed that a more holistic approach is required, to support an early supported discharge pathway for patients.

I hope that the Southend People Scrutiny Committee and, or Southend Members (as appropriate) can contribute to the work the Community Consultation working party to assist in identifying possible alternative solutions.

As the decision-making process moves forward, the Committee would like to be kept informed of future developments.

The People Scrutiny Committee would welcome an opportunity to review any decision made and decide whether to provide further feedback or make recommendations to the ICB Board.

Yours sincerely,

Councillor Cheryl Nevin
Chair of People Scrutiny Committee
Southend-on-Sea City Council

Please also copy any future correspondence to:
Stephanie Cox
Designated Scrutiny Officer at Southend-on-Sea City Council
Contact: stephaniecox@southend.gov.uk / 01702 534514

SOUTHEND-ON-SEA CITY COUNCIL

Special Meeting of People Scrutiny Committee

Date: Thursday, 19th September, 2024

Place: Council Chamber - Civic Suite

Present: Councillor C Nevin (Chair)
Councillors S W Allen, S Badger, O Cartey, T Cox, A Dear*, J Harland, S Habermel, P Kinsella, S Nadeem (Vice-Chair), J Norman, M O'Connor and L Salter.

O Richards, (Co-opted Member, Healthwatch Southend)
A Quinn, (Co-opted Member, Southend Association of Voluntary Services)
Rev. Cannon L Williams, (Co-opted Member, Church of England Diocese)

*Substitute in accordance with Council Procedure Rule 31.

In Attendance: M Harvey, M Marks and S Cox (Southend-on-Sea City Council)
C Hankey and Dr M Sweeting (NHS Mid and South Essex)

Start/End Time: 6.30 - 7.22 pm

13 Chair's Introduction & Apologies for Absence

(a) Chair's Introduction

Prior to the consideration of the matters set out in the agenda, the Chair outlined their expectations of the standard of conduct and behaviour to be shown at the meeting.

(b) Apologies for Absence

Apologies for absence were received from Councillor C Campbell (Substitute: Councillor A Dear), Councillor M Faulkner-Hatt, Councillor K Murphy, Councillor D Poulton and Councillor D Richardson.

(c) Vice-Chair

In the absence of the Vice-Chair, Councillor D Poulton, it was agreed that Councillor S Nadeem would undertake the role of Vice-Chair for the duration of the meeting.

14 Declarations of Interest

The following interests were declared at the meeting:

(a) Councillor J Harland, Minute No. 17 (Outcome of public consultation regarding Community Hospital Services in Mid and South Essex) – son employed at Southend Hospital.

(b) Councillor S Habermel, Minute No. 17 (Outcome of public consultation regarding Community Hospital Services in Mid and South Essex) – family members employed at Southend Hospital and NHS.

(c) Councillor L Salter, Minute No. 17 (Outcome of public consultation regarding Community Hospital Services in Mid and South Essex) – family members employed at Southend and Basildon Hospitals and at a GP practice in the City.

(d) Councillor C Nevin, Minute No. 17 (Outcome of public consultation regarding Community Hospital Services in Mid and South Essex) – employed at a different NHS Trust to that which was being discussed, has family members employed by NHS Mid and South Essex and an ex-employee of the same trust.

15 Questions from Members of the Public

There were no questions from members of the public relating to business included in the agenda for the meeting.

16 Minutes of the Meeting held on Wednesday, 28th August 2024

The Chair noted that minor typographical errors had been corrected.

Resolved:

That the minutes of the meeting of the Committee held on Wednesday 28th August 2024 be confirmed as a correct record and signed.

17 Outcome of public consultation regarding Community Hospital Services in Mid and South Essex

The Committee received a report from NHS Mid and South Essex ICS regarding the outcomes of the public consultation on proposals for future arrangements for inpatient services at community hospitals, freestanding midwife-led birthing and other patient services.

It was reported that the NHS Mid and South Essex Integrated Care Board (MSEICB) had announced a six-month delay in the final decision-making regarding the reconfiguration of community hospital beds, a midwife-led birthing unit and ambulatory care services. The delay aimed to allow further engagement to ensure the final decision was fully informed and aligned with the needs of the local population.

C Hankey (Director of Communications and Partnerships) and Dr M Sweeting (Medical Director) presented the outcomes of the public consultation and highlighted:

- The reasons behind the public consultation; an opportunity to strengthen stroke rehabilitation services to better support recovery and independence, to ensure that the NHS could meet local demand and to address challenges with estates.
- The normal operating position of each of the sites, compared to the temporary operational position of Winter 2023/24.
- The two consultation options:
    i. Option A: 50-bed stroke rehabilitation unit at Brentwood Community Hospital, 22 intermediate care beds at Cumberlege Intermediate Care Centre, Rochford and permanently closing the stroke rehabilitation ward at St Peter's Hospital, Maldon.
    ii. Option B: 25-bed stroke rehabilitation unit at Brentwood Community Hospital, 25 intermediate care beds at Brentwood Community Hospital and a 22-bed stroke rehabilitation unit at Cumberlege Intermediate Care Centre, Rochford; permanently closing the stroke rehabilitation ward at St Peter's Hospital, Maldon.
- The consultation methodology, reach and response rates, 5,544 total survey responses. The ICB acknowledged that initial publicity had not highlighted the implications for the Cumberlege Intermediate Care Centre and the residents of South East Essex; this had been addressed subsequently in social media etc.
- The categorisation of feedback from the consultation into seven overarching themes which between them covered 47 sub-themes.
- The next steps in the decision-making process, which included the proposal to form a working group to inform the next stage of work, to allow for more public and stakeholder involvement and co-development.
- It was expected Terms of Reference and full membership details would follow shortly, but the group was anticipated to include representatives from the NHS, local authorities, community organisation and key stakeholders, which included Healthwatch Southend.
- There was to be no immediate changes to any provision and assurances made that services would continue as they were during the extended engagement period.

The Co-Opted Member (Healthwatch Southend) reported that Healthwatch Southend had written formally to the ICB, stating that it could not support either of the presented consultation options as both would have an adverse impact on Southend residents. Healthwatch Southend felt that a more holistic approach was required, so that patients could receive care, rehabilitation and support in their own home or local community rather than just a focus on beds. It was recognised by the Medical Director that the direction of travel nationally was to support an early supported discharge pathway.

The Committee asked a number of questions which were responded to by the Director of Communications and Partnerships, key issues of concern and comments raised included:

- That the number of consultation responses were significantly smaller for the City of Southend-on-Sea in comparison to other districts (3% of those who responded were from Southend-on-Sea).
- A discussion on the engagement methods used to try to increase responses in areas with lower response rates and the alternative options which had been available to ensure that residents had not been digitally excluded.
- Whether there would be additional funds for the centres increasing bed capacity for patients.
- It was recognised that there were advantages to having a dedicated specialist unit, for both patients and staff, as the unit could potentially find it easier to recruit and retain specialist staff and that economies of scale allowed for excellent practice – and thereby could potentially create a centre of excellence in a specialism. However, this benefit was offset by the fact that patients and their families would be required to travel further to access such care, which was not ideal, especially for frailer patients and their families.
- Losing a number of intermediate care beds may prove challenging for an ageing population locally.
- Whether there was an opportunity to consider other public sector estates to deliver some of these services, such as rehabilitation and physiotherapy and outreach models of care.
- A query regarding how much meaningful engagement had taken place with the People Scrutiny Committee prior to the consultation process starting.

Members of the Committee felt that neither of the presented consultation options (option A or option B) were in the best interests of Southend residents and welcomed the decision by Mid and South Essex ICB to delay the final decision-making process by a period of 6 months, so that further engagement and co-development could take place. It was hoped that the People Scrutiny Committee and or Southend Members could contribute to this work, as appropriate.

Resolved:

That the People Scrutiny Committee:

1. Note the contents of the report.

2. Note the six-month delay in the final decision-making process regarding the reconfiguration of community hospital beds, a midwife-led birthing unit and ambulatory care services, to allow further engagement to ensure the final decision is fully informed and aligned with the needs of the local population.

3. Welcome the proposal from NHS Mid and South Essex ICB to form a working group to focus on further engagement and co-development.

Chair: _____

Appendix 16 - Letter from NHS England Regional Director confirming the formal assurance of the Pre-Consultation Business Case and associated documents (as per policy and guidance)

Sent via email

Strategy & Transformation Directorate
East of England Region
NHS England
2-4 Victoria House
Capital Park
Fulbourn
Cambridge
CB21 5XB

Jonathan Dunk
Chief Commercial Officer
Mid and South Essex Foundation Trust

25 September 2023

Dear Jonathan

Re: Mid and South Essex Community Capacity Review – stage one assurance; strategic sense check

Thanks to you and your colleagues for meeting with us on 18th September 2023 to discuss the proposals being developed through your community capacity review within the Mid and South Essex ICS. We understand the scope of this work includes the following pathways: stroke rehabilitation, intermediate care, outpatients and midwife-led birthing services. If this scope changes, we should discuss whether it has a material impact on the outcomes of our discussion.

We agreed that the case for change for these services is well made and agreed with your direction of travel in developing proposals to address this. We concluded that the process should progress being particularly mindful of, but not limited to, the following items as you develop the pre-consultation business case:

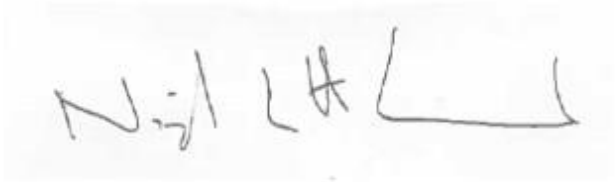
1. The intention to deliver a temporary solution during winter 2023/24.
2. The ongoing demand and capacity work to assess future requirements.
3. The future of St. Peter's and other estates requirements to deliver proposed solutions (e.g. outpatients).
4. Availability of any necessary capital noting sources must be identified prior to launching consultation.
5. Ensuring revenue consequences are neutral for, or improve, the system's position.
6. Realistic timelines to develop a robust pcbc and meet HOSC and purdah requirements and your aim to consult from February 2024. The timing of national elections and impact on your current plans are not yet known and you may require a 'plan B'.

We also noted that discussions have commenced with the ICB Clinical Congress and you will look to formulate a pragmatic way to broaden this perspective, potentially to include representation from the Clinical Senate.

Assurance of this business case in line with 'Planning, assuring and delivering service change for patients' is required prior to the formal consultation exercise. We agreed that the parameters of the emerging proposals mean that assurance will be at regional level, which we will ensure is robust and proportionate. We will collectively agree a pragmatic approach potentially including existing arrangements co-chaired by the ICB and NHSE.

I trust that this letter is in line with our discussions and look forward to continuing the productive engagement we have had to date.

Yours sincerely,



Nigel Littlewood
Head of Regional Strategic Change
NHS England, East of England

Cc

Anthony McKeever
Simon Wood
Laura Cook
Nick Taylor

Appendix 17 – Letter from MSEFT Chief Executive Confirming MSEFT's Commitment to Continued Work on the Future of Ambulatory Care Services within the Maldon District

Mid and South Essex NHS Foundation Trust

Office of the Chief Executive
Matthew Hopkins
c/o Carly Ross
Senior Executive Secretary
Email: carly.ross4@nhs.net

14 July 2025

BY EMAIL ONLY

Tom Abell
Chief Executive
Mid and South Essex Integrated Care Board

Email: tom.abell3@nhs.net

Dear Tom

RE: Community consultation decision making business case - The future of ambulatory care services at St Peter's Hospital

As we near the end of the decision-making process into the future of community inpatient beds, the freestanding midwife-led birthing unit and ambulatory services at St Peter's Hospital I wanted to write to you to confirm the Trust's commitment on the future of ambulatory care services within the Maldon district.

We recognise that the future of St Peter's Hospital and the need for a replacement for the site has been a long-standing issue spanning many years. As a health system we have collectively tried to develop solutions for the site but none of these have come to fruition. Work across the system over the last year has shown that no suitable alternative sites in the Maldon district exist from which to deliver ambulatory services, that would not require significant capital investment. The recommendation within the decision-making business case is therefore that services remain at St Peter's Hospital in the short to medium term (0-5 years) whilst a long-term solution for a replacement facility is developed.

We are supportive of the recommendation and would like to set out our commitment to ensuring safe, high-quality delivery of ambulatory care services from St Peter's Hospital in the short to medium term as far as possible, also in developing a longer-term sustainable solution for a replacement for St Peter's Hospital.

In line with the recommendations and caveats set out in the decision-making business case we are committed to delivering the following actions:

- Ensure that our Estates and Facilities Management function (EFM) supports the safe ongoing delivery of services continuing to be delivered on site.

- Within available funding create a management plan to ensure the site and buildings within it are kept in a suitable condition to accommodate emerging options for future use.
- Provide a full report on the anticipated costs and plan for how capital will be found to support the work or management of risk in the absence of a funding source to the ICB.
- Backlog maintenance funding of £320k or use during 25/26 has been provisionally identified and will be used to improve areas of the site. A plan for how this will be spent and a timeframe for the work will be shared with the ICB.
- Ongoing routine maintenance of the site and any work to de-risk the site over next 1-5 years will be shared with the ICB.
- Working with system partners (ICB and Mid and South Essex Community Collaborative (MSECC)), including clinical and operational leads, to review all ambulatory care services being delivered from the St Peter's Hospital site. Any developments of any service in Maldon which require a change in estate provision will need to be reviewed collectively and in partnership with the communities of Maldon.
- Working with service leads and MSECC to ensure Emergency Preparedness and Business Continuity Plans for services delivered from the St Peter's Hospital site are up to date and regularly reviewed.
- Develop a plan for a future Maldon health hub/replacement for St Peter's Hospital and lead on delivery of the plan, working with system partners. We anticipate the plan will be developed by April 2027.
- Take the lead across the mid and south Essex health system for the development and delivery of both the short to medium term plans and the long-term plan for a replacement St Peter's Hospital as owners of the current St Peter's Hospital site. This will include leading the proposed 'Maldon Health Hub' Programme Board and the new 'Community Committee', both of which are anticipated to be set up in late summer 2025.

To give some assurance on our commitment to delivering these actions, below is an overview of the actions we have already taken and the ongoing work we have planned so far.

MSEFT are embarking on a 5-year resilience plan to ensure the site is maintained in a safe condition, and de-risked for its future use. This broadly includes sufficient maintenance to keep the building watertight (roofs, rainwater goods, brickwork and windows) secure and safe (including fire containment, detection and alarms) using the £320k allocated under our risk-based backlog programme. Spend this year has notionally been allocated to repair and make safe roofs, windows, the lift and fire doors, although these are estimates and may evolve with the emerging strategy. We are currently drafting a specification to seek a contractor to support us with these maintenance requirements including an ongoing brief to 'de risk' future options including:

- Surveys of underground services, electrical, gas and drainage (Mechanical, electrical and plumbing).
- Surveys of above ground infrastructure – electrical, gas and oil, to identify redundant and obsolete installations and those with value/operational – engines, boilers and tanks.
- Audit of equipment, furniture and refuse in storage.

This will allow us to potentially remove redundant infrastructure and dangerous structures (subject to reserved planning rights) and contamination (including asbestos) as these items add value to future use and development by providing due diligence, or even removal to improve future planning. Outside of the space occupied by clinical services, the site curtilage contains a mix of buildings in differing conditions, useability and value. Subject to funding, several outbuildings could and should be removed as they are beyond useable condition, unsafe, contain asbestos and refuse. This will offer a tidy remediated site for future use.

Whilst scoping out this 5-year de-risking strategy, it was evident that some buildings, whilst inappropriate for clinical use, would offer some opportunity for limited occupation. Some of the first-floor space in the main building has working heating, lighting and fire equipment and are spacious and light. Some of the ex-ward floor areas were re-enforced for bariatric patients so have good loading capacity. Considerations for short term use may include medical equipment services, records storage, education centre, offices, meetings and light industry. It could be prepared for third party paid occupation for these uses and income generating to support the five year 'de risking' work. We plan to bring the lift into use to support access and in any case, a working lift would support the 5-year strategy by proving much better access throughout the building. The staircases are very narrow for moving equipment, materials or furniture.

The top floor does suffer from more water ingress and general disrepair that will benefit from our maintenance on windows and roofs, and this will be part of planned works this year. The works will involve significant investment in scaffolding, so any works to prepare for occupancy can make use of that period of better access for contractors.

I hope these activities demonstrate our commitment to the future of St Peters site. I stress the challenge of capital and revenue funding given the Trust's financial pressures and would welcome your support in this respect. I also welcome your support in concluding this process in good time so that we can mitigate the ongoing costs and begin working towards a permanent outcome. We will write to you shortly when we have the programmes and maintenance cost available to share.

Yours sincerely



Matthew Hopkins
Chief Executive