



Mid and South Essex  
Integrated Care  
System



Mid and South Essex

# **Decision-Making Business Case on community services in mid and south Essex**

**17<sup>th</sup> July 2025**

# Purpose of today's session

To decide on the recommendations set out in the decision making business case before you, looking at:



The future location and configuration of community intermediate care and stroke rehabilitation beds in mid and south Essex



The future location of the freestanding midwife-led birthing unit in mid and south Essex



The future of ambulatory care services currently provided at St Peter's Hospital, Maldon

# Our aims

We want to make sure local health and care services:

1

Offer the best  
outcomes to  
individuals

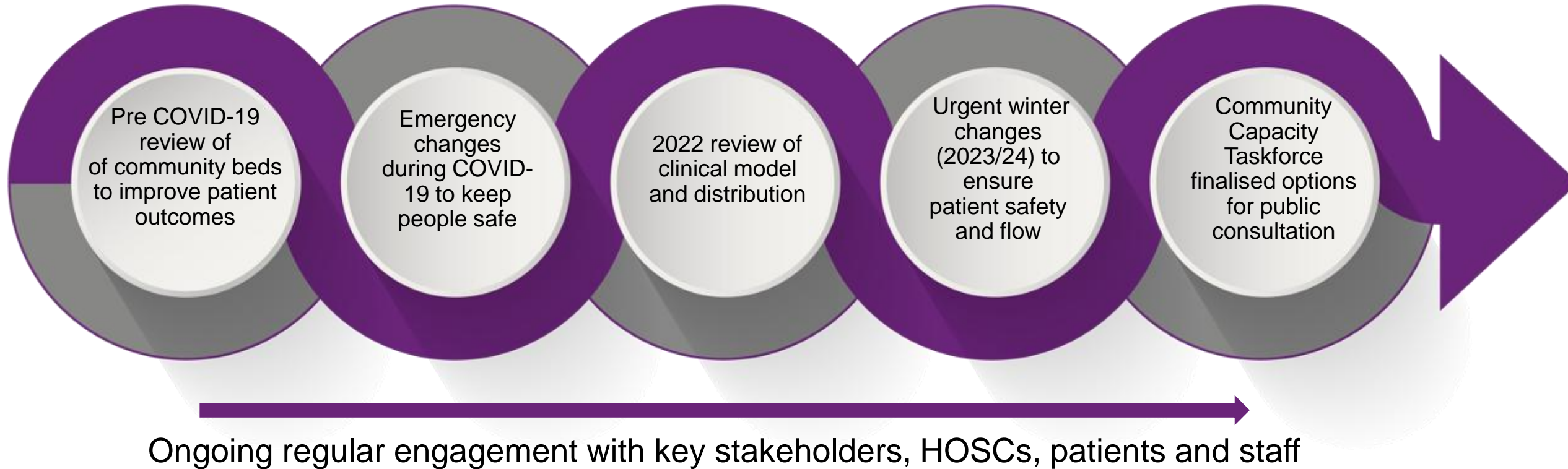
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Deliver health and care  
services that are as effective  
and efficient as possible and  
offer choice and improved  
personalised care wherever  
possible

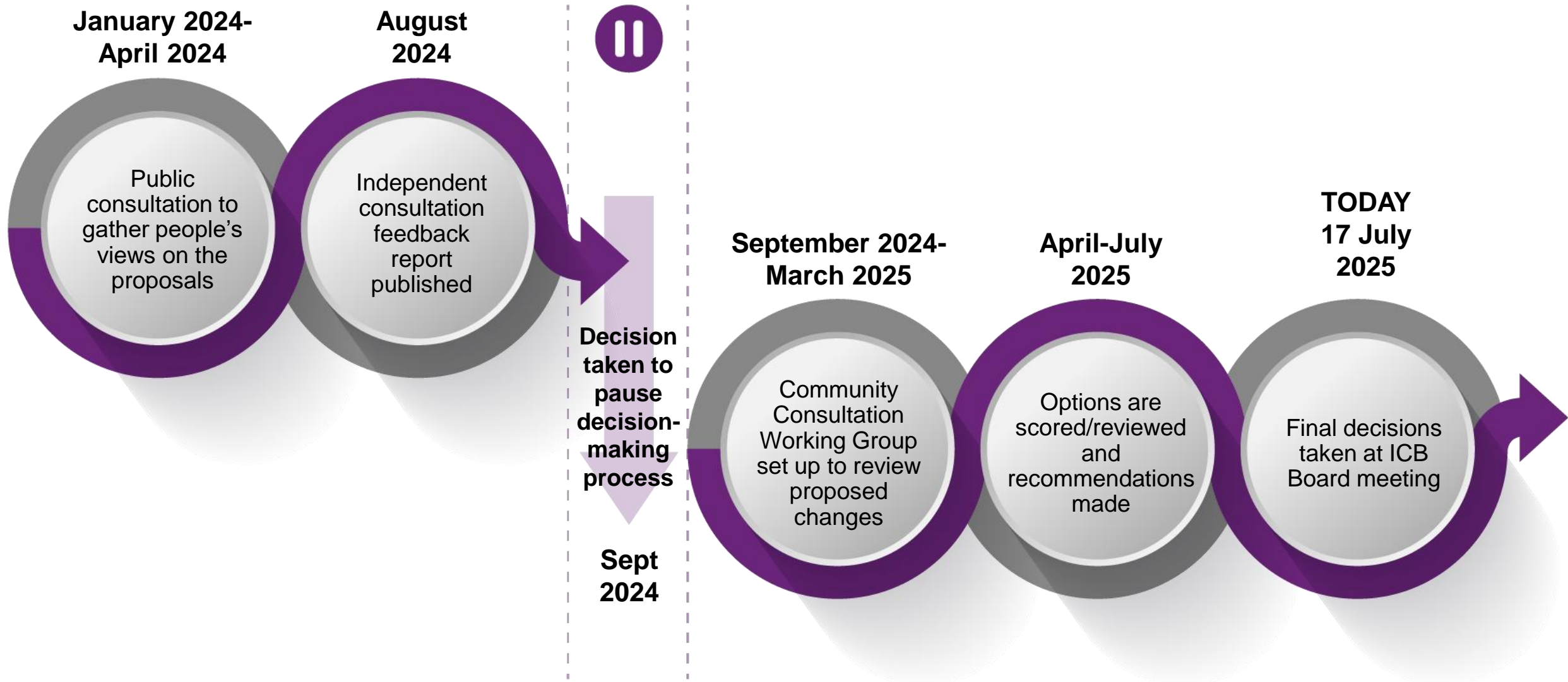
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Deliver value to the  
health and care  
economy and our  
communities

# The journey so far



# The journey so far



**The purpose of this decision-making business case (DMBC) is to enable the Mid and South Essex Integrated Care Board (MSEICB) to take an informed and evidence-based decision on the proposals it consulted on.**

The DMBC is based on the evidence compiled in the:

- Pre-Consultation Business Case (PCBC)
- Feedback from public consultation
- Recommendations from the Community Consultation Working Group
- Other relevant information gathered since the publication of the PCBC.

This DMBC includes:

- An overview of the feedback received
- Information about all the proposed options and service changes. This includes potential impacts on service users of the options presented, along with mitigations for the impacts.
- Recommendations for each proposal for consideration and associated recommendations for implementation based on all the information gathered during this process.







# Community Intermediate care and stroke rehabilitation beds

# 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.

# 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.



Community Intermediate  
care and stroke  
rehabilitation beds





# Freestanding midwife- led birthing unit



# The proposal

**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.
- ▶ Permanently closing the freestanding midwife-led birthing unit at St Peter's Hospital, Maldon



**Freestanding midwife-  
led birthing unit**



**Other patient services  
at St Peter's Hospital**

# Relocating services at St Peter's

- ▶ Ambulatory care services provide healthcare for individuals who don't require overnight hospital stays. These services offer same-day care for assessment, diagnosis, and treatment.
- ▶ A range of ambulatory services are delivered from St Peter's Hospital, Maldon, including a mental health outpatient service in the Cherry Trees unit, as well as other outpatient services, plain film X-ray, ultrasound, phlebotomy, and office accommodation for community staff.

**300** patient appointments on each clinic day

**80,000+** appointments each year



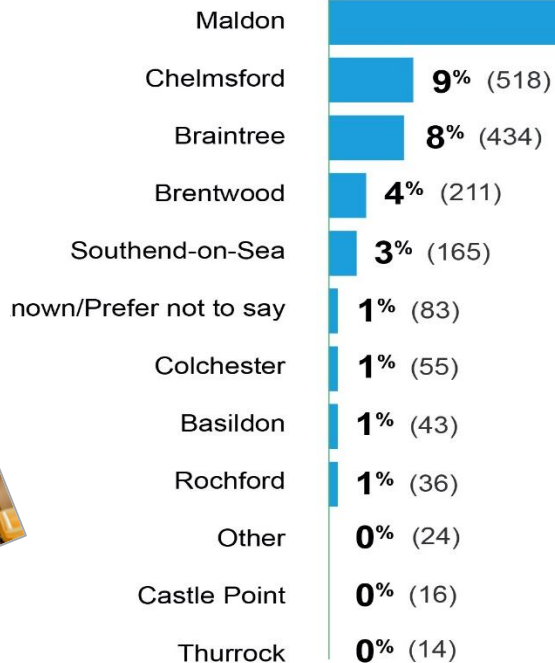
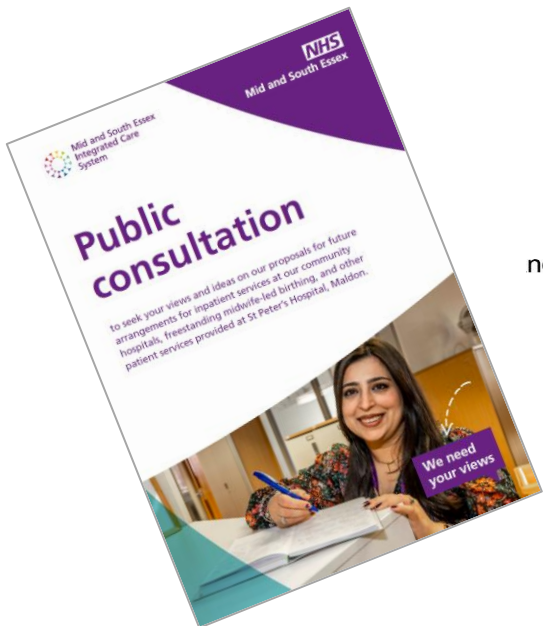
Other patient services  
at St Peter's Hospital

## Key factors taken into consideration when considering the proposals:

Strategy	Demand and capacity	Ensuring capacity will meet demand now and in the future
	Services that are fit for the future	Ensuring services meet patient needs now and in the future
Quality	Clinical case	Ensuring services deliver high quality care in line with local and national guidance on clinical care
	Safe environment for care	Ensuring the clinical environment is safe and enables the delivery of high quality care
	Sustainable workforce	Ensuring we have the right workforce and able to retain and recruit staff
Estate		Oversight of current estate constraints and ensuring the best use of available estate across MSE
Financial affordability		Ensuring service changes are affordable and give value for money







All feedback was independently analysed, and the outcome report was published in June 2024



# The consultation response



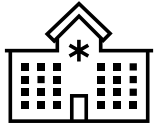
- Five overarching themes emerged from the consultation feedback report
- All sub themes were reviewed and responses included within the DMBC.

Theme	Overview	
Strategy and strength of case for change	<ul style="list-style-type: none"><li>• Lack of local provision, particularly in Maldon.</li><li>• Population increases/housing development</li><li>• Health inequalities</li></ul>	<ul style="list-style-type: none"><li>• Distrust in decision making</li><li>• Alternative locations for ambulatory care services not included in consultation</li></ul>
Clinical models and patient pathways	<ul style="list-style-type: none"><li>• Continuity of care (maternity)</li><li>• Demand and capacity</li></ul>	<ul style="list-style-type: none"><li>• Access to care/services</li><li>• Admission criteria</li></ul>
Workforce and staffing	<ul style="list-style-type: none"><li>• Staffing provision</li><li>• Staff morale</li></ul>	<ul style="list-style-type: none"><li>• Staff engagement</li><li>• Recruitment and retention</li></ul>
Estate	<ul style="list-style-type: none"><li>• Fragmentation of ambulatory care services</li><li>• Backlog maintenance costs</li></ul>	<ul style="list-style-type: none"><li>• Availability of capital investment</li><li>• Lack of future planning for St Peter's Hospital</li></ul>
Travel and access	<ul style="list-style-type: none"><li>• Increased travel distance and times</li><li>• Increased travel costs</li></ul>	<ul style="list-style-type: none"><li>• Lack of public transport</li><li>• Impact on patient outcomes if visitors are not able to travel</li></ul>

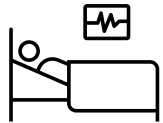


## Themes from the consultation

# Key recommendations



**St Peter's Hospital, Maldon:** Investment to keep the facility operational for approximately five years while capital funding is assembled for a purpose-built new facility, ideally on a portion of the current site.



**Inpatient Care:** Acknowledgment that the NHS cannot efficiently operate an inpatient unit in Maldon due to low utilisation



**Stroke Services:** Implementation of 'Option B' featuring a "split bed" approach, ensuring Southend residents who require specialist stroke rehabilitation can remain local, reducing travel burden on visiting families.



**Birthing Services:** preserving the approximately 14,000 pre and post-natal appointments that currently take place at St Peter's Hospital, Maldon each year with midwife-led births at the William Julien Courtauld birthing centre at Braintree Community Hospital.





## Statutory duties and tests

- ▶ Extensive public involvement
- ▶ Robust consultation process – met Gunning Principles
- ▶ Clinical Senate and clinical reviews for safety and effectiveness
- ▶ Financial sustainability – revenue cost neutral
- ▶ NHSE reconfiguration tests and assurance passed
- ▶ Integrated Impact Assessment and assessment against statutory duties and mitigations addressed
- ▶ On-going oversight through a new Community Committee



## Board considerations

Evidence	Are the changes evidence-based, safe, sustainable changes:
Reflect	Do they reflect community feedback
Secure	Will they secure local service continuity
Plan	Do they plan for long-term future
Advance	Do they advance high-quality, accessible care

**The Board is recommended to approve the following:**



**Community stroke and intermediate care beds**

Implementation of 'Option B' - specialist stroke rehabilitation across two sites (Brentwood and Rochford)



**Freestanding midwife-led birthing unit**

permanently relocates to William Julien Courtauld birthing centre in Braintree. Antenatal and postnatal outpatient care remains in Maldon.



**Outpatient services and ambulatory care at St Peter's Hospital, Maldon**

will remain for up to five years while partners work to develop a new local health hub\*

\*subject to the following caveats set out in slide 23



**The recommendations**

# Rational for recommendation for community inpatient beds

- Offers safe and secure environment for care
- More choice and equity across MSE (compared to option A)
- Meet capacity necessary based on demand modelling
- Less impact on workforce as less upskilling/training required (compared to option A)
- Fits with system estate strategy as makes best use of best available estate across MSE.
- Less impact on staff and patients during mobilisation
- Affordable to the system
- Option B was the preferred option from the consultation feedback- public and staff
- In line with recommendation made by Community Consultation Working Group
- IIA did not favour one option over another. Both were felt to have mainly positive or neutral impacts. Potential negative impact identified for those living in deprivation (due to travel) and carers/unpaid carers





# Rational for recommendation for freestanding midwife-led birthing unit

- Offers safe and secure environment for care
- Accessible from main centres of population in MSE. Recognition greatest negative impact is on those from Maldon.
- Based on current birthing rates it offers sufficient capacity
- Felt to be a better environment for care for the workforce delivering care
- Fits with system estate strategy as makes best use of best available estate across MSE
- Affordable to the system
- Majority of respondents in the consultation did not want the service to be relocated. Majority of these were from the Maldon district where there is the greatest impact.
- In line with recommendation made by Community Consultation Working Group
- IIA identified proposal continues to offer choice to those giving birth in MSE. The proposal was felt to have mainly positive or neutral impacts. Potential negative impact identified for those living in deprivation (due to travel) and carers/unpaid carers



# Rational for recommendation for ambulatory care services

- Recognition St Peter's Hospital does have significant issues with the estate and isn't suitable long-term as a care environment.
- Proposal is for the short to medium term (0-5 years) only
- Services have all been moved to the ground floor to mitigate against risks
- Several mitigations identified to allow ambulatory care services to remain for the short to medium term
- The site offers good access for patients and parking.
- Keep services local for residents living in and around Maldon.
- Beneficial to staff keeping services where they are, however, recognition poor estate may impact on staff morale.
- Revenue costs have been reduced due to all services moving to the ground floor. Ongoing capital costs with keeping services on site, but more affordable than relocating to alternative sites.
- A review of other potential sites was undertaken and shared with the Community Consultation working Group. There were no viable alternative sites identified that did not require significant capital investment



The recommendations



## **Over the next five years:**

It is recognised that the current site is high-risk and unsuitable for long-term clinical care. It must be optimised for safe short-term use.

### **Key Requirements:**

- Review and agree on essential improvements needed
- Hospital Trust to secure capital funding for necessary work
- Ongoing maintenance to ensure continued safe service delivery
- Conduct regular safety assessments of the estate at St Peter's, Maldon
- A plan to develop and deliver a replacement health hub within 5 years
- All estate changes must be reviewed collectively with local communities.

Risk	Mitigation
<p>Issue with the lift frequently breaking down, causing safety issues to both patients and staff. The main building prone to the roof leaking and flooding during heavy rain and accompanying electrical and fire risks.</p>	<ul style="list-style-type: none"> <li>• Community inpatient beds will be permanently removed from St Peter’s Hospital, reducing risks for patients with limited mobility and infants.</li> <li>• Ambulatory care services now delivered from the ground floor; all patients are ambulant.</li> <li>• A review of Serious Incidents (past 18 months) informed initial maintenance priorities for 2025/26.</li> <li>• MSEFT is developing a five-year resilience plan to maintain and de-risk the site for future use.</li> <li>• £320k has been notionally allocated this year under MSEFT’s risk-based backlog programme for essential repairs to roofs, windows, lift, and fire doors.</li> </ul>
<p>The ground floor areas of St Peter’s Hospital used for ambulatory care must be reviewed, with ICS-wide agreement on essential estate improvements. A capital plan, including cost estimates and funding proposals, must be developed and shared to ensure safe ongoing service delivery.</p>	<ul style="list-style-type: none"> <li>• As per the information above, a review of Serious Incidents has been undertaken and used by MSEFT to allocate notional funding this year to areas of the site that need to be updated/maintained immediately.</li> <li>• This work is ongoing and will be overseen by the governance structures and groups set out in this DMBC.</li> </ul>
<p>Essential maintenance must be carried out routinely over the short to medium term proposed (0-5 years) to ensure services can continue to be delivered as safely as possible</p>	<ul style="list-style-type: none"> <li>• MSEFT is implementing a 5-year resilience plan to maintain the site safely and reduce future risks.</li> <li>• A contractor specification is being drafted to support ongoing maintenance and site de-risking.</li> <li>• Planned works include surveys of underground and above ground infrastructure, audits of equipment, furniture</li> </ul>



Risk	Mitigation
<p>There must be regular assessment of the estate over the short to medium term (0-5 years) to ensure it is safe and services can continue to operate safely from the environment they are being delivered from.</p>	<ul style="list-style-type: none"> <li>As set out in the previous slide above, this work has already started but will be ongoing and will be overseen by the governance structures and groups set out in this DMBC.</li> </ul>
<p>A plan for a future Maldon health hub/replacement for St Peter's Hospital must be developed and delivered in the next five years.</p>	<ul style="list-style-type: none"> <li>As part of the 5-year de-risking strategy, some non-clinical buildings at St Peter's may be repurposed for: medical equipment management, records storage, education, meetings, office use, or light industrial purposes</li> <li>These buildings could be let to third parties to generate income supporting the de-risking workplan.</li> <li>Work has begun on exploring long-term site solutions, with oversight provided by governance structures outlined in the DMBC, including the new Community Committee.</li> </ul>
<p>Emergency Preparedness and Business Continuity Plans for services delivered from the St Peter's Hospital site must be regularly reviewed and kept up to date to ensure services could continue and patient care could be maintained should there be a significant deterioration in any part of the estate.</p>	<ul style="list-style-type: none"> <li>This work will be undertaken by the Operational Subgroup and overseen by the Community Capacity Programme Board in line with the governance set out within the DMBC.</li> <li>This work will take place in the next 4-6 weeks.</li> </ul>





## Next steps

- ▶ Oversight regarding implementation of recommendations and priorities
- ▶ Ensure ongoing community and staff engagement – local expertise and insights will be critical in ensuring minimal disruption and best outcomes for staff, patients and services.
- ▶ Local meetings with workforce will take place
- ▶ Ensure benefits are achieved
- ▶ Facilitate collaboration between stakeholders
- ▶ Management and mitigation of risks
- ▶ Development of a comprehensive workforce strategy



# Questions, comments and discussion