

# NHS Suffolk and North-East Essex Integrated Care Board Meeting

19 March 2024

The meeting will be held online.

The meeting will start at 05:15pm.

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Members of the public are welcome to observe the meeting via the live stream: [NHS Suffolk and North East Essex ICB - YouTube](#).

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## Agenda

### General Business

Time: 05:15pm.

Item 1: **Welcome, introductions and apologies for absence.**

Purpose: to note.

Lead: Will Pope (Chair).

Time: 05:16pm.

Item 2: **Declarations of interest.**

Declarations of interest made by members of the Integrated Care Board - Board declarations are listed in the Register of Interests which, along with the Hospitality and Gifts Register will be available on the ICB website.

Purpose: to note.

Lead: Will Pope (Chair)

Time: 05:17pm.

Item 3: **Proposal for west Suffolk patients to benefit from state-of-the-art facilities at Essex and Suffolk Elective Orthopaedic Centre (ESEOC).**

Purpose: for approval.

Lead: Amanda Lyes, Director of Workforce and People.

Reference: ICB 24-15.

Time: 05:45pm

Item 4: **Any Other Business**

Purpose: to note.

Lead: Will Pope (Chair)

The next ordinary meeting of the Board is due to be held on 26 March 2024.

NHS Suffolk and North-East Essex Integrated Care Board  
Register of Interests

**Integrated Care Board - Board Members**

Title	First Name	Last Name	Declared Interest	Type of Interest	Direct or Indirect	Date of Interest From	Date of Interest To	Date of Receipt	Action Taken to Mitigate	Consent to Publish
VCSE Sector Assembly	Kirsten	Alderson	SFC is commissioned by SCC and Health in Suffolk and frequently submits bids that have been competitively tendered.	Financial	Direct	None	Ongoing	03/10/2023	To be declared when necessary	Yes
Primary Care Essex Partner	Freda	Bhatti	GP partner, Gt Bentley Surgery, Colchester, cCO78PJ	Financial	Direct	None	Ongoing	03/10/2023	To be declared when necessary	Yes
Primary Care Essex Partner	Freda	Bhatti	NEE LMC Member	Financial	Direct	None	Ongoing	03/10/2023	To be declared when necessary	Yes
Primary Care Essex Partner	Freda	Bhatti	Spouse Consultant Gastroenterologist	Non financial personal	Indirect	None	Ongoing	03/10/2023	To be declared	Yes

									when necessary	
Primary Care Essex Partner	Freda	Bhatti	Director of Tendring PCN Ltd	Financial	Direct	None	Ongoing	12/03/2024	To be declared when necessary	Yes
Provider Partner - Community	Ewen	Cameron	Nil	Not applicable	Not applicable	Not applicable	Not applicable	03/10/2023	Not applicable	Yes
Suffolk County Council Partner	Georgia	Chimbani	I was appointed to be a trustee for the board Social Care Institute of Excellence from 18 July 2023.	Non-financial professional	Direct	July 2023	Ongoing	16/10/23	To be declared when necessary	Yes
Essex County Council Partner	Peter	Devlin	My wife works for West Suffolk NHS Foundation Trust an organisation who could benefit from commissioning decisions.	Non-financial personal	Indirect	None	Ongoing	16/10/23	To be declared when necessary	Yes
Non-Executive Finance (Interim)	Geoff	Dobson	Former Director for Resource Management and Section 151 Officer with Suffolk County Council	Financial	Direct	Apr-06	2017	09/10/2023	No further action required	Yes
Non-Executive Finance (Interim)	Geoff	Dobson	Previously Lay Member for Governance and Vice Chair of West Suffolk CCG	Financial	Direct	Sep-17	Jun-22	09/10/2023	To be declared when necessary	Yes
Non-Executive Finance (Interim)	Geoff	Dobson	Non - Executive Director on the Audit and Risk Committee of Suffolk Group Holdings (Trading as the Veras Group Limited)	Financial	Direct	Jan-22	Ongoing	09/10/2023	To be declared when necessary	Yes
Non-Executive Finance (Interim)	Geoff	Dobson	Chair of Newmarket Locality Group (made up of statutory and voluntary organisations)	Financial	Direct	Nov-22	Ongoing	09/10/2023	To be declared when necessary	Yes
Non-Executive Finance (Interim)	Geoff	Dobson	Independent Audit Committee Member with New Anglia Local Enterprise Partnership	Financial	Direct	Feb-23	Ongoing	09/10/2023	To be declared	Yes

									when necessary	
Chief Executive	Ed	Garratt	Visiting Professor of Integrated Care – University of Suffolk	Non financial professional	Direct	Apr-21	Ongoing	03/10/2023	To be declared when necessary	Yes
Chief Executive	Ed	Garratt	Deputy Lieutenant for Suffolk	Non financial professional	Direct	Sep-23	Ongoing	03/10/2023	To be declared when necessary	Yes
Chief Executive	Ed	Garratt	Honorary Professor - Institute of Public Health and Wellbeing University of Essex	Non Financial – Professional	Direct	Feb-24	Ongoing	14/2/2024	To be declared when necessary	Yes
Chief Executive	Ed	Garratt	Honorary Professor - Institute of Public Health and Wellbeing University of Essex	Non financial professional	Direct	Sep-23	Ongoing	03/10/2023	To be declared when necessary	Yes
ESNEFT Representative	Shane	Gordon	Trustee (non-remunerated) of Tendring Specialist Stroke Service; registered charity number 1054049		Direct	Jan-20	Ongoing	04/10/2023	To be declared when necessary	Yes
Provider Partner - Acute	Nick	Hulme	NHS Providers (Trustee & Board Member)	Financial	Direct	None	Ongoing	25/10/2023	To be declared when necessary	Yes
Provider Partner - Acute	Nick	Hulme	Chair of Cancer Alliance Board	Financial	Direct	None	Oct-23	25/10/2023	To be declared when necessary	Yes
Provider Partner - Acute	Nick	Hulme	CEO of NNUH	Financial	Direct	Sep-23	Mar-24	25/10/2023	To be declared when necessary	Yes
Medical Director	Andrew	Kelso	Member Association of British Neurologists	Non financial professional	Direct	Jan-04	Ongoing	03/10/2023	To be declared when necessary	Yes

Medical Director	Andrew	Kelso	Master, Essex Association of Change Ringers (Registered Charity No 292250)	Non financial personal	Direct	Jan-18	Ongoing	03/10/2023	No further action required	Yes
Medical Director	Andrew	Kelso	Trustee, Music in Hospitals and Care (Registered Charity No 1051659)	Non financial professional	Direct	Jan-17	2020	03/10/2023	No further action required	Yes
Medical Director	Andrew	Kelso	Consultant Neurologist at West Suffolk Hospital (holding clinics the first and third Wednesday morning of each month)	Non financial professional	Direct	Oct-22	Ongoing	03/10/2023	To be declared when necessary	Yes
Medical Director	Andrew	Kelso	Neurology outpatient clinics at Ipswich Hospital 2 weeks per month	Non financial professional	Direct	Jun-23	Ongoing	03/10/2023	To be declared when necessary	Yes
Director of Finance	Howard	Martin	Nil	Not applicable	Not applicable	Not applicable	Not applicable	03/10/2023	Not applicable	Yes
Non Executive - Quality and Safety (Interim)	Phaniel	Mutumburi	Director for Ipswich and Suffolk Council for Racial Equality (ISCRE)	Financial	Direct	Aug-20	Ongoing	03/10/2023	To be declared when necessary	Yes
Non Executive - Quality and Safety (Interim)	Phaniel	Mutumburi	Chair IES Alliance Primary Care Commissioning Committee	Non financial professional	Direct	Dec-20	Ongoing	03/10/2023	To be declared when necessary	Yes
Non Executive - Quality and Safety (Interim)	Phaniel	Mutumburi	Chair IES Alliance Executive Delivery Group	Non financial professional	Direct	Jul-22	Ongoing	03/10/2023	To be declared when necessary	Yes
Non Executive - Quality and Safety (Interim)	Phaniel	Mutumburi	Trustee at Asset Education Trust	Non financial professional	Direct	None	Ongoing	03/10/2023	No further action required	Yes
Non Executive - Quality and Safety (Interim)	Phaniel	Mutumburi	Trustee at Gecko Theatre	Non financial professional	Direct	None	Ongoing	03/10/2023	No further action required	Yes
Director of Nursing	Lisa	Nobes	Clinical visiting fellow at University of Suffolk	Financial	Direct	2018	Ongoing	09/10/2023	To be declared	Yes



## Integrated Care Board – Other Regular Attenders

Title	First Name	Last Name	Declared Interest	Type of Interest	Direct or Indirect	Date of Interest From	Date of Interest To	Date of Receipt	Action Taken to Mitigate	Consent to Publish
Director Ipswich and East Suffolk Alliance	Maddie	Baker-Woods	Trustee of Suffolk ArtLink	Non financial professional	Direct	Mar-20	Ongoing	09/10/2023	To be declared when necessary	Yes
Director of Performance and Improvement	Paul	Gibara	Nil	Not applicable	Not applicable	Not applicable	Not applicable	03/10/2023	Not applicable	Yes
Integrated Care Partnership Director	Susannah	Howard	My daughter is an employee of Healthwatch Suffolk	Non financial personal	Indirect	Jan-20	Ongoing	03/10/2023	To be declared when necessary	Yes
Integrated Care Partnership Director	Susannah	Howard	My daughter is an employee of Capsule Marketing Ltd who provide occasional services to the ICB and other health and care organisations	Non financial personal	Indirect	Jan-20	Ongoing	03/10/2023	To be declared when necessary	Yes
Integrated Care Partnership Director	Susannah	Howard	My step-son is an employee of St Elizabeth Hospice	Non financial personal	Indirect	2007	Ongoing	03/10/2023	No further action required	Yes
Integrated Care Partnership Director	Susannah	Howard	My step-daughter is a community nurse employed by Virgin in NEE	Non financial personal	Indirect	2021	Ongoing	03/10/2023	No further action required	Yes
Integrated Care Partnership Director	Susannah	Howard	I am an advocate for people living with obesity and a member of the APPG and national strategic council for obesity	Non financial professional	Direct	Jan-14	Ongoing	03/10/2023	To be declared when necessary	Yes
Integrated Care Partnership Director	Susannah	Howard	I am a director and shareholder of East Harbour Group Ltd, which supplies	Financial	Direct	2017	Ongoing	03/10/2023	To be declared	Yes

			speciality chemicals to commercial end users and to the Ministry of Defence						when necessary	
Integrated Care Partnership Director	Susannah	Howard	I am a director and shareholder in East Harbour Property Ltd which invests in commercial properties.	Financial	Direct	2022	Ongoing	03/10/2023	To be declared when necessary	Yes
Director of People and Workforce	Amanda	Lyes	Director of Workforce & People for Suffolk & North East Essex ICB	Financial	Direct	None	Ongoing	01/04/2024	No further action required	Yes
Director of People and Workforce	Amanda	Lyes	Visiting Senior Fellow in Integrated Care, University of Suffolk	Non financial professional	Direct	Jan-23	Ongoing	01/02/2024	To be declared when necessary	Yes
ICP Co-Chair Essex	John	Spence	Chairman Spicer Haart Group Ltd (Estate Agency)	Financial	Direct	2021	Ongoing	04/10/2023	To be declared when necessary	Yes
ICP Co-Chair Essex	John	Spence	Board Member Business Banking Resolution Service	Financial	Direct	2021	Ongoing	04/10/2023	To be declared when necessary	Yes
ICP Co-Chair Essex	John	Spence	Chairman Cambridge Building Society.	Financial	Direct	2021	Ongoing	04/10/2023	To be declared when necessary	Yes
ICP Co-Chair Essex	John	Spence	Board Member and Joint Chair Suffolk and North-East Integrated Care System (ICS)	Financial	Direct	Jul-22	Ongoing	04/10/2023	To be declared when necessary	Yes
ICP Co-Chair Essex	John	Spence	Board Member and Vice-Chair Mid- and South-Essex ICS	Financial	Direct	Jul-22	Ongoing	04/10/2023	To be declared when necessary	Yes
ICP Co-Chair Essex	John	Spence	Board Member Herts and West Essex ICS	Financial	Direct	Jul-22	Ongoing	04/10/2023	To be declared	Yes

									when necessary	
ICP Co-Chair Essex	John	Spence	<p>Membership or other Roles in Charities/Political Parties/Pressure Groups/Public Bodies/Trade Unions.</p> <p>Church of England Archbishops Council - Finance Chairman (involves inter alia Church of England Central Services Ltd &amp; numerous other CofE bodies); retired 30/09/2023</p> <p>Essex Community Foundation - Life Vice President</p> <p>Chelmsford Constituency Conservative Association - Member</p> <p>Royal Zoological Society of Scotland - Fellow</p> <p>Chelmsford Cathedral Council - Member</p> <p>Royal Society of Arts - Fellow</p> <p>Chartered Institute of Bankers (Scotland) - Fellow</p> <p>Conservative Councillors Association - Member</p> <p>Anglia Ruskin University Philanthropic Foundation – Member</p>	Non financial professional	Direct	Jan-13	Ongoing	04/10/2023	To be declared when necessary	Yes
Director of North East Essex Alliance	Laura	Taylor-Green	Brother-in-law is a product manager for SilverCloud Health UK LTD (owned by Amwell)	Non financial personal	Indirect	None	Ongoing	03/10/2023	No further action required	Yes
Director of North East Essex Alliance	Laura	Taylor-Green	Close friend is employed as a nurse with COLTE surgery group (Tiptree based).	Non financial personal	Indirect	None	Ongoing	03/10/2023	To be declared	Yes

									when necessary	
Director of North East Essex Alliance	Laura	Taylor-Green	NEE Alliance director with role accountability to Tendring District Council, Colchester Borough Council and Essex County Council	Non financial personal	Direct	Aug-22	Ongoing	03/10/2023	To be declared when necessary	Yes
Director of North East Essex Alliance	Laura	Taylor-Green	Mother is a Healthwatch Essex ambassador (research & general) and member of the West Mersea GP patient participation group (COLTE surgery group)	Non financial personal	Indirect	Nov-22	Ongoing	03/10/2023	To be declared when necessary	Yes
Director of Strategy and Transformation	Richard	Watson	Director of Strategy and Transformation for SNEE ICB	Financial	Direct	Jul-15	Ongoing	03/10/2023	No further action required	Yes
Director of Strategy and Transformation	Richard	Watson	Husband is employee of Hadleigh Group Practice	Non financial personal	Direct	Oct-19	Ongoing	03/10/2023	To be declared when necessary	Yes
Director of Strategy and Transformation	Richard	Watson	Deputy Chief Executive SNEE ICB	Financial	Direct	Jul-22	Ongoing	03/10/2023	No further action required	Yes
Director of Strategy and Transformation	Richard	Watson	Trustee Anglia Ruskin University Students Union	Non financial personal	Direct	Aug-22	Ongoing	03/10/2023	To be declared when necessary	Yes
Director of Strategy and Transformation	Richard	Watson	Senior Research Fellow for Integrated Care, University of Suffolk	Non financial professional	Direct	Jan-23	Ongoing	03/10/2023	To be declared when necessary	Yes
Director of Strategy and Transformation	Richard	Watson	Parent Governor Hadleigh Community Primary School	Non financial personal	Direct	Sept-24	Ongoing	01/02/2024	To be declared when necessary	Yes
Director of West Suffolk Alliance	Peter	Wightman	Nil	Not applicable	Not applicable	Not applicable	Not applicable	17/10/2023	Not applicable	Yes



# NHS Suffolk and North East Essex Integrated Care Board

**Agenda Item number:** 3.

**Reference number:** ICB 24-15.

**Date:** 19 March 2024.

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**Title:** Proposal for west Suffolk patients to benefit from state-of-the-art facilities at Essex and Suffolk Elective Orthopaedic Centre (ESEOC).

**Lead Director:** Amanda Lyes, Director of Workforce and People.

**Author:** Moira Welham, Associate Director of Operations (WSFT) and Simon Morgan, Associate Director of Communications (ICB).

**Purpose:** For information and approval of next steps.

**Recommendation:**

- (a) To approve the public engagement approach as outlined within this paper.
  - (b) To be cognisant of ongoing discussions pertaining to an agreed financial/activity model.
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## 1. THE NATIONAL CONTEXT

The COVID-19 pandemic led to unprecedented levels of disruption on elective hospital care across the country. In England, the waiting list for procedures has increased by 61% from 4.57 million before the pandemic in February 2020 to 7.47 million at the start of this year. This was largely because most routine care stopped during the pandemic.

NHS England predicts that more than 10 million patients who might otherwise have come forward for treatment did not do so during the pandemic.

<https://www.england.nhs.uk/coronavirus/delivering-plan-for-tackling-the-covid-19-backlog-of-elective-care/>

During 2022, the Government set up an elective recovery taskforce to help NHS England reduce this backlog. Its focus was also to identify and ensure all capacity is

fully utilised, whether this be in the NHS or independent sector, while ensuring patient choice.

Being on such a lengthy waiting list for care, while experiencing pain for such a long period of time, significantly and adversely impacts on a person's physical and mental wellbeing. This is exacerbated further in a situation when a patient's treatment is cancelled.

During 2022, Healthwatch Suffolk undertook a survey with local people to understand the impact that elective care waiting times have on people. It concluded that for many people living in Suffolk, there is a willingness to travel across the country to access elective NHS services. Offering patients the choice of being treated at the new state-of-the-art Essex and Suffolk Elective Orthopaedic Centre (ESEOC) or to wait longer and be seen at West Suffolk Hospital will considerably reduce the need for them to consider traveling much further afield for their treatment. It will also create additional capacity at West Suffolk Hospital for recovery.

The data from the Healthwatch Suffolk survey also revealed that the impact of delays to elective care affects all aspects of people's lives – from their mental health and physical discomfort to their finances as well as relationships and employment.

When it opens in the summer of 2024, ESEOC will treat patients from across Ipswich, east Suffolk and north east Essex. For those patients, it will mean reduced waiting times for surgery which may prevent their condition from worsening as well as a reduced risk of short-notice cancellations because clinicians at ESEOC would not deal with accident and emergency patients.

The system has significant and ambitious plans to ensure this facility is internationally recognised as being the largest in Europe as well as renowned for service excellence and for training the surgeons of tomorrow. There is growing awareness and excitement within clinical professions with many GP colleagues and local partner organisations recognising the significant benefits to patients this centre will bring.

## **2. BACKGROUND AND PROPOSAL FOR CHANGE**

On 4 April 2022, as part of the 'Building for Better Care' programme, a business case was approved enabling ESNEFT to construct an elective orthopaedic centre containing six theatres and two wards. Subsequently further funding was obtained via the targeted investment fund (TIF) and on 15 July 2022 a case was approved to expand the centre's original footprint to 8 theatres and 3 wards.

There was recognition that the resource capacity of ESEOC exceeded demand within East Suffolk and North Essex, the case indicating it would be utilised as a regional resource. The narrative explained, *'It has been assumed that the surgeons and anaesthetists from other trusts coming to use the facility would operate on the patients that they have already worked-up locally and listed for surgery, which would equate to approximately 4 WTE visiting surgeons and 4 WTE visiting anaesthetists.'*

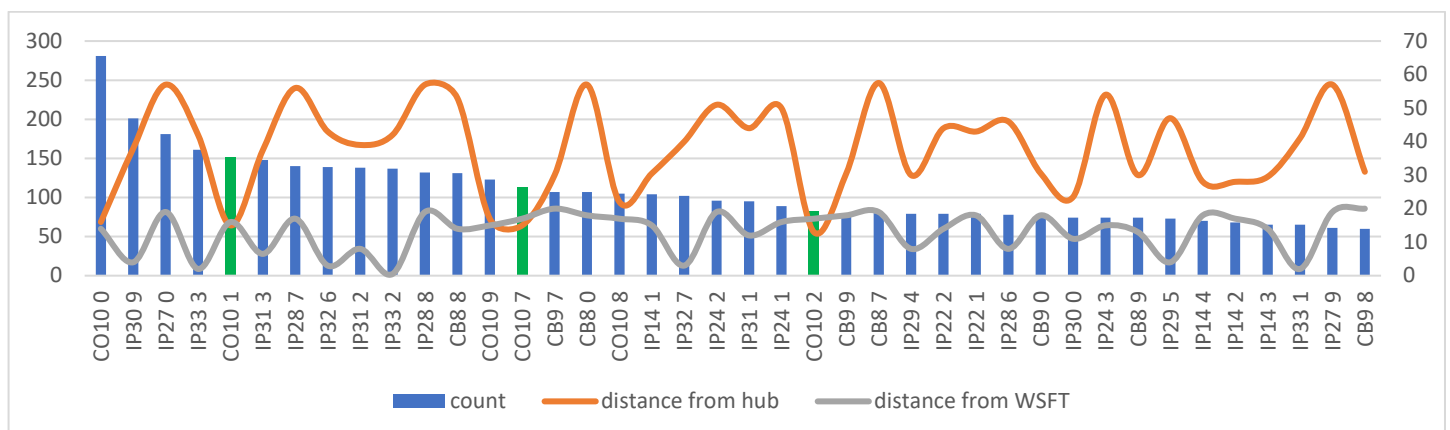
This approach was championed by commissioners and SNEE ICS.

There is an obvious synergy between WSFT and ESNEFT, recognising they share an integrated care system, have undertaken procurement exercises to rationalise implants across several sub-specialties including shoulder, hip, knee, and sports medicine and have established provider collaboration in, for example, upper limb MDT.

The SNEE system also has a shared patient access policy which facilitates the delivery of equitable treatment standards, aligning with national RTT rules.

Based on the capacity available to WSFT, it is proposed approximately 60% of orthopaedic elective surgical procedures (1,300-1,500<sup>1</sup> per annum) from West Suffolk Hospital in Bury St Edmunds should be relocated to the state-of-the-art ESEOC in the Dame Clare Marx Centre (DCMC) at Colchester Hospital, which is approximately 30 miles away or an hour's drive from West Suffolk Hospital. ESEOC is a surgical hub which is 'ring fenced', meaning patients will no longer have their operations cancelled when hospitals face intense emergency pressures.

**Figure 1 - provides a snapshot of the west Suffolk current orthopaedic elective waiting list (n=4863, excluding paediatrics) by patient postcode (patient cohorts of less than 50 people are excluded): -**



8% of those on an orthopaedic waiting list (n=346) would travel a shorter distance through engagement with ESEOC, 92% seeing an increase in travel.

It is proposed that most high volume, low complexity (HVLC) procedures would be relocated to the centre, 60% of which would require inpatient stay.<sup>2</sup> In addition, it is proposed approximately 750 day-cases relocate to ESOEC, releasing much needed day case capacity for other specialties.

Furthermore, it is proposed that all complex knee revision surgery would be performed at ESEOC. The remaining 40-45% of orthopaedic elective activity would stay at West Suffolk Hospital. A suggested sub-specialty split is detailed below.

<sup>1</sup> Number may fluctuate dependent on case mix.

<sup>2</sup> It is expected this percentage will reduce over time as day case arthroplasty is embedded further.

Under the proposal, all orthopaedic trauma surgery and paediatric orthopaedic activity would remain at WSFT. These figures are indicative due to ongoing discussions to finalise the financial/activity model pertaining to this project (see Financials, section 4).

**Figure 2: An indicative breakdown of procedures by surgery location (based on 2023 activity numbers<sup>3</sup>:**

Procedures	Volume of activity to move to Colchester	Volume of activity to remain at West Suffolk Hospital
Hip	80% (232)	20% (58)
Knee	80% (252)	20% (63)
Upper limb	50% (160)	50% (160)
Foot and Ankle	25% (28)	75% (84)
Shoulders	40% (35)	60% (50)
Daycase procedures i.e., arthroscopies, removal of metal work	50% (750)	66% (750)
<b>TOTAL INDICATIVE THROUGHPUT (CASES)</b>	<b>(55%) 1,457</b>	<b>(45%) 1,165</b>

**N.B. The above is subject to change due to waiting list case mix, complexity and ongoing dialogue pertaining to an agreed financial model. It does not include paediatric procedures, recognising these are out of scope.**

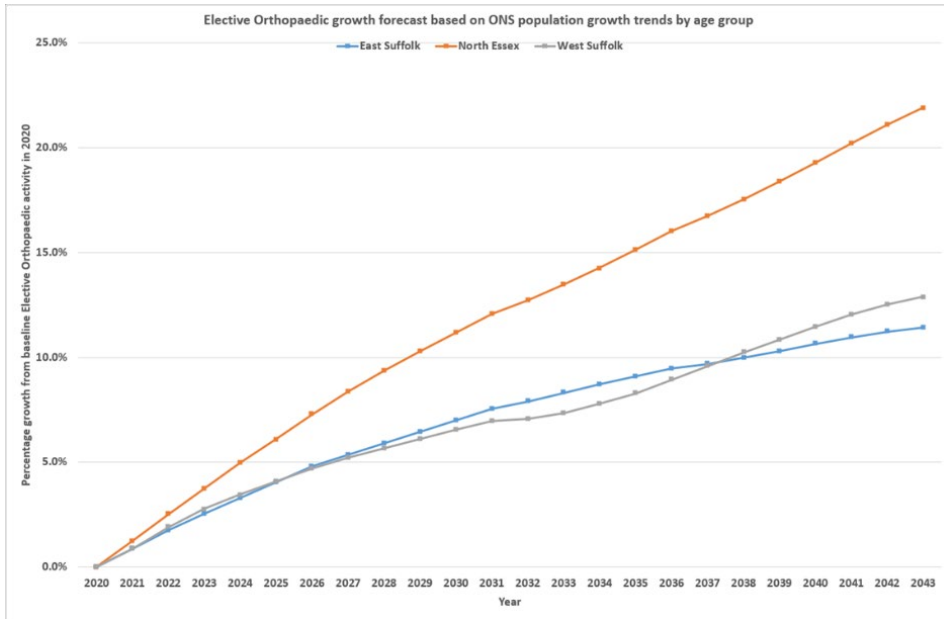
This would leave approximately 1,300 orthopaedic procedures per year on site at West Suffolk Hospital, including all paediatric orthopaedic activity. All pre-operative and post operative care, including pre-operative assessment for West Suffolk patients would continue to be provided at WSFT and in pre-existing peripheral clinics.

Recognising predicted future growth rates and an increasingly elderly population, the need for increased elective surgical capacity for the orthopaedic service is clear. Even without further Covid-19 surges, additional elective surgical capacity is required to reduce excessive waiting times for our patients.

Figure 3 shows the growth forecast expected for elective orthopaedic procedures across Suffolk and northeast Essex (SNEE).

**Figure 3: Elective Orthopaedic growth forecast across SNEE**

<sup>3</sup> Numbers may fluctuate dependent on case mix and complexity.



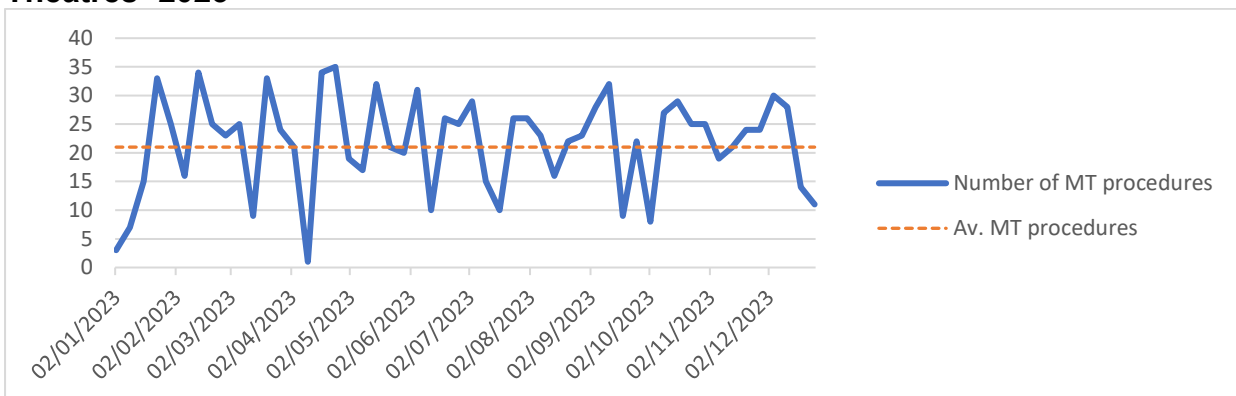
### 3. BENEFITS TO PATIENTS

There would be several benefits to patients across west Suffolk were this proposal to come to fruition. These include:

- **Reduction in wait time for surgery**

In 2023 there were 13 capacity-related orthopaedic cancellations, in addition to the Trust losing its orthopaedic bed base for a period of two weeks due to extreme UEC pressure. The below highlights the numbers of elective procedures delivered in main theatres, the average weekly number being 21.

**Figure 4: Number of elective orthopaedic procedures carried out in Main Theatres- 2023**



By moving to ESEOC WSFT patients may see wait times reduce by as much as 4 weeks, hypothesising that capacity-related cancellations are eradicated and consistent delivery of services for 48 weeks per year occurs. No efficiency gains have been included in the above, noting recent Model Health data (25/02/24):

- Average number of cases per 4-hour session is 2 (above peer median)
- Capped utilisation at 79% against target of 85%
- Day case rates of 78.8% against target of 85%

Other benefits include:

- **Waiting times** – By moving to ESEOC the WSFT predicts its patients may see wait times reduce by as much as four weeks
- **Primary Focus on Elective Care** – Delivering surgery via a surgical hub will enable teams to focus solely on the delivery of elective excellence, reducing length of stay.
- **Revision expertise** – concentrated in a regional hub; all knee revision surgery being directed to the hub.
- **Centre of excellence** – high quality services provided by specialist teams within Europe's largest elective orthopaedic centre
- **Increased capacity** – by using this facility in addition to all available WSFT theatre capacity, additional capacity will be created, enabling more patients to be treated.
- **Training centre** – allowing the surgeons of tomorrow to be trained locally and within the system.
- **Free up an operating theatre at WSFT** – This will allow clinicians to conduct more work on elective recovery which will mean more capacity for patients to be seen faster.

## 4. PATIENT AND PUBLIC ENGAGEMENT APPROACH

The ICB is proposing to run a six-week public engagement exercise during May and June.

The ICB will seek public feedback on the trust's proposal to relocate some elective orthopaedic procedures to the ESEOC and to understand the impact this would have on patients across west Suffolk. The public engagement exercise would also seek to understand what, if any, impact there would be for patients waiting to be treated by ESNEFT living in north east Essex.

There are six main objectives to the ICB's proposed public engagement exercise:

### INCLUSIVITY

- To develop and deliver an effective and inclusive exercise which allows people to give their views on the impact it will have on them

### OPENNESS

- To share with the public a clear narrative that describes the reasons for the proposal

### ENGAGEMENT

- To actively engage with and develop relationships with stakeholders to increase their understanding of the trust's aims to reduce the waiting list and meet the demand of the growth of the population by the proposal

### CO-PRODUCTION

- To incorporate ideas/suggestions from patients/the public into plans

### FAIRNESS

- To have due regard to the need to reduce inequalities

### EQUALITY

- To meet the requirements of the Public Sector Equality Duty – to eliminate discrimination and promote equality of opportunity for people with protected characteristics.

The ICB intends to ask Healthwatch Suffolk to lead on the development of an independent survey and a separate analysis report which would summarise key themes of feedback. This will ensure independence. Areas of particular interest would include:

- Whether the proposals will have a disproportionate impact on people with protected characteristics or from areas of deprivation, and what mitigations could be applied in respect of such impacts.
- Whether people would be willing to have their surgery at ESEOC and have their surrounding appointments (pre-operative and post-operative) at WSFT
- What people think about travelling to Colchester for their procedure and whether there are any barriers to this.
- Whether people would prefer to potentially wait longer to have their treatment at WSFT
- Whether people are concerned that some staff would have to travel between hospitals regularly
- Whether people with additional needs (a learning disability or dementia) might find it confusing to have their surgery in a different hospital
- Any additional comments or concerns people may have.

The public engagement exercise will also refer to Healthwatch Suffolk's 2022 Elective Care Waiting report data for west Suffolk. This data articulates the impact hospital elective treatment delays due to the COVID pandemic had on people's lives.

**Proposed milestones (timescales to be agreed between the ICB, WSFT and Healthwatch Suffolk):**

The ICB to receive formal notification from WSFT about its proposal during a board meeting on 19<sup>th</sup> March 2024. At that meeting, the ICB will make a proposal to conduct a public engagement exercise to the ICB board. Subject to approval, the following activities would be undertaken:

- Pre-engagement work to include a patient letter asking for views about the impact the proposal would have on them and whether there would be any barriers to them traveling to Colchester for their treatment.
- Engagement with local community groups to determine the effect the proposed move would have on the nine protected groups, as defined by the Equality Act 2010.
- Staff engagement meetings. WSFT and ESEOC clinical leads to front these supported by the ICB.
- Deadline for responses and for feedback to be considered.
- Preparation of document incorporating responses.
- Develop questions for surveys, production of Equality Analysis and travel plan.

- Six-week period of public engagement to start for patients, staff and the public to give their views.
- Independent analysis report to be produced.
- WSFT and ICB to discuss and agree next steps.

If the approach to public engagement is approved by the ICB, the following activities would take place:

### **Establishment of a bespoke patient group**

Key responsibilities of this group would be to sense check public facing materials for ease of understanding and access, help share details of the exercise and to provide first hand insight to accessing current service provision at West Suffolk Hospital.

### **Survey**

Members of the public would be invited to share their feedback through an electronic survey which would be hosted and developed by Healthwatch Suffolk. A link to the survey would also be included in patient letters. Paper copies would be available within the service's reception areas at the hospital and within GP practices and clinicians will give copies out to patients at appointments.

### **Public facing document**

The survey would be accompanied by a document which sets out what the proposal is, why it is being proposed and how it will benefit patients. This document would be available in various formats including easy read, electronic, paper copy and audio.

### **Involving existing support groups and networks**

The system will be engaging with local voluntary groups and networks in west Suffolk to make them aware of the ways people can share their feedback. The trust has an established patient group which supports the elective orthopaedic services. It is proposed this group works with Healthwatch Suffolk and the ICB/WSFT to review patient facing communications and survey questions relating to the proposal to relocate elective outpatient surgery. The group would also help to share messages with local networks and to recommend additional communications activities to ensure messages have greatest impact.

### **Virtual public meetings and face to face events**

The ICB will host virtual events and public meetings at different days/times to maximise their reach and access. The Clinical lead of the service Dr Andrew Dunn would be invited to attend these events to explain the proposal, supported by relevant WSFT clinicians, service managers and ICB representation. Details of these meetings will be advertised through a variety of platforms, including social media, traditional media, websites and through patient groups. These meetings will provide people with opportunities to hear about the proposal and to ask questions.

### **Advertorial in local press promoting the proposal**

A half page advertorial would be taken out in the Bury Free Press, East Anglian Daily Times and Colchester Gazette. Slots would be sought on Gen X radio, Heart, Greatest Hits, BBC Essex and BBC Radio Suffolk to promote the involvement exercise, to detail the background and to describe ways people can provide their feedback.

### **E-posters and flyers**

E-posters and flyers would be created to promote ways people could share their feedback and any associated live events. These would be published by the ICB communications team via social media platforms and shared with local authority, other NHS bodies and voluntary sector partners to ensure greater reach.

### **MPs and local politicians**

The system will ensure local councillors and MPs are kept up to date during the public engagement exercise and asked to promote the survey and meetings. Alongside local politicians in West Suffolk Council and Babergh/Mid Suffolk District Council, the system would ensure that Colchester politicians are kept informed too.

### **Social media**

The ICB will use its social media channels to inform/remind people about the how to provide feedback during the public engagement exercise. It will ask partners to retweet and share to their followers as well to ensure maximum coverage to our local communities.

### **Press releases**

There would be at least four press releases issued - lead up to the start of the exercise, the launch of the exercise, reminder during the middle part of the period of involvement and one with a week to go until the closing date for responses). The purpose of these would be to generate editorial coverage. The ICB will lead on producing these.

### **Community newsletters**

The system would look for support from parish councils to increase awareness of the involvement exercise to their communities through village newsletters and networks.

### **Patient Participation Groups**

The ICB, with support from WSFT, will actively engage with local PPGs across west Suffolk to ask them to communicate details of the involvement exercise to their associates and networks.

### **Equality analysis and travel plan**

An Equality Analysis and travel plan will be produced for this patient engagement exercise. These will remain live documents and the system will continuously update them to consider reflections from partners, stakeholders and most importantly from patients, their families and the public. The EA will consider the impact the proposal would have on the nine protected characteristics as defined by the Equality Act 2010 on a similar population.

### **Environmental and climate considerations**

The ICB will demonstrate the impact the proposal will have on the environment and the climate and ensure this is mitigated appropriately.

### **Health and overview scrutiny committee (HOSC)**

The ICB has discussed the proposed approach for an engagement exercise with the Chair, Vice Chair and Democratic Services Officer at HOSC. The ICB has agreed to ensure the broader membership of HOSC is kept apprised with progress of this engagement, if the proposal was approved.

### **Independent analysis**

This engagement exercise will be open and transparent. If agreed, Healthwatch Suffolk will undertake the gathering of responses from the patient letter, survey and an independent analysis report. The report will be shared with both boards of the ICB and WSFT. The final decision will be made later in the year by both organisations.

## **4. FINANCIALS**

The ICB, WSFT and ESNEFT remain committed to developing a sustainable financial model which enables ESOEC to be utilised as a regional hub, without financial disadvantage to Provider or System. The details of the financial model are currently the focus of ongoing discussion to identify a model that avoids disadvantaging either WSFT or ESNEFT.

WSFT do not have the revenue funding to support this engagement exercise. It is imperative the ICB Board is cognisant to this when considering commencement of a public engagement exercise as there are still outstanding issues that require resolution, with executive colleagues from both trusts actively engaged in seeking a mutually agreeable outcome.

## **5. GOVERNANCE**

### **Pre-project commencement**

There are established governance arrangements in place at WSFT to ensure issues, concerns and progress pertaining to the project are recorded, reviewed and where possible reconciled.

WSFT is an active member of several ESNEFT forums pertaining to ESOEC, namely:

- Elective Orthopaedic Centre Steering Group (weekly, Tuesday)

- DCMB Model of Care Meeting (fortnightly, Wednesday)
- Leaflet working group (fortnightly, Wednesday)
- Operational Flows Meeting (fortnightly, Monday)
- Collaborative working group (fortnightly, Wednesday).

In addition, there is a clear governance structure in place locally to ensure highlights and exceptions are appropriately escalated:

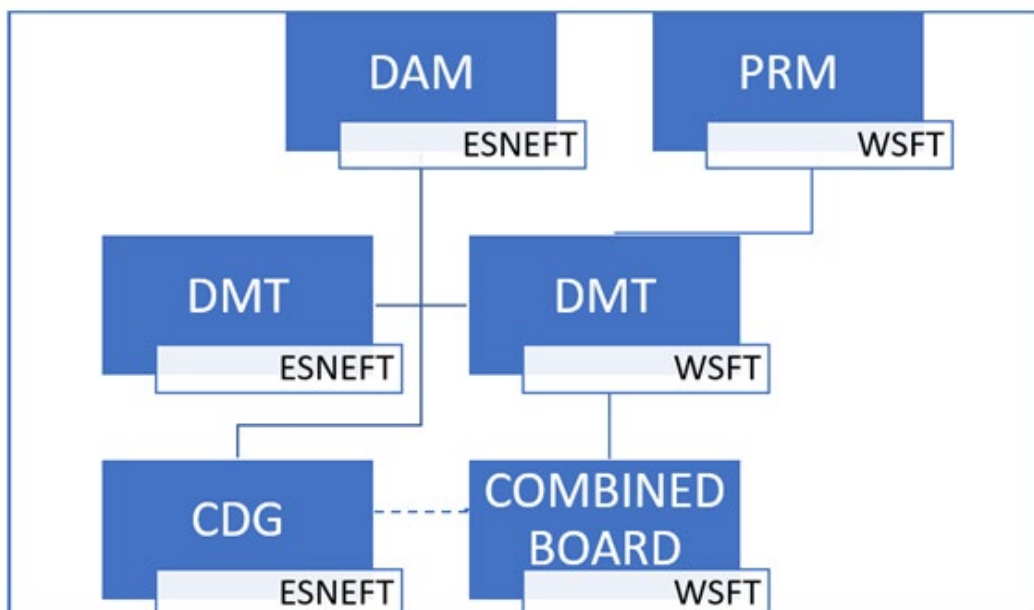


The above will provide an escalation, monitoring and assurance framework throughout the proposed public engagement period.

### Post-project commencement- ESOEC Governance Structure

ESOEC has now established its clinical delivery group (CDG) within ESNEFT, which is supporting the transition from pre- to post-project implementation.

Whilst the ultimate objective is to have a harmonised governance arrangement, in the interim the below is suggested:



DAM- Divisional Accountability Meeting }  
PRM- Performance Review Meeting } accountability framework meetings  
DMT- Divisional Management Team  
Meeting, Quality, Performance and Finance  
CDG- Clinical Delivery Group

The MDT process feeds into the CDG, sub-specialty clinical leads being recruited from across SNEE, several WSFT orthopaedic consultants declaring an interest in these roles.

Incident and complaint management will be supported by ESOEC's own governance manager, ongoing work taking place to align policy.