

Thurrock: A place of opportunity, enterprise and excellence, where
individuals, communities and businesses flourish

Health and Wellbeing Overview and Scrutiny Committee

The meeting will be held at **7.00 pm** on **18 January 2018**

Committee Room 1, Civic Offices, New Road, Grays, Essex, RM17 6SL

Membership:

Councillors Graham Snell (Chair), Victoria Holloway (Vice-Chair), Gary Collins, Jack Duffin, Clifford Holloway and Joycelyn Redsell

Ian Evans (Thurrock Coalition Representative) and Kim James (Healthwatch Thurrock Representative)

Substitutes:

Councillors Tim Aker, Oliver Gerrish, Jane Potheary and David Potter

Agenda

Open to Public and Press

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1. Apologies for Absence	
2. Minutes	5 - 16
To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 16 November 2017.	
3. Urgent Items	
To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	
4. Declarations of Interests	

- | | | |
|-----------|--|----------------|
| 5. | HealthWatch | |
| 6. | Mid and South Essex Sustainability and Transformation Partnership (STP) (Presentation and Q&A) | 17 - 38 |
| 7. | Essex, Southend and Thurrock Joint Health Scrutiny Committee on the Sustainability and Transformation Programme for Mid and South Essex | 39 - 50 |
| 8. | Work Programme | 51 - 54 |

Queries regarding this Agenda or notification of apologies:

Please contact Jenny Shade, Senior Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **10 January 2018**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

When should you declare an interest at a meeting?

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

A detailed description of a disclosable pecuniary interest is included in the Members Code of Conduct at Chapter 7 of the Constitution. **Please seek advice from the Monitoring Officer about disclosable pecuniary interests.**

What is a Non-Pecuniary interest? – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- **Not participate or participate further in any discussion of the matter at a meeting;**
- **Not participate in any vote or further vote taken at the meeting; and**
- **leave the room while the item is being considered/voted upon**

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

Non- pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature



You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

Vision: Thurrock: A place of **opportunity**, **enterprise** and **excellence**, where **individuals**, **communities** and **businesses** flourish.

To achieve our vision, we have identified five strategic priorities:

1. Create a great place for learning and opportunity

- Ensure that every place of learning is rated “Good” or better
- Raise levels of aspiration and attainment so that residents can take advantage of local job opportunities
- Support families to give children the best possible start in life

2. Encourage and promote job creation and economic prosperity

- Promote Thurrock and encourage inward investment to enable and sustain growth
- Support business and develop the local skilled workforce they require
- Work with partners to secure improved infrastructure and built environment

3. Build pride, responsibility and respect

- Create welcoming, safe, and resilient communities which value fairness
- Work in partnership with communities to help them take responsibility for shaping their quality of life
- Empower residents through choice and independence to improve their health and well-being

4. Improve health and well-being

- Ensure people stay healthy longer, adding years to life and life to years
- Reduce inequalities in health and well-being and safeguard the most vulnerable people with timely intervention and care accessed closer to home
- Enhance quality of life through improved housing, employment and opportunity

5. Promote and protect our clean and green environment

- Enhance access to Thurrock's river frontage, cultural assets and leisure opportunities
- Promote Thurrock's natural environment and biodiversity
- Inspire high quality design and standards in our buildings and public space

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 16 November 2017 at 7.00 pm

Present: Councillors Graham Snell (Chair), Victoria Holloway (Vice-Chair) (*arrived 7.06pm*), Gary Collins and Oliver Gerrish (substitute for Clifford Holloway)

Kim James, HealthWatch Thurrock Representative

Neil Woodbridge, Chief Executive Officer, Thurrock Lifestyle Solutions

Apologies: Councillors Clifford Holloway, Joycelyn Redsell, Angela Sheridan and Ian Evans

In attendance: Roger Harris, Corporate Director of Adults, Housing and Health
Ian Wake, Director of Public Health
Mandy Ansell, Accountable Officer, Thurrock NHS Clinical Commissioning Group
Jeanette Hucey, Director of Transformation, Thurrock NHS Clinical Commissioning Group
Tom Abell, Chief Transformation Officer
Les Billingham, Assistant Director of Adult Services
Christopher Smith, Adults Social Care
Jenny Shade, Senior Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

23. Minutes

The Minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 7 September 2017 were approved as a correct record.

24. Items of Urgent Business

There were no items of urgent business.

25. Declarations of Interests

No interests were declared.

26. Items raised by HealthWatch

Firstly, Councillor Snell congratulated Members and Officer for the saving of the East Tilbury Medical Centre from closure. This was very pleasing news for the residents of East Tilbury.

Kim James stated that HealthWatch would like an item added to the health and wellbeing overview and scrutiny work programme to highlight the increasing concern of the lack of support for residents with personality disorders or those with challenging behaviours. That there were no specific services for them and these responsibilities were now falling to the voluntary services to support and take in the most vulnerable. Roger Harris stated that the existing services had to co-ordinate and engage better and that an overview of the services should be undertaken to see whether services were appropriate.

Councillor Collins asked how many people were affected. Kim James stated that eight homeless people regularly turned up at the Bee Hive for food and clothes vouchers and that there were about 30 people in Thurrock with personality disorders who were unable to get the services required.

Councillor Collins questioned what services were being offered. Kim James stated that there were many needs but housing being a specific problem, food vouchers, clothes, getting places in night shelters. Kim James also stated that some of these were people came from outside of the borough.

Council Snell agreed that this item should be addressed and be added to the work programme for March 2018 but to ensure that measures were put in place before that time.

27. Basildon Hospital (Issues raised by HealthWatch) and Cancer (62 Days Wait Standard)

At the request of Members, Tom Abell the Chief Transformation Officer, had been invited back to update Members on issues that had raised and recorded from the 3 July 2017, Health and Wellbeing Overview and Scrutiny Committee.

Tom Abell briefed Members on the Joint Executive Group and the Site Leadership Team which were now at full complement who were charged with the day to day running of Basildon Hospital through the balanced scorecard which monitored the performance of the hospital. It was clear that senior staff were now walking the wards speaking with staff and patients, to which was paramount with all directors dedicated to do this. This would help address some issues. Tom Abell briefed Members on the nine quality priorities which included:

1. Reducing mortality and improving end of life care
2. Safer Maternity care
3. Sign up to safety
4. Reducing available patient deterioration
5. Reducing health care associated infections

6. Reducing medication harms
7. Improving patient experience and satisfaction
8. Improving nutrition and hydration
9. Mental health crisis response pathways

Tom Abell further briefed Members on the number of complaints received by category and division and stated that more could be learnt from complaints that could provide a good insight into how patient experience care at the hospital. Further promotion of staff on how to raise a complaint had commenced to try and tackle concerns or complaints. That the reflection of practices, training, supervision, and policy changes and poor communication were ongoing challenges that need to be made more consistent.

Tom Abell stated that November had been a challenging month on performance for Basildon Hospital with waiting times outside the standard 4 hour waiting time.

Tom Abell stated that a huge focus on improving cancer patient pathways and have a commitment to meet the national target by November 2017. Graphs were shown to Members that related to how Basildon Hospital measured the number of patients who had waited beyond the key milestone points, 62+ and 104+ days, on a cancer pathway. Tom Abell stated that processes were being streamlined but all patients were seen within two weeks of their referral. That transformation, communication and engagement were key areas that were hinged on having well supported staff.

Councillor Snell thanked Tom Abell for the report.

Councillor Collins questioned the fluctuation of complaints in the report. Tom Abell stated that these were seasonal with the dip in July down to the holiday season and that negative press articles seemed to result in more negative complaints.

Councillor Collins questioned whether the activity of services used by people from outside of Thurrock had increased. Tom Abell stated that this was kept under review but no significant changes at this time had been identified.

Councillor V Holloway stated that the presentation had not covered what residents want to hear and it should have been more dedicated to what investments Basildon Hospital were making, how this would affect them, staff numbers, how staff were being trained and what was being done to ensure an increase of staff on wards. Councillor V Holloway stated that people want to talk when they were given the opportunity to speak. Tom Abell apologised that the presentation was not up to Members expectations but stated that health care could go wrong and unfortunately people would have poor experiences which was unfortunate but it did happen and that residents had the right to be listened to when given the opportunity to speak. Work will be undertaken on how best to identify problems or concerns of care and how to report these. Tom Abell confirmed that more focus training would be undertaken; addressing the welfare of staff and counselling sessions were now being

offered. Tom Abell confirmed that agency staff expenditure had halved. Councillor V Holloway thanked Tom Abell and appreciated that Basildon Hospital was working under some difficult times.

Councillor Collins questioned whether the complaints received on communications was not due to a lack of funding. Tom Abell stated that communication to notifying patients of their appointments or patients not being told of appointments had been the main issue and that changes in the processes were being made that instead of letters being sent, patients were being contacted by telephone.

Councillor Collins questioned whether the problems with organisation were not due to a lack of funding. Tom Abell stated that Basildon Hospital was not living within resources and that the gap in funding had been addressed and that without additional funding over the next five years the gap would not be closed.

Councillor Snell stated that there were concerns around the understanding of the complaints and would have expected a downward turn not for the number of complaints to remain the same. That Basildon Hospital never seemed to learn from previous mistakes and asked why similar issues kept happening. Councillor Snell asked what re-assurances could be given in the next six months for improvements to be made on the number of complaints. Tom Abell stated that the issue had been the shortage of specialist staff and not having the right specialists available at the right time. Future plans included consolidating services into one hospital, extending hours to seven days a week, changing and increasing the specialist consultant cover.

Neil Woodbridge stated that the clinical outcomes for patients with learning disabilities were very poor when attending accident and emergency and could a medium strategy be put in place to sort this out. Tom Abell stated that early identification was vital to ensure that reasonable measures were put in place and that patient passports would be recognised in the hospital so that the correct procedure could be followed. Tom Abell asked for Member or Officer comments on how this could be undertaken better.

Councillor Snell thanked Tom Abell for the report and stated that clearly there were problems but good that measures were in place to fix these. Councillor Snell suggested that a report on Basildon Hospital be presented at the first committee of the next municipal calendar.

RESOLVED

That the report on Basildon Hospital will be added to the work programme for 2018/19.

28. Update on Mid and South Essex STP

Tom Abell, Managing Chief Transformation Officer, presented the report that provided members with an update on the progress of the Mid and South

Essex Sustainability and Transformation Partnership (STP). That no decision had been made to go to consultation on the 29 November 2017 due to a leakage of the consultation papers. The proposal included to improve specialised hospital services by bringing them together into one place with three 24/7 accident and emergency departments. That no services would be released from Orsett Hospital until the same services were available at one of these locations. Those proposals may change once comments from the consultation have been received, these will be analysed following the 14 week consultation period.

Councillor Snell thanked Tom Abell for the report and how encouraging this report had been.

Councillor Gerrish questioned what assessments had been undertaken in the transferring of some of the outpatients from Orsett Hospital. Tom Abell stated that those services were also used by residents from Brentwood and Basildon therefore they would be moved separately to those areas.

Councillor Gerrish requested that the consultation looked at each service individually and how this would be delivered and where each service would be located. Tom Abell stated that the consultation was open to discussion and some flexibility.

Councillor Gerrish questioned where each service would be located. Tom Abell stated that accident and emergency would be Basildon Hospital; Orthopaedics should be at Broomfield and Cancer services at Southend Hospital.

Councillor Gerrish asked what consideration had been taken into account for those Thurrock residents looking to go to different hospitals for future service provisions. Tom Abell stated that shuttle services would be available to those patients and also to their relatives to ensure visiting could continue.

Councillor Snell stated that the Sustainability and Transformation Partnership would be the main item at the 18 January 2018 committee.

Councillor V Holloway questioned whether practical processes, such as transport, had been taken into account. Tom Abell stated that to ensure no further burden was put on the East of England Ambulance Service a treat and transfer service would be ran which would be manned by staff. To ensure that shuttle services were being offered at the right place and at the right times with routes being looked at.

Councillor V Holloway asked how quickly the specialist hospitals would be available. Tom Abell stated that when more was known on the timescale for Orsett Hospital to remain open then plans could be put in place and to get the facilities on board.

Councillor V Holloway stated that it had stood out that Orsett Hospital had formed part of this report and not as a separate report. Tom Abell stated that

a separate report would be prepared for Orsett Hospital where the consultation would look at all the proposals with a set of questions being asked of residents and printed copies of the consultation would be available for local communities to see.

Councillor V Holloway requested that Members and residents be kept up to date and that communication should be in understandable language so that members of the public could understand it and a braille version should also be supplied.

Councillor Snell questioned the financial implication comment on “unintended financial consequences” and asked that the services that formed part of the Sustainability and Transformation Partnership were provided with the same or more with less money and to ensure that extra costs did not appear. Tom Abell stated that benefits were already evident in local communities and to learn from new processes by undertaking step by step tests. That it had been evidence based from specialist hospitals that the less time spent in hospital the quicker the recovery would be.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee were asked to note the update.

29. Fees & Charges Pricing Strategy 2018/19

Roger Harris, Corporate Director Adults, Housing and Health presented the report that had set out the charges in relation to the services within the remit of the Health and Wellbeing Overview and Scrutiny Committee with any new charges taking effect from the 1 April 2018 subject to the approval from Cabinet.

Roger Harris referred Members to the Appendix to the report that highlighted the proposed fees and charges in detail. Roger Harris stated that no proposal to increase charges in 2018/19 would be made.

Councillor V Holloway questioned why there was an option in the Respite Adult Disability fees and charges. Roger Harris stated that it was for the Council to recommend that this option was not taken.

Neil Woodbridge questioned whether the fees and charges had now been maxed out with the level of responsibility and services available. Roger Harris stated that it was getting the right balance with most charges being for domiciliary care.

Councillor Gerrish questioned the “delegated authority” in recommendation 2. Roger Harris stated that this was a standard recommendation for all Fee and Charges Report that were being presented to all overview and scrutiny committees and confirmed that he could not see any requirement to change this mid-year.

Councillor Gerrish suggested a further recommendation be added so that “Any changes referred to by Cabinet would be referred back to the Health and Wellbeing Overview and Scrutiny Committee for comment”. The Chair and Members agreed.

RESOLVED

- 1. That the Health and Wellbeing Overview and Scrutiny Committee noted the revised fees and that Health and Wellbeing Overview and Scrutiny Committee commented on the proposals currently being considered within the remit of this committee.**
 - 2. That the Health and Wellbeing Overview and Scrutiny Committee noted that the Director delegated authority would be sought via Cabinet to allow the Fees and Charges to be varied within a financial year in response to legal, regulatory or commercial requirements.**
 - 3. That any changes referred to by Cabinet would be referred back to the Health and Wellbeing Overview and Scrutiny Committee for comment.**
- 30. Developing a new model of residential care for older people in Thurrock, fit for the 21st Century**

Christopher Smith, from Adults Social Care, briefed Members on the report which detailed the proposals of a new development of a new residential and nursing home facility in South Ockendon that would have accommodation and services fit for the 21st century. Christopher Smith briefed members on the demand for this service and that the factors taken into account when looking at locations and the engagement undertaken with residents of South Ockendon. A further report will be presented to Cabinet in 2018 which would outline the design, financing, delivery and a more detailed proposal for development.

Councillor Snell stated that this was very encouraging with the proposed site being ideal and in the heart of the community.

Les Billingham stated that this was a unique attempt for those that really needed care and for those at end of life to receive the intense support required.

Councillor Gerrish stated that the proposal was really interesting and questioned the phasing of the project. Christopher Smith stated that firm proposals would be ready in 2018 to which the report would be presented to Cabinet to make the commitment on going forward.

Roger Harris stated that the Council owned the site and it was a good fit. A design team would be commissioned with planning applications being made in 2018.

Councillor V Holloway stated it was a very exciting plan and future proof and asked who exactly would use the facilities and would resident's requirements be met. Les Billingham stated primarily the project would be residential and for the care of older persons who had intense packages of care. Although consideration could be taken to accommodating adults as the design proposal would have self-contained apartments.

Neil Woodbridge congratulated Officers on the paper and that it was very exciting times for Thurrock.

RESOLVED

- 1. That the Health and Wellbeing Overview and Scrutiny Committee noted and supported the strategy for the development of a new residential facility, for the 21st century, on the Whiteacre and Dilkes Wood sites, in conjunction with Health Partners.**
- 2. That the Health and Wellbeing Overview and Scrutiny Committee noted that the decision on the funding proposal, together with any associated decision on the procurement for the new facility will be referred to cabinet in 2018.**

31. New Model of Care for Tilbury and Chadwell

Ian Wake, Director of Public Health, presented the Case for Change report which had the new model of providing primary, community and mental health services, health improvement services and adult social care to Tilbury and Chadwell residents in a central and integrated way. Health and care providers were seeking to demonstrate a proof of concept with a view to replicating the model borough wide in order to form a new Accountable Care Partnership for Thurrock. Ian Wake presented a segmentation of Health Service usage by the population of Tilbury and Chadwell. This demonstrated that 50% of all spend was attributable to 1.8% of the population, with the remaining 35% and 15% of spend being attributable to 6.2% and 91.6% of the population respectively. This analyses suggested that there were three distinct population cohorts that needed different types of service offer; 1.8% of the population that had complex and high levels of need and required an integrated health and care offer; 6.6% of the population that had some long term conditions that needed action to improve diagnosis and management of these within the community, and 91.6% that had episodic healthcare needs and needed improved access to Primary Care. Ian Wake referred Members to the models of care and explained the fundamental differences with an example of "what does a good life look like for you?"

Councillor Snell thanked Ian Wake for the exciting and uplifting report.

Councillor V Holloway echoed Councillor Snell's comments and how well evidenced the report was.

Councillor Collins thanked Ian Wake for the positive comments and that the report brought humanity back into health care.

Ian Wake thanked Members for their praise and stated that the Public Health Team and the Clinical Commissioning Group had played a big part of preparing the report.

Ian Woodbridge thanked Ian Wake for the report and asked had any thoughts been given to how the community could be educated? Ian Wake stated that this will take time for residents to see how primary care can be provided differently.

Councillor Gerrish asked how the pilot would be assessed and would Key Performance Indicators have any impact. Ian Wake stated that evaluation played a vital part and was key to identifying the most important areas such as saving money, the population and outcomes.

Councillor Snell questioned whether there had been any resistance from general practitioners or pharmacists. Jeanette Hucey stated that general practitioners in the practices in Tilbury and Chadwell had formed a network and signed a Memorandum of Understanding to confirm their commitment to supporting delivery of the New Model of Care for Tilbury and Chadwell, and in particular, the Enhancing the Capacity and Capability of Primary Care work stream. This had set an example that we were aiming to replicate in the other three localities. Jeanette Hucey also stated that practices in the other localities were hearing about new initiatives little by little and were asking when they could be involved too.

Councillor Snell thanked all Officers for the report and that it had been another good example of resident satisfaction.

RESOLVED

- 1. That the Health and Wellbeing Overview and Scrutiny Committee note and comment on the proposals set out in the Case for Change document, for transforming health and care services in Tilbury and Chadwell.**
- 2. That the Health and Wellbeing Overview and Scrutiny Committee endorses the piloting of the New Model of Care with a view to creation of a borough wide Accountable Care System if shown to be successful.**

32. Work Programme

The Chair and Members agreed that the 18 January 2018 committee should be dedicated Sustainability and Transformation Partnership – Pre Consultation Business Case.

Members agreed that the report on Business Case for Tilbury Integrated Medical Centre be moved to the 22 March 2018 committee.

Members agreed that the report on Learning Disability Health Checks be moved to the 22 March 2018 committee.

Members agreed that the report on Thurrock First be moved to the 22 March 2018 committee.

Members agreed that the report on Updates on the Action Plan for Dementia be moved to the 22 March 2018 committee.

Members agreed that the report on Living Well in Thurrock be moved to the 22 March 2018 committee.

Members agreed that the report on General Practitioner 5 Year Forward Review be moved to the 22 March 2018 committee.

Members agreed that a report on Mental Health Services, Personality Disorders be added to the 22 March 2018 committee.

Members agreed that a report on Basildon Hospital be added to the first meeting of the next municipal year.

The Chair asked Members if there were any further items to be added or discussed for the work programme for the 2017/18 municipal year.

RESOLVED:

- 1. That the item Sustainability and Transformation Partnership – Pre Consultation Business Case will be added to the work programme for the 18 January 2018 committee.**
- 2. That the item Business Case for Tilbury Integrated Medical Centre will be added to the work programme for the 22 March 2018 committee.**
- 3. That the item Learning Disability Health Checks be moved to the 22 March 2018 committee.**
- 4. That the item Thurrock First be moved to the 22 March 2018 committee.**
- 5. That the item Updates on the Action Plan for Dementia be moved to the 22 March 2018 committee.**
- 6. That the item Living Well in Thurrock be moved to the 22 March 2018 committee.**
- 7. That the item General Practitioner 5 Year Forward Review be moved to the 22 March 2018 committee.**

8. That the item Mental Health Services, Personality Disorders be added to the 22 March 2018 committee.
9. That the item Basildon Hospital be added to the first meeting of the next municipal year.

The meeting finished at 9.15 pm

Approved as a true and correct record

CHAIR

DATE

Any queries regarding these Minutes, please contact
Democratic Services at Direct.Democracy@thurrock.gov.uk

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Mid and South Essex
Sustainability and Transformation Partnership (STP)



Your care in the best place

At home, in your community and in our hospitals

A summary of proposals for consultation

30 November 2017 – 9 March 2018

Closing date for feedback: Friday, 9 March 2018

For a full consultation document and further information,
please visit our website www.nhsmidandsouthessex.co.uk

Published by the Mid and South Essex
Sustainability and Transformation Partnership (STP)

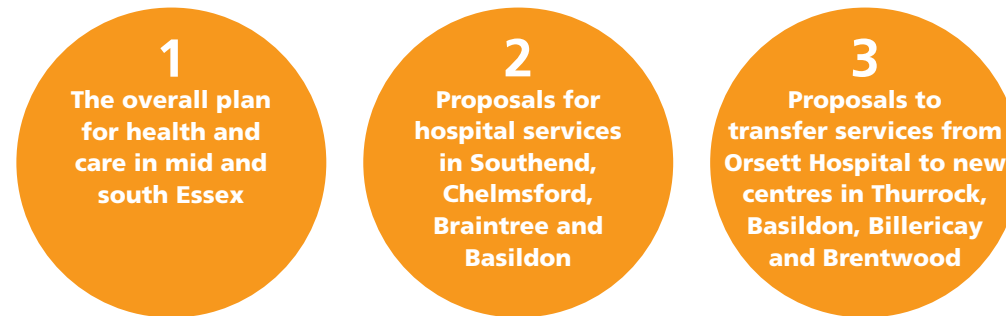
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A partnership of all health and care organisations for people living in Braintree, Maldon, Chelmsford, Castle Point, Rochford, Southend, Thurrock, Basildon and Brentwood.

Essex is a great place to live, Let's make it the place to **live well**

Health and care services in mid and south Essex have formed a partnership to improve the quality of care over the next five years. This consultation needs your views to inform the plans.

We need to hear your views on the following main areas:



For further information and a copy of our full consultation document, please visit our website at: www.nhsmidandsouthessex.co.uk

Or contact our consultation team – see our contact details on page 15.

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1 HOW TO HAVE YOUR SAY

We are inviting you to give your views between now and 9 March 2018. All of your feedback during the consultation will be considered in March and April to inform planning decisions early in the summer of 2018.

There are a number of ways to have your say:

By completing a survey

Our survey is available online. Please visit: www.surveymzmo.eu/s3/90059489/NHS-Mid-and-South-Essex-STP

Or contact our consultation team (details on page 15) to request a printed version of the same survey.

You can write to us

Please send your views by post or email, if you prefer – see our contact details on page 15.

Request a meeting

If your group or organisation would like to arrange a meeting with us, please contact the consultation team – see our contact details on page 15.

Group meetings

We are arranging various meetings with patient participation groups and other local representatives, including Healthwatch and the Stroke Association. If you are a member of a voluntary group, ask your group organiser to get in touch with us.

Join one of our open discussion events

At each of our discussion events, you will be able to hear more from senior doctors and nurses who have been involved in developing proposals for service change. The main aim of these sessions is to explore with you what the proposed changes would mean for patients and families.

We hope you will be prepared to take an active part

See page 15 for a full list of events and booking details.

2 MID AND SOUTH ESSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) – WHO WE ARE

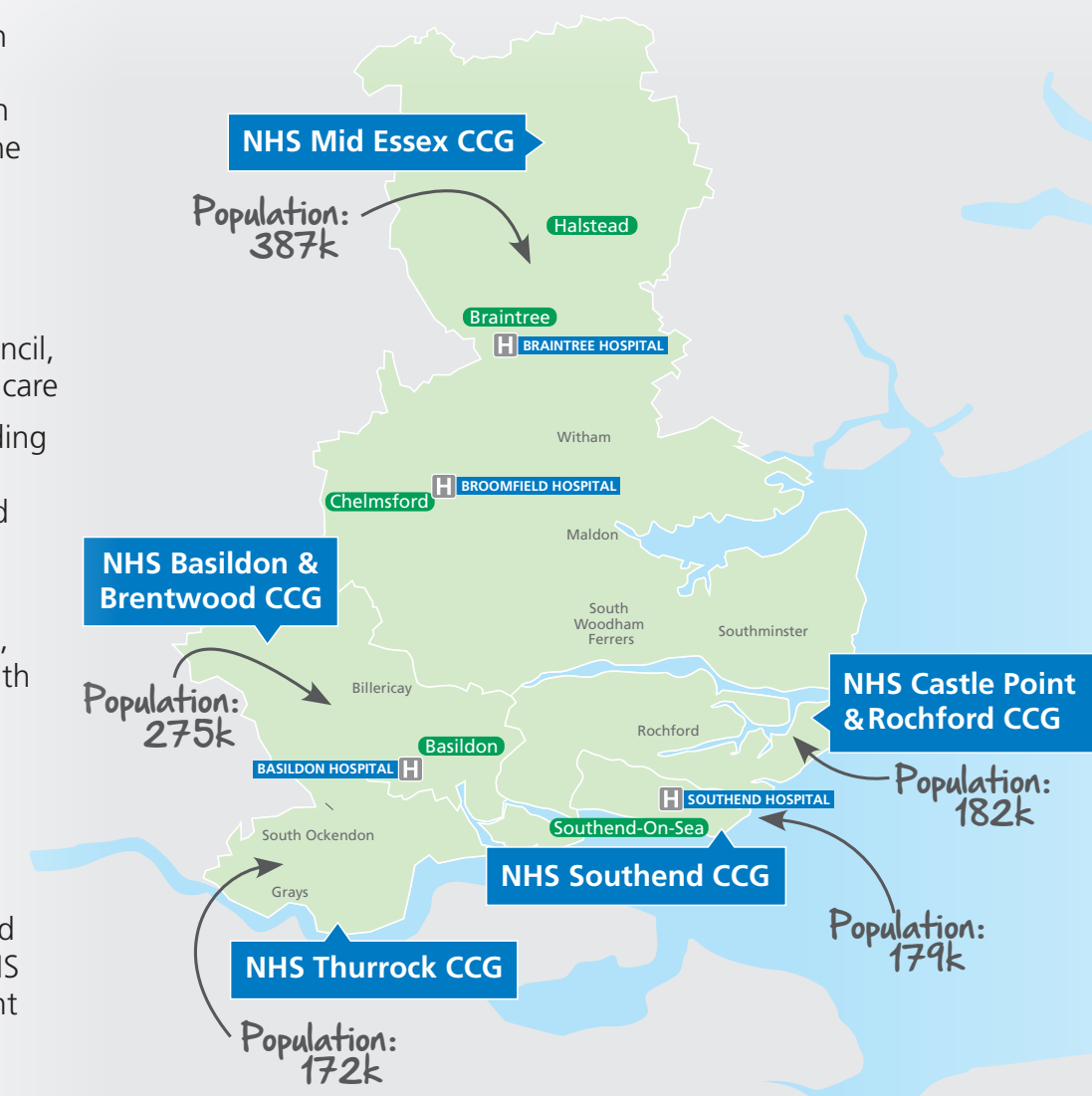
One partnership and one plan
Joined-up health and care in mid and south Essex

The Mid and South Essex Sustainability and Transformation Partnership (STP) brings together all the different NHS organisations and councils that help to look after your health and wellbeing.

We are working together on a single plan to improve health and care for the rising number of people who need our services in the districts and boroughs of Braintree, Maldon, City of Chelmsford, Castle Point, Rochford, Southend, Thurrock, Basildon and Brentwood.

The partnership includes:

- Five clinical commissioning groups (CCGs), which plan and buy your health care services using an allocation of funds each year from the Government
- Three local authorities – Essex County Council, Southend-on-sea Borough Council and Thurrock Council, which plan and buy social care
- Three hospital trusts providing the main hospitals at Southend, Chelmsford and Basildon
- Three organisations that provide community nurses, therapists and mental health services
- East of England Ambulance Service
- Other partners, including Healthwatch Essex, Healthwatch Southend and Healthwatch Thurrock; NHS England, NHS Improvement and Health Education England.



3 YOUR CARE IN THE BEST PLACE – WHAT OUR CONSULTATION IS ABOUT

We all want the very best health and care for you and your family.

While there are many examples of excellent care in mid and south Essex, we know we could do better. We don't always reach the highest standards. We don't always achieve the best possible outcomes for patients. We don't always make the most of the talent we have in our workforce and the opportunities to find better ways of helping you and your family to stay well.

Over the next five years, our vision is to unite our different health and care services around you and all of your potential needs, with physical, mental and social care working together.

• **Starting with you and your family**, there is more that we can all do to stay healthy and avoid serious illness.

• **At home and in your community**, we are building up GP and community services, such as pharmacists, experienced nurses, physiotherapists and mental health therapists; and increasing the range of services available via GP practices.

• **In our hospitals**, all three main hospitals in Southend, Chelmsford and Basildon will each continue to provide the vast majority of hospital services, including a local A&E at all three sites. At the same time, we have an opportunity to improve care through the three hospitals working together as one group.

A joined-up team of community nurses, mental health specialists and social care services to plan your care and help you at home, if you need it

For those times when you need the care which only a hospital can provide, you should have easier and faster access to the right hospital specialists



A wider range of health and care services at GP practices, such as pharmacists, physiotherapists and experienced nursing staff as well as your GP

More support to keep you healthy and prevent illness

We need your views on proposed specific changes in our hospitals based on the following five principles.

- 1** The majority of hospital care will remain local and each hospital will continue to have a 24 hour A&E department that receives ambulances.
- 2** Certain more specialist services which need a hospital stay should be concentrated in one place, where this would improve your care and chances of a good recovery.
- 3** Access to specialist emergency services, such as stroke care, should be via your local (or nearest) A&E, where you would be treated and, if needed, transferred to a specialist team, which may be in a different hospital
- 4** Planned operations should, where possible, be separate from patients who are coming into hospital in an emergency.
- 5** Some hospital services should be provided closer to you, at home or in a local health centre

4 YOUR CARE IN THE BEST PLACE – AT HOME AND IN YOUR COMMUNITY

Your local health and care services are developing over the next five years and in different ways in each local area.

The main aims

You and your family **Living Well**

We will help you to:

- Find the right information about how to take care of yourself
- Use your online and smartphone devices to get information and support
- Spot the risks and signs of illness and act early to prevent illness developing
- Have easier and earlier access to the help you may need from a range of health and care services, available to support you at home or close to where you live

Page 20

Developing **Local Health and Care**

At or near your GP surgery increasingly there will be:

- A wider range of health and care professionals to support you – this will include pharmacists, experienced nurses, physiotherapists and mental health therapists – so, you won't always need to see a GP to get the help you need
- More appointments available and extended opening times (evenings and weekends)
- A range of tests, scans and treatments which were previously only available in hospital
- Specialist support and care planning for older people and people living with long term conditions

For examples of developments in your local area, see our Background section on our website:

www.nhsmidandsouthessex.co.uk/background

Or contact the consultation team for a printed copy of background information – see our *contact details* on page 15.



5 YOUR CARE IN THE BEST PLACE – IN OUR HOSPITALS

What stays the same in all three main hospitals

Each hospital will continue to provide:

- a full A&E service, led by a consultant, open 24 hours a day
- outpatient appointments, routine scans, tests and consultations
- day case and short stay treatments and operations – these cover most routine treatments and operations
- maternity services
- children's services, except for some specialist treatments and operations
- older people's services, except for some specialist treatments and operations
- intensive care.

All three A&Es will continue to receive people arriving by "blue-light" ambulance, 24 hours a day.

In a very small number of cases, should you have a serious emergency condition, the hospital team may decide, with you and your family that your chances of survival or recovery would be better if you transferred to a specialist team, which could be at another hospital. We explain more about this in the next section.

If you live closer to other hospitals, such as Addenbrooke's in Cambridge or Colchester General Hospital, in general you will continue to use those hospitals.

Each of the three main hospitals will continue to provide the following specialist services, as they do now:

- Cancer and radiotherapy centre at Southend Hospital
- Essex Cardiothoracic Centre at Basildon Hospital, which treats complex heart and lung problems
- St Andrew's Plastics and Burns Centre at Broomfield Hospital in Chelmsford

We are also looking at where it is possible to transfer some hospital services, such as outpatient appointments, tests and scans, to GP practices and other health and care centres closer to where people live.

Our proposals include the possibility of transferring services from Orsett Hospital to a number of new centres closer to where people live in Thurrock (for Thurrock residents) and to Basildon, Brentwood and Billericay (for residents of those areas).

Proposals for hospital service change

Improvements in A&E

All three A&Es will be led by a consultant, open 24 hours a day and will receive "blue light" ambulances. They will be able to treat the majority of cases.

Alongside A&E, we will develop four assessment units with specially trained teams to meet the particular care needs of:

- Older and frail people
- Children
- Patients in need of urgent medical treatment
- Patients in need of urgent surgical treatment

The aim of these units will be to assess and treat your condition, getting you back home as soon as possible. Strong links to community services, mental health and social care will support this aim. Each unit will have beds for those who may need a short stay in hospital.

Some specialist services being brought together in one place

There are times, perhaps once or twice in a lifetime, when you may need the care of a dedicated specialist team.

Better quality care and chances of making a good recovery

There is clinical evidence that where there are small numbers of patients requiring the care of highly trained specialists, there are benefits in concentrating these services in one place so that one team is able to treat the greatest number of patients each year. A larger specialist team can make sure that the right number and level of skilled staff are available to you at any time of the day or night, 365 days of the year.

Our proposed changes are only concerned with specialist surgery and treatments that require a hospital stay

We are proposing that certain specialist services are provided from one place. In each proposal, routine services, such as outpatient appointments, tests, and surgery and treatment that can be done in a day would continue at all three local hospitals.

How the proposed services would work

If you had a sudden serious condition, you would start your treatment in your local or nearest A&E. The hospital team treating you would discuss with you and your family whether a more specialist team would help to ensure you get the very best care and make the fullest possible recovery. If the team were in another hospital, they would make arrangements for a safe transfer, which may involve a doctor or nurse travelling with you.

If, on the other hand, you were too ill to be moved, the specialist team would work with your local team to give you the best possible care.

Your stay with the specialist team would be around three or four days, after which you would go home if you had made a good recovery; or return to your local hospital for further care and rehabilitation. Any follow-up appointments necessary would be at your local hospital, or potentially at your GP practice, given our proposed developments over the next five years.

How many people would this affect?

We estimate that up to 15 patients per day across all three hospitals may need a transfer to a different hospital for access to emergency care.

In addition to the proposed new inter-hospital clinical transport for patients, we are also proposing a new free transport service to help family and friends to travel to a different site.

We would like to know your views on bringing together in one place the following specialist services that need a hospital stay:

- Women requiring gynaecological surgery who need a hospital stay would be treated at Southend Hospital
- Patients requiring a hospital stay for complex lung problems would be treated at Basildon Hospital
- Patients with complex kidney problems who need a hospital stay would be treated in Basildon
- Patients with diseased arteries or veins who need a stay in hospital would be treated at Basildon
- Patients who need a hospital stay for specialist treatment of complex heart problems would be treated at Basildon
- Patients with complex gastroenterology problems who need a hospital stay would be treated at Broomfield Hospital near Chelmsford
- Proposals for a dedicated service at Broomfield Hospital for emergency abdominal surgery that requires a hospital stay

Improving access to specialist stroke care

A stroke is a brain attack, which happens when the blood supply to your brain is cut off. For 85% of cases this is because of a blood clot. In around 15% of cases this is because of a burst blood vessel causing a brain haemorrhage.

Better quality care and chances of making a good recovery

Clinical evidence shows that fast action prevents the brain damage caused by a stroke. If this is followed by a short period of the highest dependency care provided by a team of specialist doctors, nurses, therapists and technicians, then people can make a good recovery.

Development of a specialist stroke unit

Our stroke services compare well with the best in many ways, but we could do better. We know from significant national and international evidence that patients who are treated in a specialist stroke unit in the first 72 hour period following a stroke, have better chances of survival and making a good recovery.

None of our three hospitals currently has the right number of specialists to provide the level of specialist care that we are proposing.

By joining together our stroke teams across the three hospitals, we could provide a specialist stroke unit to lead the network of stroke services, and continue to provide stroke care at each of our three hospitals.

We would like to know your views on improving access to stroke care

We propose to develop a specialist stroke unit at Basildon Hospital. The reason for choosing Basildon is that high dependency stroke services should have close links with the specialist skills of the existing Essex Cardiothoracic Centre for heart and lung problems.

How the proposed service would work

If it were suspected you were having a stroke, you would be taken by ambulance to the nearest hospital. Following a diagnosis in A&E, you would be stabilised and you would start treatment, before going by rapid transfer with a doctor or nurse, if necessary, to the specialist stroke unit in Basildon.

Your stay in the specialist stroke unit would be up to 72 hours, after which you would either go home, if you made a good recovery, or return to your local hospital for further rehabilitation.

Some planned operations being done separately from emergency cases

Better quality care and chances of making a good recovery

National guidelines recommend that, in some hospital specialties, surgeons treating a higher number of patients are often able to attain better results than those treating only a few patients per year.

Among various findings, the evidence tells us that:

- dedicated beds for planned operations protect surgical patients from the risk of cross-infection from emergency medical patients.
- separating planned operations from emergency admissions is a way to increase service efficiency, reduce cancellations and improve patient experience and outcomes

We would like to know your views on proposals for the following operations that need a hospital stay:

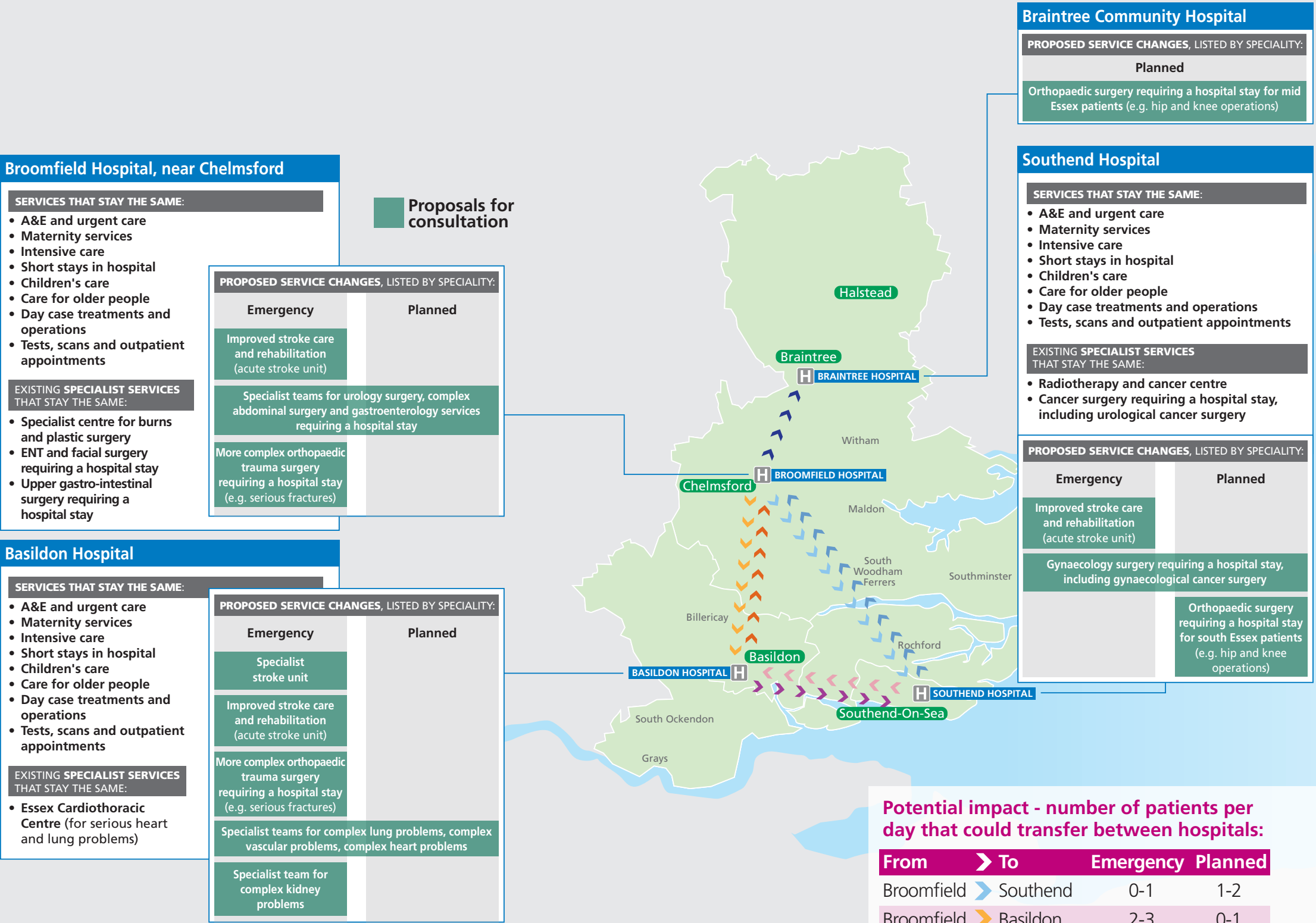
Planned orthopaedic surgery (e.g. for bones, joints and muscles) to be at Southend for people in south Essex and Braintree Hospital for people in mid Essex.

- Some emergency orthopaedic surgery (e.g. for broken bones) to be at Basildon for people in south Essex and Broomfield Hospital in Chelmsford for people in mid Essex.
- Surgery for most people with a broken hip would continue at all three hospitals in Southend, Chelmsford and Basildon.**
- Urological surgery (e.g. for bladder and kidney problems) to be at Broomfield Hospital in Chelmsford (except for urological cancer operations which are already located at Southend Hospital and will stay in Southend).

How many people would this affect?

We estimate that up to 14 patients per day across all three hospitals may be referred to a hospital that is not their local hospital for a planned operation, for a stay of three or four days.

As part of our support for you and your family, we are proposing a new free transport service to help family and friends to travel to a different site.



Please note: these figures are based on estimates and averages. Actual figures will vary daily depending on each person's individual needs.

Proposals to transfer services from Orsett Hospital

Currently, we are proposing to transfer services from Orsett Hospital to a number of new and existing centres closer to where people live.

Background

Four centres are planned for Tilbury and Chadwell, Purfleet and Aveley, Stanford and Corringham and Grays.

Similarly, in the Basildon, Brentwood and Billericay areas we have an opportunity to develop buildings at Brentwood Community Hospital, a new location in Basildon town centre and St Andrew's at Billericay.

The proposed changes

The detail of which services should operate from which centre is a key part of this consultation. We know from local engagement that people support the concept of the proposed new centres, which are much closer to where people live. We also know that people have concerns about whether the new services will be in place before closing Orsett Hospital. Thurrock CCG and Thurrock Council have already formally agreed to ensure that the new services are in place before there could be any changes to Orsett.

The outline plan is for the new centres to open in 2020/2021, and only after a successful transfer of services would Orsett close.

This consultation period gives us an opportunity to develop the detailed plans with patients and local people.

For further details on the proposals for consultation, please visit our website where you can find further information and download a copy of our full consultation document:

www.nhsmidandsouthessex.co.uk/background/further-information

Or contact the consultation team for a printed copy of background information – see our contact details on page 15.

Proposal for transport for you if you needed to move to another hospital in an emergency

Patients already transfer from our hospitals in mid and south Essex to other hospitals for emergency specialist services in London and elsewhere. We propose to build on this to manage potential transfers between the three main hospitals in Southend, Chelmsford and Basildon.

If you were to be very unwell or needed specialist treatment, your clinical team would discuss with you and your family whether a transfer is the right thing for you. For many patients, transferring to a more specialist centre would help to ensure you get the very best care and make the fullest possible recovery. If, on the other hand, you were too ill to be moved, the specialist team would work with your local team to give you the best possible care.

Transport and support for families and carers

Public transport routes between our hospitals are rarely straightforward. If your family or friends don't drive, you could be separated from the people you rely on for support at a time when you need it most.

We have taken these concerns very seriously and we are keen to do as much as possible to support families, in particular those who may be without transport or disadvantaged in some other way.

We propose to help by introducing a free bus service between the three hospitals, or other locations that may be more convenient to you.

We estimate that this will offer up to 60,000 passenger journeys per year, but we would review this regularly and increase the service if needed.

During this consultation we will be listening carefully to more of your views on this.

Investment of over £118 million is planned for our hospitals' buildings and sites

This money will be spent to:

- Increase the total number of hospital beds by about 50 across the three hospitals in Southend, Chelmsford and Basildon
- Build new operating theatres
- Improve technology to make it easier to work across hospital sites.

All three main hospitals will benefit from this additional investment as follows:

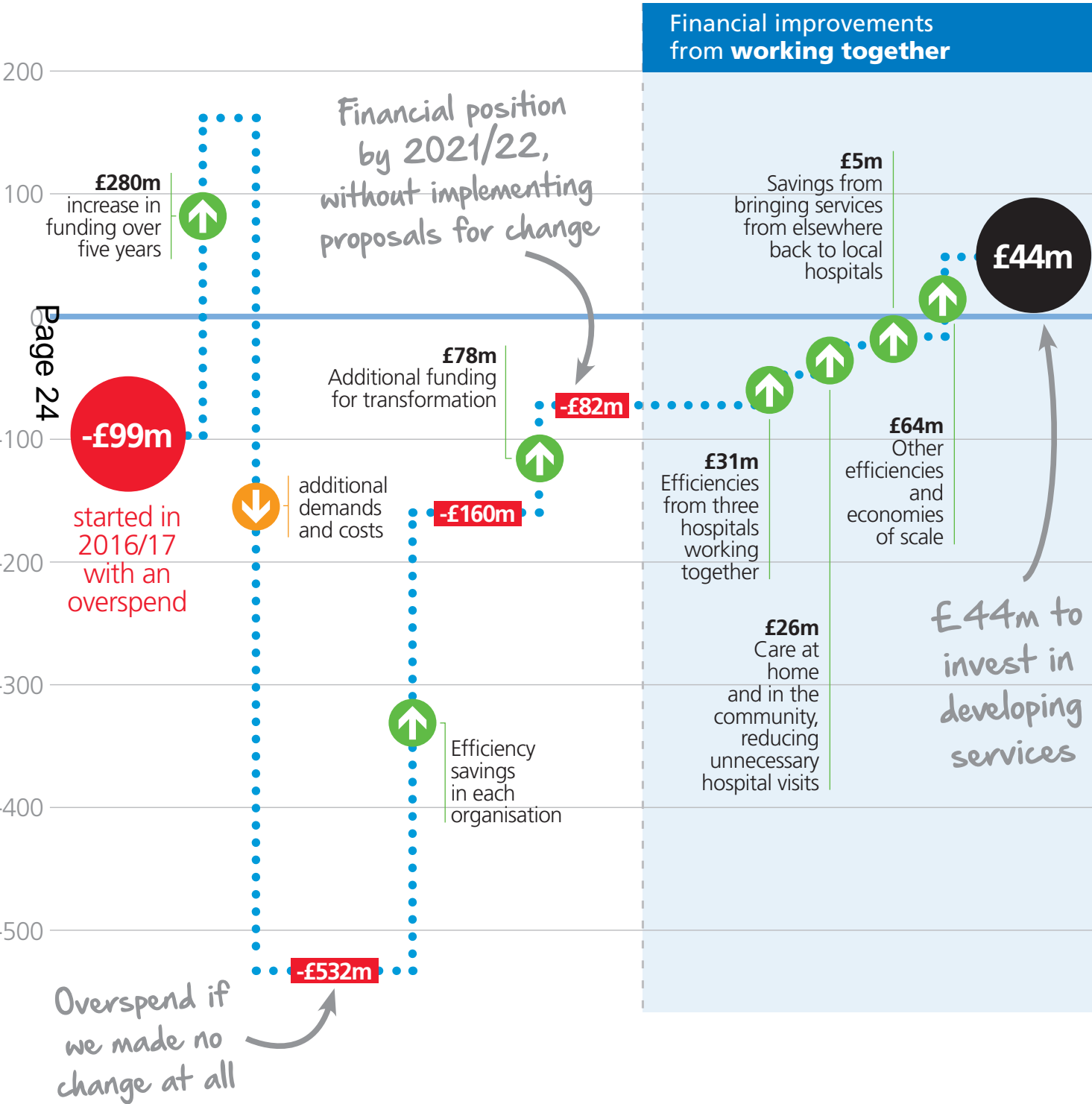
- Southend Hospital - £41 million
- Basildon Hospital – £30 million
- Broomfield Hospital near Chelmsford - £19 million

A further £28 million will be invested in additional technology and facilities that will benefit all three hospitals, such as ensuring shared records across all sites.

6 BRINGING OUR NHS BACK INTO FINANCIAL BALANCE

The current cost of our NHS in mid and south Essex, of which the largest spend is on hospital care, is much greater than the funding available. In 2016/17, this created an overspend of £99 million.

If we made no change at all over the next five years, the additional demand for health care could increase the overspend to over £500 million by the year 2021/22.



Discussion events

Across mid and south Essex, we will be running a number of public engagement events where you will be able to hear more about our proposals and have the opportunity to tell us what you think. These will be an important opportunity for your voice to be heard.

Basildon and Brentwood

- 6.30pm-8.30pm on Tuesday 16 January 2018
Wick Community Centre, Wickford, Essex SS12 9NR
- 1.30pm-3.30pm on Wednesday 17 January 2018
Chantry House, Chantry Way, High St, Billericay CM11 2BB (parking: please use Billericay High Street car parks)
- 6.30pm-8.30pm on Wednesday 21 February 2018
Brentwood Community Hospital, Crescent Drive, Brentwood, Essex CM15 8DR
- 1.30pm-3.30pm on Tuesday 27 February 2018
The Gielgud Room, Towngate Theatre, St. Martins Square, Basildon, Essex SS14 1DL

Castle Point, Rochford and Southend-on-Sea

- 6.30pm-8.30pm on Thursday 8 February 2018
Maritime Room, Cliffs Pavilion, Westcliff-on-Sea, Essex SS0 7RA
- 2.30pm-4.30pm on Tuesday 20 February 2018
Oysterfleet Hotel, 21 Knightswick Road, Canvey Island, Essex SS8 9PA
- 2.30pm-4.30pm on Wednesday 7 March 2018
Audley Mills Education Centre, 57 Eastwood Rd, Rayleigh, Essex SS6 7JF

Mid Essex

- 6.30pm-8.30pm on Tuesday 9 January 2018
Chapter House, Cathedral Walk, Chelmsford, Essex CM1 1NX
- 1.30pm-3.30pm on Wednesday 31 January 2018
Michael Ashcroft Building (1st Floor), Anglia Ruskin University, Chelmsford Campus, Bishop Hall Lane, Chelmsford, Essex CM1 1SQ
- 6.30pm-8.30pm on Wednesday 7 February 2018
Braintree Town Hall (main room), Market Place, Braintree, Essex CM7 3YG
- 6.30pm-8.30pm on Wednesday 28 February 2018
Plume Academy School, Fambridge Road, Maldon, Essex CM9 6AB

Thurrock

- 6.30pm-8.30pm on Wednesday 24 January 2018
Civic Hall, Blackshots Lane, Grays, Essex RM16 2JU
- 1.30pm-3.30pm on Tuesday 6 March 2018
Civic Hall, Blackshots Lane, Grays, Essex RM16 2JU

We hope you will be prepared to take an active part

For details of our discussion events see our website: www.nhsmidandsouthessex.co.uk/have-your-say/events

To book your place, visit: <http://bit.ly/2Agdnpr> or contact us using our details below.

How to contact us

Email: meccg.stpconsultation@nhs.net
Phone: 01245 398118
Address: Consultation Team, Mid and South Essex STP, Wren House, Colchester Road, Chelmsford, Essex CM2 5PF

If you would like this document in large type, easy read, braille, audio format or another language, please contact us on 01245 398118

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Your care in the best place

At home, in your community and in our hospitals

The future of locally based health and care services currently provided at Orsett Hospital

Supplementary information for discussion and feedback during public consultation from 30 November 2017 to 9 March 2018

Closing date for feedback – Friday, 9 March 2018

Published by Basildon and Brentwood and Thurrock clinical commissioning groups (CCGs) as part of the Mid and South Essex Sustainability and Transformation Partnership (STP)

For further information on the Mid and South Essex STP and the full range of proposals for consultation, please visit www.nhsmidandsouthessex.co.uk

Purpose of this document

This document provides further background to proposals for the future of locally based health and care services currently provided at Orsett Hospital for people who live in the areas of Thurrock, Basildon and Brentwood.

Proposals to transfer services from Orsett Hospital to a number of new centres closer to where people live in Thurrock (for Thurrock residents) and to Basildon, Brentwood and Billericay (for residents of those areas) are included in a consultation document available from www.nhsmidandsouthessex.co.uk

Or you can request a copy of the consultation document and a feedback questionnaire from our consultation team at the following address:

Address: STP Consultation Team, Wren House, Colchester Road, Chelmsford, Essex CM2 5PF

Phone: 01245 398118

Email: meccg.stpconsultation@nhs.net

What is being proposed?

Some hospital services should be provided closer to you, at home or in a local health centre

Local NHS organisations are looking to provide more services closer to home, in modern and purpose built community based facilities. This includes those services currently provided at Orsett Hospital.

- We would like to know your views on proposals to transfer services from Orsett Hospital to a number of new centres closer to where people live in Thurrock (for Thurrock residents) and to Basildon, Brentwood and Billericay (for residents of those areas).
- Only when new services are up and running, would it would be possible to close Orsett Hospital which, although valued by many local people, is difficult to access by public transport and is an ageing site.

This document describes what is already in place and offers an opportunity for local people to say what is most important to them and where they would like to access health and care services.

[Our intention is not to move services from Orsett Hospital until they can be moved to new or alternative facilities in the Thurrock, Basildon and Brentwood areas.](#)

[No clinical services will be stopped as a result of these proposals.](#)

How these proposals fit with the wider plan for health and care in mid and south Essex

The NHS has published a document called the NHS Five Year Forward View which sets out a new vision for providing more of the day to day care and support you need from the NHS closer to where you live.

We want to improve access to health and care by offering services in the local community and within easy reach

To meet the changing needs of the local population, every NHS area has developed a plan describing how the organisations responsible for buying and providing services will work more closely together to promote self-care, prevention of ill-health and local services.

In mid and south Essex, the Mid and South Essex Sustainability and Transformation Partnership (STP) brings together all the different NHS organisations and councils that help to look after your health and wellbeing.

The partnership is working on a single plan to improve health and care for the rising number of people who need health and care services. Within this single plan, the clinical commissioning groups (CCGs) and councils for Thurrock, Basildon and Brentwood are developing services in their local areas.

For more details on the overall plan and the Mid and South Essex STP visit: www.nhsmidandsouthessex.co.uk

What do we already have in Thurrock?

We have listened to local views and made a commitment to improve access to locally based, high quality health and care services.

You've already said you want services closer to home

In 2016 and 2017, Thurrock CCG and Thurrock Council consulted with residents on changes to the way health and social care services are provided locally, with a greater emphasis on delivering care closer to where people live.

Hundreds of Thurrock residents took part, with feedback indicating that the majority of those surveyed welcomed the development of community-based facilities for health and care services.

For more details about the '*For Thurrock, In Thurrock*' transformation programme visit: www.thurrockccg.nhs.uk

Benefits of change

We have:

- Healthcare provision that is based on population needs in each locality
- Health, care and community support closer to home

We are developing:

- Better provision for GP access, diagnostics and outpatient appointments
- Buildings that are fit for the future and able to cope with population growth.

Extended access to local services

An extended team of healthcare professionals are working, or soon will be working, GP practices. These include:

- Emergency care practitioners, who carry out home visits and triage (where your condition or health problem is assessed)
- Clinical pharmacists, able to support medicines reviews and management of medication
- Community blood tests at GP practices
- Physician's assistants
- Specialist therapists to help people with long-term conditions, who are feeling low or anxious due to their condition.
- Social prescribers (people who provide non-medical, social support to patients) and much more.

All these teams are able to help you manage your health better and prevent the need to go into hospital for routine treatments and health worries.

As part of our local development, we already have plans for new buildings in Thurrock, Basildon and surrounding areas. Our proposals are not intended to cut health and care services in the future.

New Integrated Medical Centres in Thurrock

Thurrock CCG, Thurrock Council and community healthcare providers in Thurrock are now well underway with plans for four new *Integrated Medical Centres* (IMCs). *See map below showing where these will be located.*

Some tests, including blood tests are already based in GP practices.

Location of future services



- Two completely new buildings in Tilbury and Purfleet are in the planning and design stages with projected completion by 2020.
- Thurrock Community Hospital in Grays already offers a central location for day care and in-patient dementia friendly facilities. This offers an opportunity to develop our third Integrated Medical Centre, with the added benefits of being on an existing hospital site.
- A fourth building will be built in Corringham by North East London NHS Foundation Trust (NELFT) offering community based facilities, like speech and language therapy or community diabetes service.

Our investment in new buildings will help to improve facilities and create a service that is fit for the future and focused on health, wellbeing and community support.

(See table 1 below for proposals of what services could transfer from Orsett Hospital to in each new centre).

What our proposals mean for people in the Basildon and Brentwood CCG area?

Thurrock CCG and Basildon and Brentwood CCG have worked with Basildon and Thurrock University Hospitals to assess who currently uses Orsett Hospital, and what for.

According to latest figures (Sept 2017) around 31% of all patients using Orsett Hospital are from the Basildon, Billericay, Brentwood and Wickford areas.

There is potential to offer services at:

- Brentwood Community Hospital
- In a new building in Basildon town centre
- In other new facilities within Basildon and Brentwood.

What about Orsett Hospital?

Orsett Hospital is an ageing building and it is estimated likely to cost in the region of £10m to bring the facilities up to date. We need to make the best use of all available resources to improve access to services for existing and future patients. Getting to Orsett Hospital is difficult, particularly by public transport. Most people need to drive there or go by patient transport.

Orsett Hospital is owned by Basildon and Thurrock University Hospitals NHS Foundation Trust.

Services currently based at Orsett are provided by:

- Basildon and Thurrock University Hospitals NHS Foundation Trust
- North East London NHS Foundation Trust (NELFT)
- Southend University Hospital NHS Foundation Trust.

The commitment to build new state of the art facilities would enable these services to vacate an older building that is no longer fit for purpose.

Closing an older building, which is located in an area not easily accessible by public transport, allows the NHS to free up funds for newer, purpose built facilities. These would be in better locations designed to meet the needs of the local population now and for population growth in the future.

New buildings that are easier to get to and are more suitable for modern health care can deliver better facilities and better quality of care.

A commitment has already been made as part of local plans to build new facilities in Thurrock and Basildon and Brentwood areas. Three of the centres are already being funded.

Table 1 below shows who currently provides which services at Orsett Hospital

Basildon and Thurrock University Hospitals	North East London NHS Foundation Trust	Southend University Hospital
Audiology / ear, nose and throat (ENT)	Community diabetes service	Ophthalmology
General outpatient clinics	Minor Injuries Unit	
Haematology	Sexual health (GUM) clinic (commissioned by Councils)	
Orthopaedic clinics	Speech and language therapy	
Phlebotomy (blood tests)		
Pain services		
Musculoskeletal service (MSK)		
Renal dialysis		
Rheumatology		
Surgical day unit		
Speech and language therapy		
X-ray		

Who attends Orsett Hospital and why?

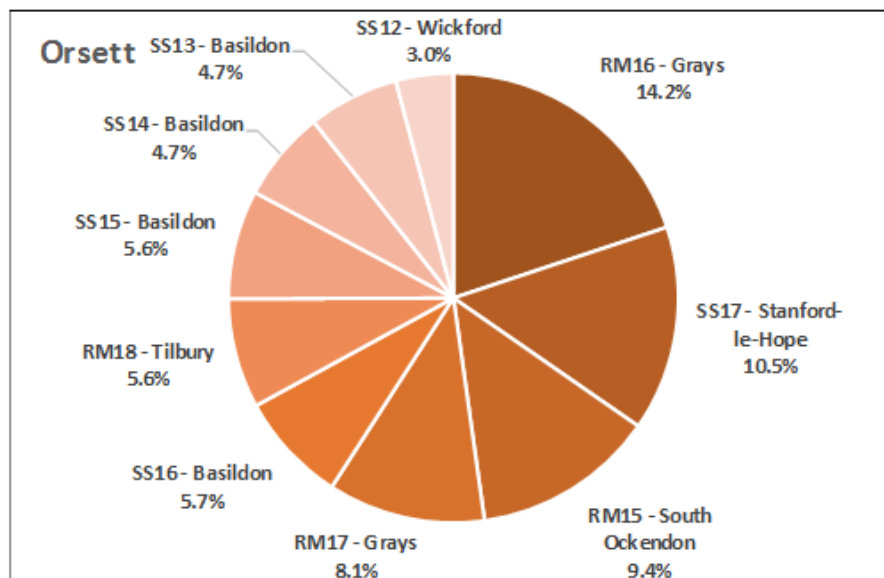
According to latest available data, a total of 20,913 patients visited Orsett Hospital either for planned care or minor injuries in one year.

Analysis of the number of people attending Orsett Hospital for outpatient appointments showed a total of 940 patients. This includes the same person returning for follow up appointments. Of these, just 138 people received treatment.

Where do people who currently attend Orsett Hospital come from?

The pie chart below shows the breakdown by the top 10 postcodes, accounting for the majority of people attending the hospital:

Figure 1 Essentia research report



Attendance at the Minor Injuries Unit

In one year 19,973 patients attended Orsett Minor Injuries Unit. The most frequent reason for attendance was for limb injuries (sprains or minor breaks to legs and arms) and then wound care. Some of these treatments can now be delivered in centres closer to where people live.

Potential locations in the future

We would like to know your views on the following potential locations for services in the future, and any alternative locations that you would like to suggest.

We have categorised three distinct service areas, all with their own needs in terms of space and equipment. The overview below splits these up and shows which are most easily incorporated into community settings.

IMC means Integrated Medical Centre.

Table 2:

Proposed future service	Purfleet IMC	Thurrock Community Hosp. Grays	Corringham IMC	Tilbury IMC	Brentwood Community Hospital	Basildon Town Centre	St Andrew's Billericay
Diagnostics e.g. Blood testing (Phlebotomy)	•	•	•	•	•	•	•
General outpatient services e.g. for skin problems; ear, nose & throat; breathing problems; children's services; orthopaedics (bones, muscles and tendons)	•	•	•	•	•	•	•
Treatment facilities e.g. minor procedure rooms	•	•			•	•	

Why this proposed arrangement of services?

An assessment has been completed to see what services are needed and in which area.

Thurrock and Basildon and Brentwood CCGs have been working closely with the providers of the services currently offered at Orsett Hospital. Part of our work has been to explore whether we can expand our coverage of certain services by delivering them in more than one location.

There is a commitment by all that no clinical services would be relocated until all arrangements have been agreed.

This principle has been agreed as part of a Memorandum of Understanding signed by all the health partners currently providing services from Orsett Hospital and Thurrock Council.

For example, in Thurrock some of the services would be spread across each of the Integrated Medical Centres.

Not all services are needed in every Integrated Medical Centre and all planning is done based on assessments of health needs in each locality.

Specific services

Detailed plans for specific services are yet to be finalised, but we are keen to gather your views on the services that are currently at Orsett Hospital. Particular patient groups we would like to hear from include:

Renal Services (for people with kidney problems)

Renal dialysis is provided both at Basildon and Orsett Hospitals. We want to hear from renal patients on what is important to them about where the service is delivered.

Musculoskeletal (MSK) Service Hub (for people with issues relating to bones, joints, muscles, ligaments and other soft tissues).

This service includes trauma and orthopaedics, pain management, rheumatology and physiotherapy. Access to this service could be offered by community providers or in Thurrock via Integrated Medical Centres.

Ophthalmology (eye care)

Southend University Hospital (SUH), which runs the ophthalmology service from Orsett Hospital, wants to keep the service in Thurrock. We would like to hear from patients on what is important to them about where this could be provided.

Minor Injuries Unit

Minor Injuries Units deal with non-complicated fractures, cuts, sprains, minor burns, bangs to the head etc.

There are now opportunities to see a GP or nurse out of hours, and better community facilities. Many of the people who access the Minor Injuries Unit are coming for wound care, which can be managed in other local settings.

We are still discussing how and where Minor Injuries Units or an Urgent Care Centre could be delivered. We want to know what you would find most useful for minor injuries or local urgent care facilities.

How to have your say

The proposed transfer of services from Orsett Hospital is part of a wider plan for health and care services across mid and south Essex.

To see more information on the full range of proposals, please visit the consultation website at www.nhsmidandsouthessex.co.uk

The website contains full details on how to have your say and dates of discussion events that are taking place in January to March 2018.

To send your views online, please go to our feedback survey at the link below: <https://www.surveymoz.com/s3/90059489/NHS-Mid-and-South-Essex-STP>

If you do not have access to the Internet, please contact the consultation team at the address below for details of the discussion events and a copy of the feedback questionnaire.

To contact the consultation team:

Mid and South Essex
Sustainability and Transformation Partnership (STP)

Phone: 01245 398118

Email: meccg.stpconsultation@nhs.net

Address: STP Consultation Team, Wren House, Colchester Road, Chelmsford, Essex CM2 5PF

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18 January 2018		ITEM: 7
Health and Wellbeing Overview and Scrutiny Committee		
Essex, Southend and Thurrock Joint Health Scrutiny Committee on the Sustainability and Transformation Programme for Mid and South Essex		
Wards and communities affected: N/A		Key Decision: Non Key
Report of: Roger Harris, Corporate Director of Adults, Housing and Health		
Accountable Assistant Director: N/A		
Accountable Director: N/A		
This report is Public		

Executive Summary

Further to the September meeting of the Thurrock Health and Well-being Overview and Scrutiny Committee (HOSC) the Mid and South Essex Sustainability and Transformation Programme (STP) have now formally issued their consultation document on the acute hospital re-configuration proposals. As this is a cross boundary consultation the regulations are clear - in such circumstances a Joint HOSC needs to be established. Thurrock HOSC, therefore, is asked to consider the attached terms of reference for the Joint HOSC with Essex and Southend and agree to the appointment of four members to represent Thurrock HOSC. This has been discussed and supported at the Governance Group of the three Group Leaders.

1. Recommendations :

HOSC is asked to:

- 1.1 **Comment on the proposed terms of reference for the Joint HOSC with Essex and Southend.**
- 1.2 **Agree to appoint four members to represent Thurrock HOSC at the joint committee meetings.**
- 1.3 **Not delegate its power of referral to the Secretary of State to the joint HOSC.**

2. Introduction and Background

- 2.1 The Mid and South Essex STP has now formally issued their consultation document on the proposed reconfiguration of the three acute hospitals in Mid and South Essex. This consultation also includes the proposals for the future of the services currently on the Orsett Hospital site. The consultation is being led by the five Clinical Commissioning Groups in Mid and South Essex and concludes on the 9 March 2018. The proposals are summarised under a further agenda item for tonight's meeting.
- 2.2 The purpose of the Joint Committee would be to scrutinise the implementation of the Mid and South Essex Sustainability and Transformation Plan and how it would meet the needs of the local population in Essex, Southend and Thurrock.
- 2.3 The Department of health guidance on Joint Scrutiny Committees is clear - June 2014 regulations: 3.1.7:

“Regulation 30 also requires local authorities to appoint joint committees where a relevant NHS body or health service provider consults more than one local authority’s health scrutiny function about substantial reconfiguration proposals (referred to below as a mandatory joint health scrutiny committee). In such circumstances, Regulation 30 sets out the following requirements:

- Only the joint committee may respond to the consultation (i.e. rather than each individual local authority responding separately).*
- Only the joint committee may exercise the power to require the provision of information by the relevant NHS body or health service provider about the proposal.*
- Only the joint committee may exercise the power to require members or employees of the relevant NHS body or health service provider to attend before it to answers questions in connection with the consultation.”*

3.1.18 further goes on to say *“These restrictions do not apply to referrals to the Secretary of State. Local Authorities may choose to delegate their power of referral to the mandatory joint committee but they need not do so”.*

- 2.4 It is clear from the above that the establishment of the joint committee is a requirement but the power of referral is discretionary. Therefore, it is now recommended that we do join but do not delegate our power of referral. The Joint Committee would consist of Members from all three authorities and consideration would need to be given to the political proportionality of those Members.
- 2.5 Southend Council and Essex County Council have already agreed to support the setting up of a Joint Committee and had one informal meeting on the 18 December 2017 with a second preparation meeting scheduled for the 22 January 2018. It is being proposed by Southend Council to hold the first formal meeting on the 26 February 2018.

- 2.6 The Lead Authority would bear staffing costs of arranging, supporting and hosting the meetings of the Joint Committee but other costs, such as obtaining expert advice, would be apportioned between the three local authorities.

3. Issues, Options and Analysis of Options

- 3.1 There were concerns expressed at the September HOSC meeting that this was creating another layer of bureaucracy and potentially taking power and authority away from the Thurrock Scrutiny process.
- 3.2 As stated above, however, this is not discretionary. To mitigate against the concerns about a loss of local autonomy it is proposed that we do not delegate our power of referral and that the Thurrock HOSC continues to meet and consider the proposals. This would give a better opportunity to inform the Thurrock representatives at the Joint meeting and give them confidence they were representing the wider views of the Thurrock scrutiny process.
- 3.3 The joint committee does have the benefit of potentially a stronger collective voice from the three local authorities in particular on those areas where Thurrock has continually expressed its reservations about the STP process – too much focus on acute hospitals, a lack of focus on out of hospital care, a lack of strategy around primary care and no clear assessment on the impact these proposals will have on adult social care in particular.

4. Reasons for Recommendation

- 4.1 To ensure that Thurrock plays a full and active part in the mandatory joint committee but also reserves its right over any potential referrals to the Secretary of State.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 N/A

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 N/A

7. Implications

7.1 Financial

Implications verified by: **Carl Tomlinson**
Finance Manager

None at this stage as the report is largely for noting. Any costs arising from the establishment of the Joint HOSC would have to be contained from within existing resources.

7.2 Legal

Implications verified by: **David Lawson**
Assistant Director of Law & Governance

At this stage the report is asking the committee to comment on a set of proposed terms of reference for the Joint HOSC. The body of the report addresses the relevance of Regulation 30 to participation in a Joint HOSC.

It should also be noted that under the Authority's Constitution the following functions has been determined by Council to the Health and Wellbeing Overview and Scrutiny Committee: Terms of Reference Para 4: "Work in partnership and act as a member of regional, sub-regional and local health scrutiny networks".

Finally the Scrutiny Procedure Rules at Paragraph 6.9 confirm that: "Where the Committee (including any Joint Health Overview and Scrutiny Committee to which the Committee has appointed one or more Members) has been consulted by a local NHS body on any proposal for a substantial variation or development in local NHS services, and the Committee (having considered the evidence) is not satisfied that consultation has been adequate, or considers that the proposal would not be in the interests of the health service in the area, then it may report in writing to the Secretary of State, under section 244, NHS Act 2006."

7.3 Diversity and Equality

Implications verified by: **Natalie Warren**
Community Development and Equalities Manager

None at this stage as the report is largely for noting.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

N/A

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

See below.

9. Appendices to the report

Appendix 1 – Draft Terms of Reference

Report Author:

Roger Harris

Corporate Director of Adults, Housing and Health

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WORKING DRAFT

**ESSEX, SOUTHEND AND THURROCK JOINT HEALTH SCRUTINY COMMITTEE ON
THE SUSTAINABILITY & TRANSFORMATION PARTNERSHIP / SUCCESS REGIME
FOR MID AND SOUTH ESSEX**

Revised DRAFT TERMS OF REFERENCE

1.	Legislative basis
1.1	The National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Localism Act 2011 sets out the regulation-making powers of the Secretary of State in relation to health scrutiny. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 which came into force on 1st April 2013.
1.2	Regulation 30 (1) states two or more local authorities may appoint a joint scrutiny committee and arrange for relevant health scrutiny functions in relation to any or all of those authorities to be exercisable by the joint committee, subject to such terms and conditions as the authorities may consider appropriate.
1.3	Where an NHS body consults more than one local authority on a proposal for a substantial development of the health service or a substantial variation in the provision of such a service, those authorities are required to appoint a joint committee for the purposes of the consultation. Only that Joint Committee may: <ul style="list-style-type: none"> • make comments on the proposal to the NHS body; • require the provision of information about the proposal; • require an officer of the NHS body to attend before it to answer questions in connection with the proposal.
1.4	This Joint Committee has been established on a task and finish basis, by Essex Health Overview Policy and Scrutiny Committee (County Council), Southend-on-Sea People Scrutiny Committee (Unitary Council) and Thurrock Health & Wellbeing Overview and Scrutiny Committee (Unitary Council).
2.	Purpose
2.1	The purpose of the Joint Committee is to scrutinise the Mid and South Essex Sustainability & Transformation Partnership (STP) and Success Regime (SR) and how any service changes and proposals arising from them meet the needs of the local populations in Essex, Southend & Thurrock, focussing on those matters which may impact upon services provided to patients in those areas.
2.2	The Joint Committee will also act as the mandatory Joint Committee in the event that an NHS body is required to consult on a substantial variation or development in service affecting patients in the 3 local authority areas as a result of the STP and SR.
2.3	In receiving formal consultation on a substantial variation or development in service, the Joint Committee will consider:- <ul style="list-style-type: none"> • the extent to which the proposals are in the interests of the health service in

	<p>Essex, Southend and Thurrock;</p> <ul style="list-style-type: none"> the impact of the proposals on patient and carer experience and outcomes and on their health and well-being; the quality of the clinical evidence underlying the proposals; the extent to which the proposals are financially sustainable. <p>and will make a response to relevant NHS body and other appropriate agencies on the proposals, taking into account the date by which the proposal is to be ratified.</p>
2.4	The Joint Committee will consider and comment on the extent to which patients, the public and other key stakeholders have been involved in the development of the proposals and the extent to which their views have been taken into account as well as the adequacy of public and stakeholder engagement in any formal consultation process.
2.5	Notwithstanding any of the above, the relevant parent bodies may still exercise an overview role in relation to STP's, engaging in governance issues / strategic oversight and coordination across the STP footprints.
3.	Membership/chairing
3.1	The Joint Committee will consist of 4 members representing Essex, 4 members representing Southend and 4 members representing Thurrock, as nominated by the respective health scrutiny committees.
3.2	Each authority may nominate up to 2 substitute members.
3.3	The proportionality requirement will not apply to the Joint Committee, provided that each authority participating in the Joint Committee agrees to waive that requirement, in accordance with legal requirements and their own constitutional arrangements.
3.4	Individual authorities will decide whether or not to apply political proportionality to their own member nominations.
3.5	The Joint Committee members will elect a Chairman and 2 Vice-Chairmen at its first meeting, one from each authority, so that each authority is represented.
3.6	The Joint Committee will be asked to agree its Terms of Reference at its first meeting.
3.7	Each member of the Joint Committee will have one vote.
4.	Co-option
4.1	By a simple majority vote, the Joint Committee may at any time agree to co-opt representatives of organisations with an interest or expertise in the issue being scrutinised as non-voting members, but with all other member rights. This may be for a specific subject area or specified duration.
4.2	Any organisation with a co-opted member will be entitled to nominate a substitute member.

5.	Supporting the Joint Committee
5.1	The lead authority will be decided by negotiation with the participating authorities. The lead authority may be changed at any time with the consent of Essex, Southend and Thurrock.
5.2	<p>The lead authority will act as secretary to the Joint Committee. This will include:</p> <ul style="list-style-type: none"> • appointing a lead officer to advise and liaise with the Chairman and Joint Committee members, ensure attendance of witnesses, liaise with the consulting NHS body and other agencies, and produce reports for submission to the health bodies concerned; • providing administrative support; • organising and minuting meetings.
5.3	The lead authority's Constitution will apply in any relevant matter not covered in these terms of reference.
5.4	The lead authority will bear the staffing costs of arranging, supporting and hosting the meetings of the Joint Committee. Other costs will be apportioned between the authorities. If the Joint Committee agrees any action which involves significant additional costs, such as obtaining expert advice or legal action, the expenditure will be apportioned between participating authorities. Such expenditure, and the apportionment thereof, would be agreed with the participating authorities before it was incurred.
5.5	The non-lead authorities will appoint a link officer to liaise with the lead officer and provide support to the members of the Joint Committee.
5.6	Meetings shall be held at venues, dates and times agreed between the participating authorities.
6.	Powers
6.1	<p>In carrying out its function the Joint Committee may:</p> <ul style="list-style-type: none"> • require officers of appropriate local NHS bodies to attend and answer questions; • require appropriate local NHS bodies to provide information about the proposals and to facilitate any site visits requested by the Joint Committee; • obtain and consider information and evidence from other sources, such as local Healthwatch organisations, patient groups, members of the public, expert advisers, local authorities and other agencies. This could include, for example, inviting witnesses to attend a Joint Committee meeting; inviting written evidence; site visits; delegating committee members to attend meetings, or meet with interested parties and report back. • make a report and recommendations to the appropriate NHS bodies and other bodies that it determines, including the local authorities which have appointed the joint committee. • consider the NHS bodies' response to its recommendations;

6.2	<p>In the event the Joint Committee is formally consulted upon a substantial variation or development in service as a result of the implementation of the STP, and considers:-</p> <ul style="list-style-type: none"> ➤ it is not satisfied that consultation with the Joint Committee has been adequate in relation to content, method or time allowed; ➤ it is not satisfied that consultation with public, patients and stakeholders has been adequate in relation to content, method or time allowed; ➤ that the proposal would not be in the interests of the health service in its area <p>the Joint Committee will consider the need for further negotiation and discussions with the NHS bodies and any appropriate arbitration.</p>
6.3	<p>If the Joint Committee then remains dissatisfied on the above 3 points it may make comments to Essex, Southend and Thurrock Councils. Each Council will then consider individually whether or not they wish to refer this matter to the Secretary of State or take any further action.</p>
6.4	<p>The power of referral to the Secretary of State is a matter which will not be delegated to the Joint Committee.</p>
6.5	<p>Each participating local authority will advise the other participating authorities if it is their intention to refer and the date by which it is proposed to do so.</p>
7.	Public involvement
7.1	<p>The Joint Committee will usually meet in public, and papers will be available at least 5 working days in advance of meetings</p>
7.2	<p>The participating authorities will arrange for papers relating to the work of the Joint Committee to be published on their websites, or make links to the papers published on the lead authority's website as appropriate.</p>
7.3	<p>A press release may be circulated to local media at the start of the process and at other times during the scrutiny process at the discretion and direction of the Chairman and the 2 Vice Chairmen.</p>
7.4	<p>Patient and voluntary organisations and individuals will be positively encouraged to submit evidence and to attend.</p>
7.5	<p>Members of the public attending meetings may be invited to speak at the discretion of the Chairman.</p>
8.	Press strategy
8.1	<p>The lead authority will be responsible for issuing press releases on behalf of the Joint Committee and dealing with press enquiries, unless agree otherwise by the Committee.</p>
8.2	<p>Press releases made on behalf of the Joint Committee will be agreed by the Chairman and Vice-Chairmen of the Joint Committee.</p>
8.3	<p>Press releases will be circulated to the link officers.</p>

8.4	These arrangements do not preclude participating local authorities from issuing individual statements to the media provided that it is made clear that these are not made on behalf of the Joint Committee.
9.	Report and recommendations
9.1	The lead authority will prepare a draft report on the deliberations of the Joint Committee, including comments and recommendations agreed by the Committee. Such report(s) will include whether recommendations are based on a majority decision of the Committee or are unanimous. Draft report(s) will be submitted to the representatives of participating authorities for comment.
9.2	Final versions of report(s) will be agreed by the Joint Committee Chairman and two Vice Chairmen.
9.3.	In reaching its conclusions and recommendations, the Joint Committee should aim to achieve consensus. If consensus cannot be achieved, minority reports may be attached as an appendix to the main report. The minority report/s shall be drafted by the appropriate member(s) or authority (ies) concerned.
9.4	Report(s) will include an explanation of the matter reviewed or scrutinised, a summary of the evidence considered, a list of the participants involved in the review or scrutiny; and an explanation of any recommendations on the matter reviewed or scrutinised.
9.5	In addition, in the event the Joint Committee is formally consulted on a substantial variation or development in service; if the Joint Committee makes recommendations to the NHS body and the NHS body disagrees with these recommendations, such steps will be taken as are “reasonably practicable” to try to reach agreement in relation to the subject of the recommendation.
9.6	The Joint Committee itself does not have the power to refer the matter to the Secretary of State.
10.	Quorum for meetings
10.1	The quorum will be a minimum of 6 members, with at least 2 from each of the participating authorities. This will include either the Chairman or one of the Vice Chairmen. Best endeavours will be made in arranging meeting dates to maximise the numbers able to attend from the participating authorities.

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**Health Overview & Scrutiny Committee
Work Programme
2017/18**

Dates of Meetings: 3 July 2017, 7 September 2017, 16 November 2017, 18 January 2018 and 22 March 2018

Topic	Lead Officer	Requested by Officer/Member
3 July 2017		
The Procurement of an Integrated Sexual Health Service for 2018-2023	Andrea Clement / Sareena Gill	Officer
Podiatry Services in Thurrock	Mark Tebbs	Cllr S Little
Update on Mid and South Essex Success Regime / Sustainability and Transformation Partnership (STP)	Wendy Smith	Members
Southend, Essex and Thurrock Dementia Strategy 2017 - 2021	Catherine Wilson	Officers
Integrated Medical Centre Delivery Plan – Phase 1	Rebecca Ellsmore	Officers
HealthWatch	Kim James	Officers
7 September 2017		
Primary Care Update	Rahul Chaudhari - CCG	Officers
Joint Committee Across STP Footprint – Implications for Scrutiny Committee – Briefing Note	Mandy Ansell	Officers
Carers Information, Support and Advice Service	Catherine Wilson	Officers
Long Term Conditions Profile Card Update	Monica Scrobotovici	Officers

Last Updated: August 2017

2016/17 Adult Annual Complaints and Representations Report	Tina Martin	Officers
Essex, Southend and Thurrock Joint Health Scrutiny Committee on the Sustainability and Transformation Plan/ Success Regime for Mid and South Essex	Roger Harris	Officers
HealthWatch	Kim James	Officers
16 November 2017		
Fees & Charges Pricing Strategy 2018/19 (Adults) / Non-Residential Charging Options	Carl Tomlinson / Ian Kennard	Officers
Basildon Hospital – Update on number of complaints	Clare Culpin, Basildon Hospital	Members
Developing a new model of residential care for older people in Thurrock, fit for the 21st Century	Roger Harris	Members
Cancer – 62 Days Wait Standard	Clare Culpin, Basildon Hospital	Officers
Model of Care – Tilbury & Chadwell	Ian Wake	Officers
Update on Mid and South Essex STP	Andy Vowles, Programme Director, Mid and South Essex Success Regime	Officers
HealthWatch	Kim James	Officers
18 January 2018		
Mid and South Essex Sustainability and Transformation Partnership (STP) (Presentation and Q&A)	Andy Vowles, Programme Director for Health Care	Officers
Essex, Southend and Thurrock Joint Health Scrutiny Committee on the Sustainability and Transformation Programme for Mid and South Essex	Roger Harris	Officers

HealthWatch	Kim James	Officers
22 March 2018		
Cancer Deep Dive Update	Funmi Worrell (Public Health)	Members
Thurrock First	Tania Sitch	Members
Business Case for Tilbury Integrated Medical Centre / Tilbury Accountable Care Partnership	Roger Harris / Ian Wake	Officers
Living Well in Thurrock	Ceri Armstrong	Members
General Practitioner 5 Year Forward Review	Mandy Ansell, CCG	Officers
Update – Action Plan for Dementia	Catherine Wilson / Mark Tebbs	Members
Mental Health Services, Personality Disorders	Roger Harris	Members
HealthWatch	Kim James	Officers

Future reports for 2018/19

- Formal consultation on Orsett Hospital
- Learning Disability Health Check
- Basildon Hospital

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