

Thurrock: An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future

Joint Health Overview and Scrutiny Committee, Mid and South Essex Sustainability and Transformation Partnership (STP)

The meeting will be held at **7.30 pm** on **30 August 2018**

Thurrock Council Chamber, Civic Offices, New Road, Grays, Essex, RM17 6SL

Essex County Council

Councillors Beverley Egan (Vice Chair), June Lumley, Dr Richard Moore, Stephen Robinson

Substitute Members: Councillors Jenny Chandler, Jill Reeves, Patricia Reid

Officer Support - Graham Hughes

Southend on Sea Borough Council

Councillors Bernard Arscott (Chair), Cheryl Nevin, Margaret Borton, Stephen Habermel

Substitute Members: Councillors Judith McMahon, Carole Mulroney, Georgina Phillips

Officer Support - Fiona Abbott, Nick Faint

Thurrock Council

Councillors Victoria Holloway (Vice Chair), Tony Fish, Elizabeth Rigby

Substitute Members: None

Officer Support - Roger Harris, Jenny Shade

Agenda

Open to Public and Press

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4 Statements from Members of the Public

Members of the public attending the meeting and who wish to make a statement at the meeting must notify the clerk of their intention by close of business on the working day prior to the meeting (contact details above), and should provide their name and contact information. Each person speaking shall be limited to a maximum of 3 minutes. If speaking on behalf of a group / body, a spokesperson must be appointed. The period for statements from members of the public at the meeting will be at the Chairman's discretion and normally will not exceed 15 minutes in total. No response will be provided at the meeting.

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Queries regarding this Agenda or notification of apologies:

Please contact Fiona Abbott, committeessection@southend.gov.uk by sending an email to

Agenda published on: **16 August 2018**

Public Document Pack

SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of Joint Health Overview and Scrutiny Committee - Mid and South Essex Sustainability and Transformation Partnership

Date: Wednesday, 6th June, 2018
Place: Council Chamber - Civic Suite,
Victoria Avenue, Southend-on-Sea

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Present: Southend-on-Sea Borough Council – Councillors B Arscott, S Habermel, C Nevin and M Borton
Essex County Council – County Councillors B Egan and J Lumley
Thurrock Council – Councillors V Holloway and T Fish

In Attendance: Councillors M Terry and C Willis – Southend-on-Sea Borough Council
F Abbott, N Faint, G Hughes, T Hartley and Roger Harris

Start/End Time: 7.30 - 8.55 pm

1 Membership of Joint Scrutiny Committee

The Scrutiny Officer advised that following the recent local elections and changes to Committees, the membership for the Joint Scrutiny Committee is as follows:-

Representing Southend-on-Sea Borough Council – Councillors B Arscott, S Habermel, C Nevin and M Borton

Representing Essex County Council - County Councillors B Egan, J Lumley, Dr R Moore and S Robinson

Representing Thurrock Council – Councillors V Holloway and T Fish.

2 Apologies for absence & substitutions

Apologies for absence were received from County Councillor Dr R Moore (Essex County Council) and County Councillor S Robinson (Essex County Council).

3 Declarations of Interest

The following interests were made:-

- (a) Councillor Nevin – non-pecuniary – 2 children work at MEHT; step sister works at Basildon Hospital; previous association at Southend and MEHT Hospitals; NHS employee in Trust outside area;
- (b) Councillor Habermel - non-pecuniary – brother is a paramedic with London Ambulance Service; sister is a nurse and works at Southend Hospital; nephew is a physiotherapist at Southend;
- (c) Councillor Borton - non-pecuniary – daughter is a nurse at Rochford Hospital;

- (d) County Councillor Egan - non-pecuniary – ECC nominated governor – Castle Point & Rochford CCG; cousin works at Basildon Hospital.

4 Appointment of Chairman and Vice Chairman

Resolved:-

1. That Councillor Arscott be appointed as Chairman of the Joint Scrutiny Committee.

COUNCILLOR ARSCOTT IN THE CHAIR

2. That County Councillor Egan and Councillor Holloway be appointed as the two Vice Chairmen of the Joint Scrutiny Committee.

5 Minutes of the meeting held on Tuesday, 13th March, 2018

Resolved:-

That the Minutes of the meeting held on Tuesday, 13th March 2018, be confirmed and signed as a correct record.

6 Terms of Reference of the Joint Committee

The Terms of Reference for the Joint Scrutiny Committee had been approved at the meeting held on 20th February 2018 and were presented to the meeting for information.

The purpose of the Joint Scrutiny Committee was to respond to the consultation document on acute reconfiguration in Mid and South Essex and to monitor and scrutinise the work of the STP.

Resolved:-

That the Terms of Reference of the Joint Scrutiny Committee be noted.

7 Statements from members of the public

There were no statements from members of the public.

8 Public consultation 'Your Care in the Best Place'

At the meeting on 13th March 2018, the Joint Scrutiny Committee had agreed the way forward for submitting the response to the Mid and South Essex Sustainability & Transformation Partnership (STP) public consultation 'Your Care in the Best Place'. The Joint Scrutiny Committee had submitted its formal response on 22nd March 2018 and a response from Dr Donley OBE, Independent Chair was received on 19th April 2018.

Resolved:-

That the Joint Scrutiny Committee formal response to the consultation and the response from the STP be noted.

9 Mid and South Essex STP - outcome report

The Joint Scrutiny Committee had before it the independent analysis of consultation feedback which had been published on 22nd May 2018.

On behalf of the Committee, the Chairman welcomed the following representatives from the Mid and South Essex Sustainability and Transformation Partnership (STP) to the meeting:-

- Jo Cripps – Programme Director, STP
- Claire Hankey – Director of Communications and Engagement, STP
- Tom Abell – Deputy Chief Executive of the 3 hospitals in Mid and South Essex
- Dr Ronan Fenton – STP Medical Director

The representatives gave a presentation which provided the following information:

- developments from the last meeting in March 2018
- overview of public consultation
- outline of consultation responses - the key findings were that the 5 principles consulted upon were broadly supported, however there was some local variation - less general agreement with the proposals from residents within the Southend CCG area and less agreement from Thurrock residents on proposals to close Orsett Hospital once services had been transferred to centres closer to people's homes
- a short video providing a snap shot of information from focus groups
- preparing for decision-making by CCG Joint Committee at meeting in public on 6th July
- updates on family and carer transport, East of England Clinical Senate, which will feed into decision-making business case and Partnership Board.

The Committee asked the representatives of the STP a number of questions arising from the presentation and covering the following issues, as follows and which were responded to by the STP:-

Consultation - disappointed about the response rate from the consultation / survey and queried the weighting being given to responses. The STP confirmed that all evidence and respondents were given equal weighting. Some Members suggested that particular account should be taken from evidence submitted by certain respondents such as local authorities and patient groups.

The number of health staff responses was low but was thought partly attributable to be because most staff were not being directly impacted by the changes and so did not feel they needed to respond. The STP stressed that there had been formal staff side meetings and promotional material widely available.

The STP representatives stressed that the impact of proposals on inequalities and specifically health inequalities would be a key consideration.

Acute reconfiguration – the Clinical Senate had visited the Basildon site recently with their report expected later in June. The Senate have requested more detail on emergency surgical processes (especially those at Basildon) and encouraged even greater separation of elective and non-emergency processes.

Primary care strategy – there were significant work force challenges which would need to be addressed in the development of a Primary Care Strategy. The Joint Scrutiny Committee looks forward to discussing the STP wide strategy as this will be key. The individual HOSCs will consider the local implementation plans at their meeting in July and September.

The STP indicated that they were not anticipating fundamental change to local primary services but rather to further develop existing local services.

Prevention – some Members queried that, despite greater emphasis on preventative care, they doubted that members of the public knew enough about this or had access to the necessary information to effectively practice it. It was highlighted that this was a key part of community and primary care and the JHOSC had not really been able to engage in comprehensive discussions with the STP on plans for those sectors yet. Some members questioned whether many decisions could be made without a primary care strategy in place.

Transport and accessibility of services – the STP had committed during the public consultation to commission some external travel planning work and engagement events with interested partners. The work was commissioned based on four key considerations:

- improved accessibility between sites and for those in urban areas
- Improved access for those in smaller areas through a volunteer driver scheme and working with community transport providers
- improving use of public transport through providing better and more accessible information
- developing a common approach to staff transport across the three hospitals.

The STP were continually monitoring and ‘sense-checking’ the likely numbers needing clinical transfers and still thought it would be around 15 a day. The STP had checked with and sought advice in setting up clinical transfers from other areas operating clinical transfer models (e.g. Cumbria).

Members sought further clarification on possible core shuttle bus routes, frequency, connecting with other services and working with existing public transport providers.

The STP had engaged with community transport providers in small focus groups but acknowledged that it had yet to arrange a larger forum with them all present.

The detailed proposals for non-emergency transport solution (for patients, families and carers) and clinical transfers will be part of decision-making business case. A full travel plan analysis would be published alongside the

Business Case. The Joint Scrutiny Committee asked to see detail of the developing plans.

Shortages in workforce to deliver a sustainable service – there are key workforce gaps across the 3 acute hospitals and the STP representatives outlined the work being undertaken. Challenge is provided through the Clinical Senate process. Some Members sought further clarification on how future staff rotas and e-rostering could be integrated into the broader plans.

Mental health – Members highlighted that mental health patient transfers had not been included in the review. The STP confirmed that they were working with mental health providers to improve response times for those presenting at A&E with mental health issues.

Financial constraints – the STP said that successful delivery of the proposals contained within the consultation would secure a more financially sustainable NHS and also that the STP has been successful in being earmarked to receive £118m of capital funding to support improvements to hospital premises and equipment.

Resolved:-

That the STP be thanked for the presentation and update on the consultation and next steps.

10 Next steps and future meeting dates

Resolved:-

That the next formal meeting of the Joint Scrutiny Committee be held at Thurrock Council offices, Grays and will take place after the CCG Joint Committee meeting, which is scheduled to take place on Friday 6th July 2018.

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Joint Health Overview & Scrutiny Committee - Mid and South Essex STP

on 30th August 2018

Relationships / roles between JHOSC and local scrutiny committees

A Part 1 Agenda Item

1. Purpose of Report

This report:-

- (ii) Sets out the framework for the working relationship between, and distinguishing role of, the Joint Health Overview and Scrutiny Committee established by Essex County Council, Southend-on-Sea Borough Council and Thurrock Council (JHOSC) and the health scrutiny committees at each of those three local authorities (the local HOSCs).
- (iii) Recognises the important role of the JHOSC and the local HOSCs and that there is potential overlap of work between them. It seeks to define a different role for the JHOSC compared to the local HOSCs.
- (iv) Acknowledges that the NHS and especially the STP would appreciate clarity about the different roles to avoid duplication of work and attendance at meetings.
- (v) Aims to ensure that the JHOSC and the local HOSCs focus as much as is possible on their respective core role to assist other health organisations and the community to understand the distinct roles.
- (vi) Recognises that the JHOSC and the local HOSCs are all united in a common vision to ensure better health and wellbeing outcomes for the citizens of Essex and ensuring that citizens, patients, service users, carers and staff views are heard when health service changes are being considered, developed and implemented.

2. Background

- 2.1 The Terms of Reference for the JHOSC were approved at the meeting on 20th February 2018 and noted at the meeting on 6th June 2018. Members of JHOSC were asked to note that the power of Referral to Secretary of State had not been delegated to the JHOSC.
- 2.2 The purpose of the Joint Health Overview & Scrutiny Committee (JHOSC) is to review proposals, development and implementation of service changes arising

from the Mid and South Essex Sustainability and Transformation Partnership (STP) that have cross border application and/or impact.

- 2.3 The Joint Committee will also act as the mandatory Joint Committee when the STP is required to consult on a substantial variation or development in service affecting patients in the three local authority areas. This document acknowledges that such consultations may happen on more than one occasion during the current 5 year planning cycle of the STP. In addition the JHOSC has agreed to have an on-going role in monitoring the STP including any implementation of the current or any subsequent proposals.
- 2.4 It has been agreed by Members of the JHOSC that joint scrutiny will continue whilst the STP continues. The JHOSC is, therefore, not just for the purposes of the statutory public consultation on acute reconfiguration – ‘Your Care in the Best Place’.
- 2.5 Members will be aware that the JHOSCs formal response to this public consultation was submitted on 22nd March 2018. The independent analysis of consultation feedback was published by the STP on 22nd May 2018. The full report can be found <http://www.nhsmidandsouthessex.co.uk/have-your-say/outcome-of-consultation/> The CCG Joint Committee met on 6th July 2018 and reached its final decisions – see also item elsewhere on agenda for today’s meeting.

3. Relationships/ roles between JHOSC and local scrutiny committees

- 3.1 Whilst there is an STP process covering the current area, the main focus of cross boundary discussions with the NHS will be via the JHOSC. It is proposed to establish some clear lines of responsibility for what is discussed at the local HOSCs meetings and what is discussed at the JHOSC.
- 3.2 Those matters that are overwhelmingly the responsibility of one Local Authority area should be discussed and led by the respective local HOSC. These matters may include (but are not exclusively):
 - The future of Orsett or any other community hospital.
 - The relocation or reconfiguration of local community services in a specific defined area that does not cross over administrative local authority boundaries and which are largely provided for the immediate local community.
 - The relocation or reconfiguration of local primary care services that does not cross over administrative local authority boundaries and which are largely provided for the immediate local community.
 - Any further local rationalisation of how services specifically just for the immediate local community are delivered at a hospital.
- 3.3 The local HOSC may also still exercise an overview role in relation to STP’s, engaging in governance issues / strategic oversight and coordination with and across neighbouring STP footprints.
- 3.4 Whereas those matters that cut across the whole STP footprint area (i.e. across Mid and South Essex) either/both in terms of location of services and/or patient

pathways should be discussed and led by the JHOSC (with referral to Local HOSCs as may be deemed appropriate). These matters may include (but are not exclusively):

- Future arrangements for specialist 'networked' services (e.g. cancer services, complex respiratory, stroke, urology, vascular services, complex kidney disease);
- Development of the model for Treat and Transfer clinical transfers that are applicable for the specialist networked services.
- Development of Family and Care Transport to facilitate the networking of specialist services.
- Overarching strategies (such as the Primary Care Strategy) although local implications may be reviewed by Local HOSCs.
- Ongoing and new public and stakeholder consultation and engagement on the above matters.
- The overall sustainability of the STP plans including finance.
- Finances, planning, regulatory and strategic considerations around the proposed merger of Basildon and Thurrock University Hospitals Foundation Trust, Mid Essex Hospitals Trust and Southend University Hospital Trust.
- Strategic issues raised by Local HOSC's when considering community healthcare, primary care strategy.

3.5 The terms of reference for the JHOSC state that *'it is anticipated that the Joint Committee will continue its deliberations and hold meetings during the consultation and implementation of STP plans. The Joint Committee will review its remit after three years and also at any time at the request of any of the participating authorities.'* It would be helpful for the JHOSC to undertake a review and evaluation of its work at the end of the 2018/19 municipal year.

4. Recommendations

4.1 In terms of the next steps for the JHOSC, it is proposed that:-

- (i) there are 3 substantive meetings scheduled by the end of the financial year and each meeting will have a main 'theme'.
- (ii) officers from each Local Authority approach their respective Directors of Public Health, or other appropriate senior officer, for their input into the process.
- (iii) some JHOSC Members meet separately with the local Healthwatches and report back to the JHOSC.
- (iv) the JHOSC undertake a review / evaluation of its work at the end of the 2018/19 municipal year i.e. after the cycle of meetings proposed in (i) above.

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CCGs in mid and south Essex agree proposals for hospital changes

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The five clinical commissioning groups (CCGs) in mid and south Essex have given the go ahead for plans to secure the future of health and care services.

The plans are a result of two years of detailed work undertaken by clinical teams across health and care organisations to improve the services provided to the 1.2 million people living in mid and south Essex, and follows the outcome of a 16 week public consultation.

The Joint Committee of the CCGs gave approval to implement proposals, which include:

- Making improvements in A&E at all three hospitals in Southend, Basildon and Chelmsford, with the development of new assessment and treatment centres alongside each A&E. All three A&Es will be led by a consultant, open 24 hours a day and will receive “blue light” ambulances, as well as “walk-in” patients.
- Developing a new specialist stroke unit at Basildon Hospital, which will provide the highest dependency and intensive care for people in the first 72 hours following a stroke. The specialist unit will give rapid access to tests and specialist therapies, 24 hours a day, which will improve the chances of a good recovery. This will be in addition to the local stroke care units at all three hospitals, which will continue to provide rehabilitation and other stroke-related care, as they do now. Patients suspected of having a stroke will go by ambulance initially to the nearest A&E for stabilisation and then transfer to the specialist stroke unit for up to three days, if that is what is needed. After that, patients would return home if they have made a good recovery, or go back to a facility closer to home for further rehabilitation.
- Bringing together in one place some specialist inpatient care where there is existing expertise and to allow for extended hours, with seven days a week consultant and specialist cover for these services.
- Separating some planned operations from emergency cases. Some complex orthopaedic operations, such as hip and knee replacements, that need a few days hospital stay will be provided at Southend Hospital for people in south Essex and Braintree Community Hospital for people in mid Essex. This will avoid cancelled operations and reduce infection risks by separating this type of care from emergency care.
- Moving some services closer to where people live. Services currently provided at Orsett Hospital, including tests and scans, will be provided in four new “integrated medical centres” in Thurrock and new facilities in Basildon and Brentwood. This will eventually lead to the closure of Orsett Hospital, but only when new services

are up and running. The Joint Committee agreed that a patient representative group should be involved in further more detailed planning.

These changes are alongside the plans launched last month to build up GP and community services with a £30 million increase in annual funding to extend the range of professionals and services available via GP practices. This will create more appointments and increase care closer to where people live.

The committee was asked to approve 19 recommendations, set out in a decision making business case.

In particular this included specific recommendations to address the main concerns raised during the public consultation, regarding the safe transfer of patients and support for carers and relatives to visit loved ones who may be at a different hospital.

The full decision-making business case can be found at <http://www.nhsmidandsouthessex.co.uk/decision-making-business-case/>

Professor Mike Bewick, independent chair of the CCG Joint Committee said:

“These decisions are an important next stage in the work we have been doing together to develop and build a health and care system fit for the future for the people of mid and south Essex.

“We have listened to the feedback we received during the public consultation and the very understandable concerns about whether the changes will improve care for patients.

“As we now start planning how to introduce these changes in a safe way, we have committed to continue to involve and update our community as we progress.”

Clare Panniker, chief executive of the three hospitals said:

“Basildon, Southend and Broomfield hospitals will all continue to provide the services our patients use the most. These include outpatient appointments, children’s services and day-case surgery.

“I also want to reassure our community, patients and staff that no services will change overnight. Robust plans, including those for transport, will need to be in place before any changes occur.

“We are pleased the joint committee has agreed these proposals to run our hospitals in a better way by working together and using our people and resources as effectively as possible for the greatest benefit to patients. “This process has been about ensuring safe and sustainable services for our community, and that continues to be our priority in the coming weeks and months as we work together to deliver the best possible care in all three of our hospitals.”

Caroline Russell, accountable officer for Mid Essex CCG and programme leader for local health and care said:

“The changes agreed today are substantially different from initial proposals two years ago, having taken on board the opinions and views of clinicians and local people throughout the planning process.

“The way that people will get access to emergency specialist care via their local A&E has benefited from public discussions; and plans for transport to help families to visit their relative in hospital are now much more detailed.

“We are all extremely grateful to the thousands of people who took part in the consultation and the relationships that have built up will continue to get these changes right for our local residents.”

Published 9th July 2018

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Joint Health Overview & Scrutiny Committee - Mid and South Essex STP
on 30th August 2018

Southend-on-Sea Borough Council Opposition Business
A Part 1 Agenda Item

1 Purpose of Report

- 1.1 To provide a report to Joint Health Overview & Scrutiny Committee (JHOSC) re Southend on Sea Borough (SBC) Full Council's Opposition Business considered at the meeting on 19 July 2018.

2 Recommendations

- 2.1 The JHOSC is asked to review the approved motion and note the request from SBC that JHOSC take full account of SBC's continued objections to the STP.
- 2.2 The JHOSC is asked to note that SBC's Full Council has requested SBC's People Scrutiny Committee to give due consideration to a referral to the Secretary of State, taking into account the SBC's continued objections to the STP, the progress made by the STP regarding SBC's objections (eg transport, primary care strategy) and any other relevant factors, which would include the JHOSC's position.

3 Background

- 3.1 During the process of Public Consultation re the STP, SBC actively encouraged residents of Southend to participate and provide views to the STP regarding the planned changes for health services across the Mid and South Essex footprint.
- 3.2 SBC formally responded to the public consultation (full report at **Appendix 1a and 1b, approved at 1c**). In summary, the report acknowledged the need for transformation within health services across the Mid and South Essex footprint and offered support for the STP proposals once the proposals had been sufficiently developed to address areas of particular concern for SBC.
- 3.3 The areas of concern expressed were; (1) stroke services; (2) investment in Localities; (3) transfers and transport; (4) consolidated discharge and repatriation; (5) capital investment; and (6) workforce.
- 3.4 On 6 July 2018 the CCG Joint Committee made decisions following recommendations made by the STP programme. These recommendations were

made following consideration of the public consultation, clinical senate reports and developed proposals for each of the recommendations. The decisions taken by the CCG Joint Committee, in full, are outlined in **Appendix 2**.

4 SBC Full Council's Opposition Motion

- 4.1 Following the CCG Joint Committee decision making process, SBC had a Full Council on 19 July 2018. Under item 29 of the Full Council Agenda, the Opposition proposed a motion for consideration regarding the latest developments in the Mid & South Essex STP and related healthcare matters. The Opposition Motion is at **Appendix 3**.
- 4.2 In summary, the Opposition Motion reiterated the concerns outlined in SBC's Full Council's response to the STP proposals (see **Appendix 1a and 1b**) and further expressed concern at the public consultation process and how it had reached only a small fraction of the population within the STP footprint.
- 4.3 A full debate was held following the Opposition outlining their motion in which a number of views were put forward. The full debate can be viewed at [this link](#).
- 4.4 In accordance with SBC Standing Order 12(a) a named vote was taken on the proposals and the motion was carried with full support.

5 Recommendations

- 5.1 The JHOSC is asked to review the approved motion and note the request from SBC that JHOSC take full account of SBC's continued objections to the STP.
- 5.2 The JHOSC is asked to note that SBC's Full Council has requested SBC's People Scrutiny Committee to give due consideration to a referral to the Secretary of State, taking into account the SBC's continued objections to the STP, the progress made by the STP regarding SBC's objections (eg transport, primary care strategy) and any other relevant factors, which would include the JHOSC's position.

It is understood that the SBC's People Scrutiny Committee will consider this matter at the meeting on 9th October 2018

6 Appendices

- 6.1 **Appendix 1a – SBC position re STP proposals referred direct from SBC Cabinet to People Scrutiny Committee**
- Appendix 1b – People Scrutiny Committee minute recommending slight change to SBC position**
- Appendix 1c – Full Council Minute accepting People Scrutiny recommendation**
- 6.2 **Appendix 2 – CCG Joint Committee decisions taken re STP proposals 6 July 2018**
- 6.3 **Appendix 3 – SBC Full Council, Agenda item 29 – Opposition Business**

Southend-on-Sea Borough Council

Report of Deputy Chief Executive (People)
to
Cabinet

On 29th January 2018

Report prepared by.
Nick Faint

Agenda Item No

Mid and South Essex Sustainability and Transformation Partnership

People Scrutiny Committee

Executive Councillor: Councillor Salter

A Part 1 Agenda Item

1 Purpose of Report

- 1 1 To update Cabinet regarding the formal consultation on the Mid and South Essex Sustainability and Transformation Partnership (STP). The consultation runs from 30th November 2017 – 9th March 2018

2 Recommendations

- 2.1 The Cabinet is asked to review the response it would wish to make on the proposals and consultation document and as outlined below in Section 4
- 2.2 Option B is recommended to Cabinet as the proposed response to the STP
- 2.3 That the final response be determined by the Deputy Chief Executive (People), in consultation with the Executive Councillor,
- 2.4 That the response be submitted during the first week of March 2018, prior to the 9th March consultation deadline, and
- 2.5 That Southend Council reserve their right to withdraw support for the STP following the completion of the formal public consultation process

3 Mid & South Essex Sustainability and Transformation Partnership (STP)

- 3 1 The STP footprint for Mid and South Essex includes 3 Local Authority areas - Southend Borough Council, Thurrock Council; and Essex County Council and also 5 Clinical Commissioning Groups (CCG), Southend CCG, Castle Point & Rochford CCG; Basildon & Brentwood CCG, Mid Essex CCG, and Thurrock CCG, 3 Acute Hospitals; Southend, Basildon, and Mid Essex (Broomfield) There are a number of key partners to the STP and these include the East of England Ambulance Service, the mental health and community health service

providers and the national organisations involved in the delivery of health and social care services.

- 3.2 The case for change is fully articulated in Appendix 1. The STP proposals identify the case to change in that,
- 3.2.1 **Changing need** There has been significant increase in people coming to hospital with urgent needs. Some aspects of modern life are creating problems for our health and social care system, poor diet and lack of exercise, for example, can lead to weight problems that cause serious illness such as diabetes, heart disease and strokes. People are living longer but are living with several different and often serious health and care needs. Dementia, for example, causes disability later in life
- 3.2.2 **Recruitment and retention.** There is a particular challenge in our STP to recruit and retain enough doctors, nurses, social workers and technical staff. Many of our staff are reaching retirement age. The issue is not necessarily funding, the NHS, within the STP, currently has about 2,500 funded vacancies. This is not only an STP problem as there are national shortages of GPs, nurses, social workers and specialists and our STP competes with London and Cambridge to attract people to our local area.
- 3.2.3 **Financial** To continue to deliver health services within the STP, without change, is not financially viable
- 3.2.4 **Improve services.** Due to the changing need, innovations in technology and our challenges with recruitment and retention there is a need to change and improve services.
- 3.3 The public consultation was formally launched on 30th November 2017 and runs to 9th March 2018. A copy of the consultation document is attached at **Appendix 1** and the document summarises the proposals for the reconfiguration of the hospital services within the STP footprint.
- 3.4 The specific proposals for hospital services are based on the following 5 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 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*
- 3 5 During the consultation there are a range of opportunities for people to send in their views on the proposals, in particular on the following 3 main areas:-
- *The overall plan for health and care in mid and south Essex*
 - *Proposals for hospital services in Southend, Chelmsford, Braintree and Basildon*
 - *Proposals to transfer services from Orsett Hospital to new centres in Thurrock, Basildon, Billericay and Brentwood*
- 3 6 The STP has invited individuals and organisations to submit comments on the proposals and, in view of the nature of the proposals it is entirely appropriate for Southend Council to respond. The Southend Health & Wellbeing Board will also consider the matter and has the opportunity to make representations separately.
- 3 7 A number of public engagement events have been arranged to date – there is one arranged in Southend on the evening of Thursday 8th February and will be held at the Cliffs Pavilion, Westcliff-on-Sea.
- 4 Options for consideration**
- 4.1 In general terms the planned investment for the acute hospitals within the STP proposals is welcomed. Specifically, the additional investment noted for Southend Hospital is supported by Southend Council.
- 4 2 It is noted that the STP provides an interim solution for the delivery of acute services in Southend. The formal position of Southend Council is that a new, modern and fit for purpose facility, providing acute services for Southend is required which meets the changing and developing needs of our residents.
- 4 3 We require for the STP to indicate what will happen as a result of receiving feedback, a clear indication on how feedback will be assessed and on what timescale.
- 4 4 **Option A** – That Southend Council Fully accepts and supports the proposals for the STP and as set out in Appendix 1.
- 4.5 **Option B** – That the acceptance and support from Southend Council for the STP proposals and as set out in Appendix 1 is subject to the satisfactory conclusion of the comments noted below;
- 4 5 1 The proposals for the reconfiguration of stroke services are noted. However the clinical evidence to support the rationale for the incorporation of the Hyper Acute Stroke Unit (HASU) at Basildon Hospital is unclear and poorly documented in the consultation document. It is proposed that further detail is sought and provided by the STP to help Southend Council understand why the incorporation of the HASU is not based around Southend Hospital given the

strong track record Southend has in delivering stroke services. Until we have agreed the rationale and evidence we cannot support the STP proposals;

- 4.5.2 It is clear from the STP proposals that much of the acute reconfiguration is subject to an investment in Localities. The proposals are weak in this regard. It is noted that the STP has recently offered engagement with Southend to further develop the model and proposals for Localities, an offer that has been accepted. Concern, however, still remains regarding the viability of the acute reconfiguration should Localities not receive the appropriate investment from both a revenue and capital perspective. It is recommended that the STP formally notes that an agreement in principle between Southend Council and Southend CCG has been reached in that Southend Council will financially support the development of St Luke's and Shoebury's Health Centres. The agreement in principle is based on the development of a commercial agreement between Southend Council and Southend CCG,
- 4.5.3 The STP proposals with regard to transport and transfers are unclear and poorly defined. There is a clear commitment within the proposals to ensure that the impact on patients required to transfer between hospitals as a result of the acute reconfiguration is minimised. It is recommended that Southend Council cannot support the STP proposals until further work which identifies a detailed proposal re transport and transfers is published and consulted on;
- 4.5.4 The STP proposals are unclear with regard to how a consolidated discharge and repatriation process might work. There would be significant concern for Southend Adult Social Care depending on the detail of this proposal. There might be a potential impact on the structure of social care staff, where they are located and their role. There may also be an additional need for Southend Council to form a 'trusted assessor' type framework with both Essex County Council and Thurrock Council and vice versa. The impact on our provider partners is also not fully understood. It is recommended that further detail is provided by the STP so that a greater understanding can be gained re the volume of activity so that an analysis of impact can be conducted, and
- 4.5.5 The STP proposals identify capital investment for the acute hospitals. The total of £41m allocated for Southend Hospital is welcomed. It is recommended that Southend Council request a more detailed investment plan for Southend Hospital from the STP.
- 4.6 **Option C** – That Southend Council remain neutral and non-committal re the proposals for the STP and as set out in Appendix 1.
- 4.7 **Option D** – That Southend Council reject the proposals for the STP and as set out in Appendix 1.

5 Recommendation

- 5.1 The Cabinet is asked to review the response it would wish to make on the proposals and consultation document and as outlined above in Section 4.
- 5.2 Option B is recommended to Cabinet as the proposed response to the STP
- 5.3 That the final response be determined by the Deputy Chief Executive (People), in consultation with the Executive Councillor;
- 5.4 That the response be submitted during the first week of March 2018, prior to the 9th March consultation deadline; and
- 5.5 That Southend Council reserve their right to withdraw support for the STP following the completion of the formal public consultation process.

6 Health Scrutiny

- 6.1 Cabinet will be aware that the Council has established a Joint Scrutiny Committee with Essex and Thurrock Councils to scrutinise the Mid and South Essex STP. The following Councillors have been appointed to sit on the Joint Committee – Councillors C Nevin, A Jones, B Arscott, S Habermel (substitutes - Councillors M Borton and H Boyd). An informal meeting of the Joint Scrutiny Committee was held on 18th December 2017 at Southend Council offices and chaired by Cllr Arscott. A further informal meeting will be held in mid January and it is likely that the first formal meeting of the Joint Scrutiny Committee will be held in late January / early February 2018.
- 6.2 Essex County Council have appointed Members to sit on the Joint Scrutiny Committee. Thurrock Council have not as yet decided if they will be involved in the Joint Scrutiny Committee.

7 Other Options

- 7.1 Cabinet could decide not to submit any comments on the proposals and the consultation document.

8 Corporate Implications

- 8.1 Contribution to the Council's Vision and Critical Priorities – Becoming an excellent and high performing organisation
- 8.2 Financial Implications – The financial risks to Southend Council, should the STP proposals be delivered, are yet to be qualified.
- 8.3 Legal Implications – Where an NHS body consults more than one local authority on a proposal for 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 - 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 STP proposals

- 8.4 People Implications – The expectation is that the STP proposals will address the workforce (recruitment and retention) issues highlighted in the case for change. There is a significant risk that this is not the case which could lead to greater challenges for workforce and finance
- 8.5 Property Implications – Southend Council has offered to Southend health partners a partnership approach which will support the development and progression of Shoebury and St Luke's Health Centres. Capital investment would be required to develop the existing health estate
- 8.6 Consultation – as described in the report
- 8.7 Equalities Impact Assessment (EIA) – an EIA is due to be published by the STP during spring 2018. The Directors for Public Health, across the STP, are working in partnership with the STP to develop the EIA.
- 8.8 Risk Assessment – The risks are outlined in this report. There is a risk to the local health and social care system of not doing anything
- 9 Background Papers**
- 10 Appendix**
- 10.1 Appendix 1 – Mid and South Essex STP - Consultation Document

Minute 691

People Scrutiny Committee – 30th Jan 2018

Mid and South Essex Sustainability and Transformation Partnership

The Committee considered Minute 662 of the special Cabinet held on 29th January 2018 which had been referred direct to Scrutiny by Cabinet, together with a report of the Deputy Chief Executive (People). This updated Cabinet about the formal consultation on the Mid and South Essex Sustainability and Transformation Partnership (STP). This consultation runs from 20th November 2017 – 9th March 2018

In response to questions, the Executive Councillor confirmed that the following additional comment would be included in the suggested response set out in Option B – “recognise the challenge for workforce in recruitment, retention and long-term sustainability of the health and social care workforce”

Resolved -

That the following decisions of Cabinet be noted

- That Option B as set out in section 4 of the submitted report be endorsed as the proposed response to the STP
- That the final response be determined by the Deputy Chief Executive (People), in consultation with the Executive Councillor for Health and Adult Social Care
- That the response be submitted during the first week of March 2018, prior to the 9th March consultation deadline
- That Southend Council reserve its right to withdraw support for the STP following the completion of the formal public consultation process.”

That in accordance with Council Procedure Rule 39, the matter be referred to Council for consideration

Note. That this is an Executive Function

Executive Councillor: Salter

Minute 770

Full Council – 22nd Feb 2018

Mid and South Essex Sustainability and Transformation Partnership

Resolved

That the minutes of this meeting be noted and the recommendations contained in Minute 691 (STP and Transformation Partnership) be approved.



Sent via email

Mid and South Essex
Joint Commissioning Team

Cllr Bernard Arscott
Chair, Joint Health Overview & Scrutiny Committee

Tel: 01245 398760

9th July 2018

Dear Cllr Arscott

**Re: Your Care in the Best Place – CCG Joint Committee
Decision-Making**

Thank you for attending on the CCG Joint Committee meeting on Friday 6th July. As such, I recognise that you are aware of the outcome, however I am now pleased to write to you formally to confirm the decisions made by the CCG Joint Committee following the public consultation Your Care in the Best Place

I have listed below the recommendations made and the decisions reached by the CCG Joint Committee

I understand that the next formal meeting of the Joint HOSC will be 30 August 2018. It would be very helpful if the Committee could consider the decisions made in advance of that meeting and share with us the areas of focus for the Joint HOSC. This will enable the meeting on 30 August to be a productive one where we can hope to resolve any issues that the Joint HOSC may have and move forward into implementation.

Please could you respond to Jo Cripps at your earliest convenience so that system partners can prepare for the next meeting with you and your colleagues

If you have any queries, please do not hesitate to contact me.

Yours sincerely

Mike Bewick
Independent Chair of CCG Joint Committee

cc Caroline Russell, Lead AO for the CCG Joint Committee
Jo Cripps, Interim Programme Director, Mid & South Essex STP



Accountable Officer Caroline Russell



Decisions made by CCG Joint Committee, 6 July 2018

Rec No.	Area	Recommendation	CCG Joint Committee Decision
1	Consultation Process	The CCG Joint Committee is requested to confirm that the Committee and its constituent Clinical Commissioning Groups have met their statutory duties and ensured that an effective and robust public consultation process has been undertaken and will be used to inform the decisions made	Confirmed
2	Consultation principles	<p>The CCG Joint Committee is requested to note the five principles underpinning the future provision of hospital services for mid and south Essex, upon which the public consultation was based</p> <ol style="list-style-type: none"> 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 require an inpatient stay should be concentrated in one place, where this would improve care and chances of a good recovery 3 Access to specialist emergency services, such as stroke care, should be via the nearest A&E department, where patients would be assessed, treated, stabilised, 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 arriving at hospital in an emergency 5 Some hospital services should be provided closer to home (with specific changes to the services currently provided from Orsett Hospital) 	Noted
3	A&E Departments	<p>The CCG Joint Committee is asked to approve that</p> <p>3 1 Each of the three A&E departments (at Broomfield Hospital, Southend Hospital and Basildon Hospital) continue to operate 24 hours/day and receive blue light ambulances</p>	Approved
		<p>3 2 Each of the three hospitals (Broomfield Hospital, Southend Hospital and Basildon Hospital) develops</p>	Approved



Rec No.	Area	Recommendation	CCG Joint Committee Decision
		<p>Emergency Care Hubs with specially trained teams to meet the particular care needs of</p> <ul style="list-style-type: none"> • Older and frail people • Children • Patients in need of urgent medical treatment • Patients in need of urgent surgical treatment 	
4	Treat & Transfer	<p>The CCG Joint Committee is asked to approve</p> <p>4 1 The concept that a small number of patients with appropriate conditions who would benefit from the care and treatment of a specialist team are stabilised at their local A&E department, and if appropriate, are transferred, using a specialist Clinical Transport Service, to another acute hospital site to receive specialist care (termed the "treat and transfer" model)</p>	Approved
		<p>4 2 That implementation of service changes outlined in this decision-making business case are not commenced until a suitable clinical transfer service is in place that</p> <ul style="list-style-type: none"> • Has defined clinical protocols in place to ensure the safe transfer of patients • Has identified clinical leadership, both across the three acute hospitals (at group level) and at each acute hospital site • Has clear clinical governance arrangements in place • Meets the standards prescribed by national bodies in relation to workforce, skills, equipment and resources • Has the above considered and endorsed by the STP Clinical Cabinet • Has appropriate assurance from the Intensive Care Society of Great Britain & Ireland 	Approved
5	Gynaecology	<p>The CCG Joint Committee is requested to approve that</p> <p>5 1 Gynaecological cancer surgery be located at Southend Hospital, close to the existing cancer centre for mid and south Essex</p>	Approved



Rec No.	Area	Recommendation	CCG Joint Committee Decision
		5 2 Complex gynaecological surgery (including uro-gynaecology) requiring an inpatient stay be located at Southend and Broomfield Hospitals	Approved
		The CCG Joint Committee is requested to note that all outpatient appointments, tests, scans and day case surgery for non-complex gynaecological conditions will remain available locally	Noted
6	Respiratory	<p>The CCG Joint Committee is requested to approve that inpatient care for patients with complex respiratory conditions is located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre</p> <p>The CCG Joint Committee is requested to note that all outpatient appointments, tests, scans, and short hospital stays for non-complex respiratory conditions will continue locally</p>	<p>Approved</p> <p>Noted</p>
7	Kidney	<p>The CCG Joint Committee is requested to approve that inpatient care for patients with complex kidney disease is located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre</p> <p>The CCG Joint Committee is asked to note that all outpatient appointments, tests, scans and short hospital stays for non-complex kidney conditions, including dialysis, will continue locally</p> <p>The CCG Joint Committee is further asked to note that very complex care, such as kidney transplants, would continue to be provided in specialised centres in London and elsewhere</p>	<p>Approved</p> <p>Noted</p> <p>Noted</p>
8	Vascular	<p>The CCG Joint Committee is requested to approve, in line with guidance from the Vascular Society of Great Britain and Ireland</p> <p>8 1 That a specialised vascular hub is developed at Basildon Hospital, close to the existing Essex Cardiothoracic Centre and aligned to interventional radiology services This hub would offer a round the</p>	Approved



Rec No.	Area	Recommendation	CCG Joint Committee Decision
		<p>clock, consultant-led service for vascular emergencies including centralisation of complex surgery In an emergency situation, patients would access the hub via their local A&E department, where they would receive assessment, stabilisation and initial treatment before being transferred, with appropriate support, to the specialised vascular hub</p>	
		8 2 That inpatient care for patients with complex vascular disease is located at Basildon Hospital, close to the existing Essex Cardiothoracic Centre	Approved
		<p>8 3 The Abdominal Aortic Aneurysm (AAA) Screening service will remain located at Southend for the Essex population</p> <p>The CCG Joint Committee is asked to note that all outpatient appointments, tests, scans and short hospital stays for non-complex vascular conditions will continue locally</p>	<p>Approved</p> <p>Noted</p>
9	Cardiology	<p>The CCG Joint Committee is requested to approve that access to the range of treatments offered at the Essex Cardiothoracic Centre for patients with specialised heart disease is accelerated and that the treat and transfer model (see recommendation 4) is used to facilitate this</p> <p>The CCG Joint Committee is asked to note that all outpatient appointments, tests, scans and short hospital stays for non-complex heart conditions will continue to be available locally</p>	<p>Approved</p> <p>Noted</p>
10	Gastroenterology	<p>The CCG Joint Committee is asked to note that the original proposal for patients with complex gastroenterology problems to be treated at Broomfield Hospital is not put forward for decision (see section 8 for further detail)</p> <p>Gastroenterology services (inpatient care, day case, outpatient appointments, tests and scans) will continue to be provided on all three sites, as currently</p>	Noted



Rec No.	Area	Recommendation	CCG Joint Committee Decision
11	General Surgery	<p>11 1 The CCG Joint Committee is requested to approve, subject to further external clinical review and validation by the East of England Clinical Senate, that</p> <p>Surgery for some complex emergency general surgical conditions such as upper gastrointestinal procedures which would require the patient to stay in hospital, will be located at Broomfield Hospital, and</p> <p>Complex colorectal surgery requiring an inpatient hospital stay will be located at Broomfield and Southend Hospitals, provided by a dedicated emergency general surgical team</p>	Approved
		<p>11 2 The CCG Joint Committee is asked to note that it will receive the report of the East of England Clinical Senate's further review of general surgery proposals by the end of December 2018</p> <p>The CCG Joint Committee is asked to note that routine planned surgery, and emergency surgery which could be performed as a day case (with no requirement for a hospital stay), will continue to be undertaken at all three hospitals Furthermore, all outpatient and follow-up appointments, tests and scans would continue to be available locally</p>	<p>Noted</p> <p>Noted</p>
12	Stroke Services	<p>The CCG Joint Committee is requested to</p> <p>12 1 Approve that access to care for patients showing symptoms of a stroke continues to be via the local A&E department, where patients would be assessed, stabilised and, if indicated, treated with thrombolysis After the patient was stabilised, and after discussion between the patient/family and clinicians, the patient would be transferred to Basildon Hospital for a short (approximately 72 hour) period of intensive nursing and therapy support</p>	Approved



Rec No.	Area	Recommendation	CCG Joint Committee Decision
		12 2 Note that, following a stroke and an inpatient stay at Basildon Hospital for a short period of intensive treatment, patients would be transferred home, if their condition had improved sufficiently, or back to their local hospital or community facility for on-going care and treatment. All follow-up outpatient appointments, tests and scans will continue to be offered at all three hospital sites.	Noted
		12 3 Note that, should a patient be confirmed as suffering from a bleed on the brain, they would continue to be transferred to a specialised designated centre, as now. This would either be Queen's Hospital, Romford, or Cambridge University NHS Foundation Trust in Cambridge.	Noted
		12 4 Strongly support the ambition to develop a Mechanical Thrombectomy service in mid and south Essex, such a service may be commissioned by NHS England.	Supported
13	Orthopaedics	<p>The CCG Joint Committee is requested to approve that</p> <p>13 1 Some planned orthopaedic surgery, such as hip and knee replacements requiring a hospital stay, is provided at Southend Hospital for the south Essex population, and at Braintree Community Hospital for the population in mid-Essex. As such patients who would have used Basildon Hospital for planned orthopaedic inpatient surgery will no longer be able to access this care at Basildon and will be offered surgery at Southend. Patients who would have used Broomfield Hospital for planned orthopaedic surgery, and who meet the criteria for treatment at Braintree Community Hospital will no longer be able to receive their surgery care at Broomfield.</p> <p>The CCG Joint Committee is asked to note that the above arrangement would not preclude patients from choosing to have their planned orthopaedic treatment at another hospital, as per the NHS Constitution requirements on</p>	<p>Approved</p> <p>Noted</p>



Rec No.	Area	Recommendation	CCG Joint Committee Decision
		patient choice	
		13 2 Some emergency orthopaedic surgery, such as open lower-limb fractures that require a hospital stay is located at Basildon Hospital (for the south Essex population), and at Broomfield Hospital (for the mid-Essex population) This would ensure that emergency surgery is separated from planned surgery, thus ensuring faster access to theatre for patients requiring urgent care, and reduced cancelled operations for patients requiring planned care	Approved
		13 3 Elective complex wrist surgery will be provided at Southend Hospital, and complex emergency wrist surgery at Basildon and Broomfield Hospitals The Joint Committee is asked to note that simple wrist surgery will continue to be maintained at all three hospital sites	Approved
		13 4 The Trusts test the viability of elective inpatient spinal surgery being undertaken at Broomfield and Southend Hospitals During a 24 month period following implementation, the STP Clinical Cabinet will assess the success and sustainability of this mode The CCG Joint Committee is asked to note that all outpatient appointments and follow-ups, tests, scans and routine surgery for orthopaedic problems including day case knee, foot, wrist, ankle, shoulder and elbow procedures would continue to be available locally	Approved Noted
14	Urology	The CCG Joint Committee is requested to approve that 14 1 Patients requiring surgery for kidney, bladder and prostate cancer receive this at Southend Hospital, alongside the specialised cancer centre The	Approved



Rec No.	Area	Recommendation	CCG Joint Committee Decision
		development of robotics to support this service should be an ambition aligned to the specialised cancer service commissioned by NHS England	
		14.2 Complex (non-cancer) emergency urological conditions that require an inpatient stay be treated at Broomfield Hospital in Chelmsford, building on the specialist urological care already provided there	Approved
		14.3 Complex uro-gynaecological treatment be located at both Southend and Broomfield Hospitals The CCG Joint Committee is asked to note that all outpatient appointments, follow-ups, tests, scans and short hospital stays for non-complex, and non-cancer, urological conditions will continue to be available locally	Approved Noted
15	Orsett Hospital	The CCG Joint Committee is asked to 15.1 Approve the relocation of services currently provided at Orsett Hospital to a range of locations within Thurrock, Basildon and Brentwood, enabling the closure of Orsett Hospital	Approved
		15.2 Note that there will be a period of co-production with the local community through the establishment of a "People's Panel" supported by Healthwatch organisations in Thurrock and Essex to determine the best site(s) to relocate these services to	Noted
		15.3 Note that, alongside the period of co-production, further detailed assessments will be undertaken on equality and health inequality impacts, and the quality impact of proposed service relocations	Noted
		15.4 Note that once the period of co-production is complete, and with the detailed work on impact assessment, the CCG Joint Committee will be asked to make a decision on which sites will provide the relocated services	Noted



Rec No.	Area	Recommendation	CCG Joint Committee Decision
		15.5 Note that, in accordance with the agreement between Thurrock CCG, Thurrock Council and the three mid and south Essex hospitals, the Orsett Hospital site will not be closed until the new services are in place at the agreed new locations	Noted
16	Family/carer Transport	<p>In recognising that some of the proposed service changes may mean that a small number of patients and their families will need to travel further to receive specialist treatment, the CCG Joint Committee is requested to approve that reasonable steps are taken by the Trusts to ensure that there is support for patients (in addition to that referred to in recommendation 4), their families and carers, to travel to a more distant hospital, if required</p> <p>The CCG Joint Committee is asked to note that the acute hospitals will consider transport for staff who may be required to work at more than one site as part of service change implementation planning</p>	<p>Approved</p> <p>Noted</p>
17	Capital Funding	<p>The CCG Joint Committee is asked to note that the Trusts have been earmarked to receive up to £118m in capital funding to support the implementation of the proposals contained within the public consultation. This is in addition to £12m being funded through the disposal of surplus assets</p> <p>The commissioners will be asked to support, at a later date, and subject to the decisions reached on these recommendations, the business cases that will enable access to these funds</p>	Noted
18	Implementation Oversight	The CCG Joint Committee is requested to approve the formation of an Implementation Oversight Group. The membership of this group will be agreed in discussion with the Trusts and with patient and public representative groups, stakeholders and partners, and will include representation from the Joint Committee and Joint Commissioning Team and NHS England Specialised Commissioning for relevant pathways. It is proposed the Implementation Oversight Group will be independently chaired.	Approved



Rec No.	Area	Recommendation	CCG Joint Committee Decision
		<p>This Group will oversee the implementation of the decisions made by the CCG Joint Committee, ensuring that decisions are implemented in a safe and sustainable way, and specifically in line with the recommendations made by the CCG Joint Committee in relation to Clinical Transport (recommendation 4), Family/Carer Transport (recommendation 16) and plans to close Orsett Hospital (recommendation 15)</p> <p>The Implementation Oversight Group would report in to the CCG Joint Committee, the Trust Joint Working Board and inform the STP Board</p>	
19	On-going Engagement	The CCG Joint Committee is requested to approve that the mid and south Essex system continues its communication and engagement on these plans within the STP with patients and the public, staff and key stakeholder organisations	Approved

Opposition Business – Mid and South Essex STP Proposals

The proposed changes in health and care provision in Southend and across the Mid and South Essex footprint are destined to bring lasting change to care provided to patients. That change must carry a guarantee of better patient outcomes for everyone who needs care. The recent consultation on the measures in the Sustainability and Transformation Plan did not set out the impact of proposed changes and evidence of patient outcomes has not been demonstrated despite requests from the People Scrutiny Committee, the Joint Health Overview Committee, Southend Health and Wellbeing Board, and individual councillors, over a period of 18 months. Proposals by the STP Team are still unclear even though the potential for amendment of those proposals has almost concluded.

The council therefore asks for the following to be placed on record

Earlier this year, the Council's response to the STP consultation expressed dissatisfaction with the STP proposals in a number of very important areas.

- We would not support the STP without better rationale and evidence for moving stroke services to Basildon Hospital
- We said that the proposals are weak in terms of guaranteeing investment in localities without the impact of which, the acute reconfiguration is not viable
- We believed that proposals around transport and transfers were unclear and poorly defined, and would not be able to support the STP until detailed workable proposals were set out
- We found the proposals on consolidated discharge and repatriation arrangements unclear
- We noted the challenges in workforce recruitment, retention and long-term sustainability

This council believes that even at this late stage there is still not sufficient clarity in respect of these serious concerns. We further note that the consultation process reached only a small fraction of the population in the footprint of these proposals.

It has still not been made clear to residents that six out of the seven therapeutic areas consulted upon will be wound down at Southend Hospital, with patients being moved to Basildon and Broomfield hospitals. The consultation document made no mention of closing down services and wording is vague when public-facing documents refer to treatment being available to patients who seek help at Southend, but don't mention they will be transferred to another hospital for that care.

Southend Borough Council understands the reasons for change - 20,000 GP appointments not provided to patients, which will rise to 60,000 within only a few years, and hospitals in the STP footprint not performing as patients expect. It disagrees with the current process for delivery of change and wants to see a true process of consultation being undertaken, setting out the full impact of proposed changes, including the impact on patients, and clarify about what will happen to current services.

The council notes that the STP proposals are now subject to a formal scrutiny procedure. The council requests that the Joint Scrutiny Committee take full account of the council's continued objections to the STP. The Council further requests that the People Scrutiny Committee gives due consideration to a referral to the Secretary of State, taking these objections and other relevant factors into account.

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