

14 June 2018		ITEM: 9
Health and Wellbeing Overview and Scrutiny Committee		
Essex, Southend and Thurrock Joint Health Scrutiny Committee on the Sustainability and Transformation Partnership (STP) 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: Roger Harris : Corporate Director Adults, Housing and Health		
This report is Public		

Executive Summary

At the January 2018 meeting of the Thurrock Health and Well-Being Overview and Scrutiny Committee (HOSC), it was agreed to join with Essex and Southend and participate in the Joint HOSC covering the STP area. The purpose of the Joint HOSC 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. This report provides an update on the work of the Joint HOSC and seeks confirmation of the Thurrock representation at the Joint HOSC meetings.

1. Recommendations

HOSC are asked to:

- 1.1 Note the terms of reference for the Joint HOSC with Essex and Southend (Appendix 1).**
- 1.2 Agree to appoint four members to represent Thurrock HOSC at the joint HOSC.**
- 1.3 Agree the approach to the Joint HOSC as outlined in 2.11.**

2. Introduction and Background

- 2.1 The Mid and South Essex STP came out of the former Success Regime established in 2014. STPs exist across the whole country and have been established by NHS England to improve joint working across commissioners and providers and across health and social care. Our STP covers the geographical footprint of Mid and South Essex. This is not a natural, easily recognizable area but was established around the catchment areas of the three acute hospitals at Basildon, Southend and Mid-Essex.
- 2.2 The STP has an independent chair – Dr Anita Donley and is made up of the 5 CCGs across Mid and South Essex, the acute hospital group, the Mental Health Trust (EPUT), the Community Trust (NELFT), the three local authorities (Thurrock, Essex and Southend), NHS England, the three Healthwatch's and GP's i.e. the five Chairs of the five CCGs in Mid and South Essex.
- 2.3 Thurrock has expressed its concern over the role and purpose of the STP. Clearly some services do need to be commissioned and provided over a larger footprint than Thurrock and this has been accepted for a long time e.g. some acute specialties such as the various cancer pathways. However, there is a concern that the STP may undermine the work of the local Health and Well-Being Board and some of our local initiatives e.g. For Thurrock in Thurrock. The Chair of the Health and Well-Being Board has written to NHS England expressing these concerns.
- 2.4 The STP formally issued its consultation document on the proposed reconfiguration of the services operating from the three acute hospitals in Mid and South Essex in November 2017. This consultation also included the proposals for the future of the services currently on the Orsett Hospital site. The consultation was led by the five Clinical Commissioning Groups in Mid and South Essex and concluded at the end of March 2018. A final report with recommendations will be going to a meeting of the Joint Committee of the 5 CCG's on the 4 July. A summary of the consultation responses received is attached at Appendix 3.
- 2.5 The purpose of the Joint HOSC is to scrutinise the work of the STP and any consultation exercises it undertakes and how it would meet the needs of the local population in Essex, Southend and Thurrock.
- 2.6 As reported to the January meeting 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”*.

- 2.7 It is clear from the above that the establishment of the joint HOSC is a requirement but the power of referral is discretionary. Therefore, Thurrock along with Essex and Southend, did not agree to delegate its power of referral to the Secretary of State over “substantial variations in service provision” – that remains the case.
- 2.8 There have been two formal public meetings of the joint HOSC and two informal meetings and a response on the acute services reconfiguration was submitted on behalf of the Joint HOSC to the STP at the end of March. This is attached at Appendix 2. A series of further meetings are planned including a meeting on 6 June which will be reported back verbally to this meeting. The meetings will rotate across Chelmsford, Southend and Grays and are being held in the evening at the specific request of Thurrock.
- 2.9 At the January meeting of the Thurrock HOSC it was agreed to appoint the then Chair and Vice- Chair (Cllr G Snell and Cllr V Holloway) plus Cllr T Fish and Cllr G Collins. At the first formal meeting of the Joint HOSC Cllr G Snell was elected as Vice- Chair with Southend taking the Chair and a further Vice-Chair post going to an Essex member. Cllr Snell is no longer a Councillor, Cllr Collins is now a member of Cabinet and we have new members of the Thurrock HOSC, therefore, we need to re-confirm who the members of the Joint HOSC from Thurrock are going to be.
- 2.10 In the terms of reference attached it is clear that the Joint HOSC will continue whilst the STP continues and so is not just for the purposes of the specific consultation exercise. However, it is important to establish some clear lines of responsibility for what is discussed at the Thurrock HOSC and what is discussed at the Joint HOSC. The suggested position is that those matters that are overwhelmingly the responsibility of one area should be discussed and led by the local HOSC e.g. the future of Orsett Hospital. Whereas those matters that cut across the whole footprint e.g. the future arrangements for cancer services across mid and south Essex should be discussed and led by the Joint HOSC. Clearly there will be some grey areas but this approach is proposed in order to avoid having too many duplicate discussions but most importantly respecting the sovereignty of local areas discussing local matters.

- 2.11 Finally, it should be noted that 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 and January 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 was proposed and agreed 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 HOSC 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 HOSC but also reserves its right over any potential referrals to the Secretary of State.

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

- 5.1 This is covered in the body of the report and the various Appendices.

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

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 – Terms of Reference for the Joint HOSC

Appendix 2 – Joint HOSC response to the STP Consultation

Appendix 3 - Summary of consultation responses

Report Author:

Roger Harris

Corporate Director of Adults, Housing and Health