

SOUTHEND-ON-SEA CITY COUNCIL

Special Meeting of People Scrutiny Committee

Date: Thursday, 19th September, 2024

Place: Council Chamber - Civic Suite

Present: Councillor C Nevin (Chair)
Councillors S W Allen, S Badger, O Cartey, T Cox, A Dear*, J Harland,
S Habermel, P Kinsella, S Nadeem (Vice-Chair), J Norman,
M O'Connor and L Salter.

O Richards, (Co-opted Member, Healthwatch Southend)
A Quinn, (Co-opted Member, Southend Association of Voluntary
Services)
Rev. Cannon L Williams, (Co-opted Member, Church of England
Diocese)

*Substitute in accordance with Council Procedure Rule 31.

In Attendance: M Harvey, M Marks and S Cox (Southend-on-Sea City Council)
C Hankey and Dr M Sweeting (NHS Mid and South Essex)

Start/End Time: 6.30 - 7.22 pm

13 Chair's Introduction & Apologies for Absence

(a) Chair's Introduction

Prior to the consideration of the matters set out in the agenda, the Chair outlined their expectations of the standard of conduct and behaviour to be shown at the meeting.

(b) Apologies for Absence

Apologies for absence were received from Councillor C Campbell (Substitute: Councillor A Dear), Councillor M Faulkner-Hatt, Councillor K Murphy, Councillor D Poulton and Councillor D Richardson.

(c) Vice-Chair

In the absence of the Vice-Chair, Councillor D Poulton, it was agreed that Councillor S Nadeem would undertake the role of Vice-Chair for the duration of the meeting.

14 Declarations of Interest

The following interests were declared at the meeting:

- (a) Councillor J Harland, Minute No. 17 (Outcome of public consultation regarding Community Hospital Services in Mid and South Essex) – son employed at Southend Hospital.
- (b) Councillor S Habermel, Minute No. 17 (Outcome of public consultation regarding Community Hospital Services in Mid and South Essex) – family members employed at Southend Hospital and NHS.
- (c) Councillor L Salter, Minute No. 17 (Outcome of public consultation regarding Community Hospital Services in Mid and South Essex) – family members employed at Southend and Basildon Hospitals and at a GP practice in the City.
- (d) Councillor C Nevin, Minute No. 17 (Outcome of public consultation regarding Community Hospital Services in Mid and South Essex) – employed at a different NHS Trust to that which was being discussed, has family members employed by NHS Mid and South Essex and an ex-employee of the same trust.

15 Questions from Members of the Public

There were no questions from members of the public relating to business included in the agenda for the meeting.

16 Minutes of the Meeting held on Wednesday, 28th August 2024

The Chair noted that minor typographical errors had been corrected.

Resolved:

That the minutes of the meeting of the Committee held on Wednesday 28th August 2024 be confirmed as a correct record and signed.

17 Outcome of public consultation regarding Community Hospital Services in Mid and South Essex

The Committee received a report from NHS Mid and South Essex ICS regarding the outcomes of the public consultation on proposals for future arrangements for inpatient services at community hospitals, freestanding midwife-led birthing and other patient services.

It was reported that the NHS Mid and South Essex Integrated Care Board (MSEICB) had announced a six-month delay in the final decision-making regarding the reconfiguration of community hospital beds, a midwife-led birthing unit and ambulatory care services. The delay aimed to allow further engagement to ensure the final decision was fully informed and aligned with the needs of the local population.

C Hankey (Director of Communications and Partnerships) and Dr M Sweeting (Medical Director) presented the outcomes of the public consultation and highlighted:

- The reasons behind the public consultation; an opportunity to strengthen stroke rehabilitation services to better support recovery and independence, to ensure that the NHS could meet local demand and to address challenges with estates.
- The normal operating position of each of the sites, compared to the temporary operational position of Winter 2023/24.
- The two consultation options:
 - i. Option A: 50-bed stroke rehabilitation unit at Brentwood Community Hospital, 22 intermediate care beds at Cumberlege Intermediate Care Centre, Rochford and permanently closing the stroke rehabilitation ward at St Peter's Hospital, Maldon.
 - ii. Option B: 25-bed stroke rehabilitation unit at Brentwood Community Hospital, 25 intermediate care beds at Brentwood Community Hospital and a 22-bed stroke rehabilitation unit at Cumberlege Intermediate Care Centre, Rochford; permanently closing the stroke rehabilitation ward at St Peter's Hospital, Maldon.
- The consultation methodology, reach and response rates, 5,544 total survey responses. The ICB acknowledged that initial publicity had not highlighted the implications for the Cumberlege Intermediate Care Centre and the residents of South East Essex; this had been addressed subsequently in social media etc.
- The categorisation of feedback from the consultation into seven overarching themes which between them covered 47 sub-themes.
- The next steps in the decision-making process, which included the proposal to form a working group to inform the next stage of work, to allow for more public and stakeholder involvement and co-development.
- It was expected Terms of Reference and full membership details would follow shortly, but the group was anticipated to include representatives from the NHS, local authorities, community organisation and key stakeholders, which included Healthwatch Southend.
- There was to be no immediate changes to any provision and assurances made that services would continue as they were during the extended engagement period.

The Co-Opted Member (Healthwatch Southend) reported that Healthwatch Southend had written formally to the ICB, stating that it could not support either of the presented consultation options as both would have an adverse impact on Southend residents. Healthwatch Southend felt that a more holistic approach was required, so that patients could receive care, rehabilitation and support in their own home or local community rather than just a focus on beds. It was recognised by the Medical Director that the direction of travel nationally was to support an early supported discharge pathway.

The Committee asked a number of questions which were responded to by the Director of Communications and Partnerships, key issues of concern and comments raised included:

- That the number of consultation responses were significantly smaller for the City of Southend-on-Sea in comparison to other districts (3% of those who responded were from Southend-on-Sea).
- A discussion on the engagement methods used to try to increase responses in areas with lower response rates and the alternative options which had been available to ensure that residents had not been digitally excluded.
- Whether there would be additional funds for the centres increasing bed capacity for patients.
- It was recognised that there were advantages to having a dedicated specialist unit, for both patients and staff, as the unit could potentially find it easier to recruit and retain specialist staff and that economies of scale allowed for excellent practice – and thereby could potentially create a centre of excellence in a specialism. However, this benefit was offset by the fact that patients and their families would be required to travel further to access such care, which was not ideal, especially for frailer patients and their families.
- Losing a number of intermediate care beds may prove challenging for an ageing population locally.
- Whether there was an opportunity to consider other public sector estates to deliver some of these services, such as rehabilitation and physiotherapy and outreach models of care.
- A query regarding how much meaningful engagement had taken place with the People Scrutiny Committee prior to the consultation process starting.

Members of the Committee felt that neither of the presented consultation options (option A or option B) were in the best interests of Southend residents and welcomed the decision by Mid and South Essex ICB to delay the final decision-making process by a period of 6 months, so that further engagement and co-development could take place. It was hoped that the People Scrutiny Committee and or Southend Members could contribute to this work, as appropriate.

Resolved:

That the People Scrutiny Committee:

1. Note the contents of the report.
2. Note the six-month delay in the final decision-making process regarding the reconfiguration of community hospital beds, a midwife-led birthing unit and ambulatory care services, to allow further engagement to ensure the final decision is fully informed and aligned with the needs of the local population.
3. Welcome the proposal from NHS Mid and South Essex ICB to form a working group to focus on further engagement and co-development.

Chair: _____