

# Southend-on-Sea Borough Council

Department of the Chief Executive

John Williams - Director of Democratic & Legal Services

Our ref:

Telephone: **01702 215000**

Your ref:

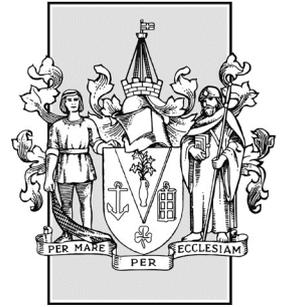
Fax: **01702 215994**

Date: 10<sup>th</sup> October 2018

E-mail: **committeesection@southend.gov.uk**

Contact Name: Fiona Abbott

DX 2812 Southend



## PEOPLE SCRUTINY COMMITTEE - TUESDAY, 9TH OCTOBER, 2018

Please find enclosed a copy of the questions from members of the public and the responses given at the meeting of the People Scrutiny Committee held on Tuesday, 9th October, 2018.

<b>Agenda No</b>	<b>Item</b>
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<b>3.</b>	<b><u>Questions from Members of the Public</u></b>
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Fiona Abbott  
Principal Democratic Services Officer

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## People Scrutiny Committee – 9<sup>th</sup> October 2018 Public Questions

### Question from Mr Webb to the Cabinet Member for Healthy Communities & Wellbeing – Cllr Lesley Salter

# 3

#### Question 1

*In the monthly targets September 2017 CP 3.9 The number of people successfully completing 4 week stop smoking course value was 334 and the monthly target was 450 and the annual target 2017 – 2018 1,100.*

*Question - Has the targets continually not been met? If not been met what are the reason and how will this be addressed to hit the targets monthly and annually?*

#### Answer

In 2017-18, the Council set a highly ambitious target of 1,300 smoking quitters and had a final quit figure of 819 quitters (63% of the target) at the end of the year. In September 2017, the final reported number of quitters was 401 (334 was the latest reported figure at the time of the report). In 2018-19 the target for smoking quitters is 771 and at the end of September 2018, the team has delivered 349 quitters (target=349) and are on target to achieve this year's more realistic target given that we now have a lower smoking prevalence and that we are targeting the people least likely to want to quit.

### Question from Mr Webb to the Cabinet Member for Children & Learning – Cllr Helen Boyd

#### Question 2

*Do you think the new current funding system is fair for grammar and comprehensive schools and does the portfolio holder think it will affect the education offered at schools?*

#### Answer

Thank you for your question Mr Webb. As you will know, the Government initially introduced a new Fair Funding Formula that saw every single Southend school being worse off upon implementation.

Representatives from Southend Education Board then joined with MP Sir David Amess to meet with Minister of State for School Standards, Rt Hon Nick Gibb, to present a case for better funding.

Subsequently, the Government found additional funding and revised the formula. As a result of this revision, all Southend Schools maintained or

improved their current funding under the amendments. All schools in Southend, regardless of whether they are grammar or comprehensive, Council maintained or academy, are funded using the same funding formula and the same funding factors.

You will equally be aware of the current public sector finance context. All schools nationally, including those in Southend, will be expected to set a balanced budget in order to provide an appropriate education for their pupils. National campaigns such as “Worth Less”, and Head teachers, strongly suggest that the funding they will receive will remain insufficient. However, they also recognise that whilst the funding overall has increased, the disparity between areas and context can still be inequitable.

I am confident that School Leaders in Southend, irrespective of Grammar or Comprehensive, Primary or Secondary, Academy or Maintained school will continue to strive to provide the best education for their learners. You will also be aware that overall, Southend Schools have been successful in this respect, as can be seen from the paper later in the agenda on school outcomes.

### **Question from Mr Ali to the Cabinet Member for Healthy Communities & Wellbeing – Cllr Lesley Salter**

#### **Question 3**

*Could the People Scrutiny Committee, please, state in as many details as possible at this late stage of their deliberations what they consider to be the realistic Southend patient outcomes that may result from the full implementation of the Mid & South Essex Sustainability and Transformation Plan.*

#### **Answer**

This question is directed to the Scrutiny Committee but I must answer it as Cabinet Member.

Despite the legitimate concerns the Council have regarding the STP over issues such as workforce and stroke etc. the overall outcomes we expect for the Southend resident as a result of the STP focus very strongly on residents having access to the right care at the right place needing to only tell their story once in the process. This includes having access to an integrated team of physical and mental health care professionals, social care, wider Council run services and the 3rd sector who plan patients care and support patients in the community or at home, if needed. It also includes easier and quicker access to the right hospital specialist services at the time when it is needed. Access to Primary Care is extremely important, patients will have access to a wider

range of services at GP practices, such as pharmacists, physiotherapy and experienced nursing staff.

Prevention underpins the STP plans so a satisfactory outcome would include residents and communities being supported and supporting each other to build resilience, enabling self-care and sustained wellbeing within a community setting.

From an acute reconfiguration perspective we expect outcomes for residents to include being seen quicker in all three A&Es, access to joined-up specialist teams who provide better quality care, 24hrs a day and better access to planned and routine operations.

In summary, we would expect for these overall outcomes to improve access to safe, consistent and high quality care.

### **Question from Mr Traub to the Cabinet Member for Healthy Communities & Wellbeing – Cllr Lesley Salter**

#### **Question 4**

*By no longer providing emergency surgery for acute abdominal conditions as well as some emergency orthopaedic surgery, will Southend Hospital Trust cause further risk, pain and suffering to their patients being transferred to other hospitals many miles away along congested roads, because there are insufficient resources at their own hospital to treat their patients?*

#### **Answer**

Many thanks for the question and the Council notes Mr Traub's concerns. The Council would not support any initiative that causes greater risk, pain and suffering to Southend residents. This question requires a response from the CCG Joint Committee and I would refer Mr Traub to that committee.

### **Question from Mr Traub to the Cabinet Member for Healthy Communities & Wellbeing – Cllr Lesley Salter**

#### **Question 5**

*One of the aims of STP investment in localities is to reduce the flow of patients to A&E departments when they can better be treated nearer home. In making a big assumption that there will be enough doctors, community and district nurses and sufficient funds to treat patients nearer home, can STP produce the evidence that this policy will lead to a decrease in in the number of patients attending A&E?*

## **Answer**

Many thanks for the question and the Council notes Mr Traub's concerns. The Council would like to refer Mr Traub to the CCG Joint Committee for a response.

## **Question from Mr Fieldhouse to the Cabinet Member for Healthy Communities & Wellbeing – Cllr Lesley Salter**

### **Question 6**

*Back in February of this year, the Council agreed to give the STP's proposals qualified support subject to the satisfactory conclusion of several concerns as set out in the Report of Deputy Chief Executive (People) to Cabinet On 29th January 2018 and referred to as Option B.*

*The five major concerns identified, on which the Council's support was contingent where:*

- 1. Explanation of the rationale behind stroke reconfiguration services*
- 2. The development of a commercial agreement between Southend Council and Southend CCG for investment in Localities.*
- 3. Detailed proposal for transport and transfers to be published and consulted on*
- 4. Analysis of how the discharge and repatriation process would impact on Adult Social Care.*
- 5. That a detailed investment plan be provided by the STP showing how the £41 million earmarked for Southend Hospital would be spent.*

*Can the relevant portfolio holder tell me which of these five conditions have been satisfactorily met by the STP?*

## **Answer**

With the aim of providing better outcomes for Southend residents the Council recognise that the development of the STP plan is an evolving process and that a number of the decisions taken by the CCG Joint Committee are in the interests of Southend residents. Some of the Council's concerns have either been addressed or are being addressed by the STP which allow for a partnership approach to be adopted between the Council and the STP. The STP plans for stroke reconfiguration have been and continue to be a concern for the Council which has necessitated a consideration by Scrutiny. Despite continued engagement with the STP our concerns have not been addressed.

## **Question from Mr Fieldhouse to the Cabinet Member for Healthy Communities & Wellbeing – Cllr Lesley Salter**

### **Question 7**

*It has been well over two years since the STP and its former incarnation, the Success Regime, first produced its plans for local NHS reorganisation. Many questions have been repeatedly asked of them and they have repeatedly failed to provide satisfactory and comprehensive answers.*

*Is it not time that these plans, with all the Council's unanswered questions, are referred back to the Secretary of State for Health & Social Care where they can be addressed and resolved in a matter of just 20 days by an Independent Reconfiguration Panel that can cast a fresh and expert eye over the whole plan and deliver a definitive third party opinion on its suitability for the people of Southend?*

### **Answer**

The process to consider a referral to the Secretary of State is clearly outlined in Council documents. On 19<sup>th</sup> July Full Council unanimously agreed a motion in which the Councils' Scrutiny were asked to consider a referral to the Secretary of State. That debate is due to take place this evening and I welcome the opportunity to contribute to and participate in a democratic process which will enable the committee to agree on what basis it recommends that the STP will deliver better outcomes for our residents.

## **Question from Mr Smith to the Cabinet Member for Healthy Communities & Wellbeing – Cllr Lesley Salter**

### **Question 8**

*Stroke has been correctly identified as the critical patient pathway. Additionally the stroke association has failed to clarify that London stroke result was better because of the shorter journey times. Morris' paper indicates that London journeys to the nearest Hyper stroke centre was around 14-16mins compared to Greater Manchester's 'within 4 hrs or no additional treatment. So the universal use of hyper stroke centres in any footprint is a dangerous proposal. In Essex treat and trip works better and we have a set up worthy of greater funding. Will the committee ensure that a minimum of option C is applied for the benefit of stroke victims here and nationwide?*

### **Answer**

The STP plans for Stroke services in Mid and South Essex differ from the nationally recognised best practice model (e.g. London and

Manchester). The Mid and South Essex model has been developed by our local clinical experts and has been approved, as a model, by both the clinical senate and the Stroke Association. The issue to be debated tonight is not regarding the model but whether or not the decision to base the specialist stroke service, providing intensive nursing and therapy post initial treatment for stroke, at Basildon should be referred to the Secretary of State or not.

### **Question from Mr Smith to the Cabinet Member for Healthy Communities & Wellbeing – Cllr Lesley Salter**

#### **Question 9**

*The STP claim to NOT have reached 1.9 million and Healthwatch has not been the people's guardian on this issue. Apart from campaigners no effort has been made to question the bedrock of the population or adequately sample their views on the STP. Because of ineffective public meetings and forums there can be little confidence in Implementation Oversight providing a proper conduit through which people may wish to communicate their STP experiences. If it is true that referral cannot be made on the grounds of virtually zero consultation, a failure of democracy, will the council support a judicial review?*

#### **Answer**

The criteria to make a referral is outlined in the report which further outlines that a referral to the Secretary on the grounds of inadequate consultation would be difficult to pursue. In this context inadequate consultation must amount to procedural unfairness. So the process of consultation is not about the number of people who respond or were reached, but the methods which were employed. A similar legal test would be applied to judicial review. Before the Council could support a Judicial Review the Council would want to seek legal advice.