Public Document Pack
SOUTHEND-ON-SEA BOROUGH COUNCIL

People Scrutiny Committee

Date: Wednesday 18th October, 2017 @ 18.30
Place: Committee Room 1 - Civic Suite

Contact: Fiona Abbott - Principal Democratic Services Officer
Email: committeesection@southend.gov.uk

AGENDA

******** **Part 1**

1 **Apologies for Absence**

2 **Declarations of Interest**

3 **Questions from Members of the Public**
[Note – as this is a special meeting, questions must relate to the business included in the agenda for the meeting].

******** **OTHER SCRUTINY MATTERS**

4 **Mid and South Essex Sustainability and Transformation Partnership**
Report of Chief Executive (attached)

Representatives from NHS England have been invited to the meeting. They will be providing details on the STP proposals for conducting the consultation under development for Mid and South Essex.

5 **The NHSE Ambulance Response Programme**
Representatives from the East of England Ambulance Service have been invited to the meeting to give a presentation on the developments and changes.

[The briefing on the new ambulance standards which has been circulated previously is attached for information].

Note – there will be a short briefing for members of the Committee just prior to the start of the meeting at 6.15 pm

TO: The Chairman & Members of the People Scrutiny Committee:
Councillor C Nevin (Chair), Councillor L Davies (Vice-Chair)
Councillors B Arscott, M Borton, H Boyd, A Bright, S Buckley, M Butler, A Chalk, C Endersby, D Garston, S Habermel, A Jones, C Mulroney, G Phillips, M Stafford and C Walker

Co-opted Members

Church of England Diocese –
E Lusty (Voting on Education matters only)

Roman Catholic Diocese –
VACANT (Voting on Education matters only)

Parent Governors
(i) M Rickett (Voting on Education matters only)
(ii) VACANT (Voting on Education matters only)

SAVS – A Semmence (Non-Voting)
Healthwatch Southend – L Crabb (Non-Voting)
Southend Carers Forum – T Watts (Non-Voting)

Observers
Youth Council -
(i) E Feddon (Non-voting)
(ii) N Ahmed (Non-Voting)

Southend-on-Sea Borough Council

Agenda
Item No.

4

Report of Chief Executive
to
Special People Scrutiny Committee

On 18th October 2017

Report prepared by:
Fiona Abbott

Mid and South Essex
Sustainability and Transformation Partnership
A Part 1 Agenda Item

1. Purpose of Report

To update the Committee on Mid and South Essex Sustainability and Transformation Partnership (previously referred to as a 'Plan') and scrutiny following the special Scrutiny Committee meeting in September.

2. Recommendation

2.1 To consider the progress report on the development of the Mid and South Essex STP and the plans for public consultation as set out in the briefing paper at **Appendix 2.**
2.2 That authority be given to the principle of establishing a Joint Scrutiny Committee with Essex Council.
2.3 To support an invitation to Thurrock Council to join the new Joint Scrutiny Committee.
2.4 To approve in principle the working draft terms of reference for the Joint Scrutiny Committee, as set out at **Appendix 3**.
2.5 That four Councillors (and two substitutes) from the Scrutiny Committee be appointed to sit on the Joint Scrutiny Committee.

3. Background

3.1 At the special meeting of the Scrutiny Committee on 18th September 2017 the Committee had before it an update progress report regarding the emerging Mid and South Essex Sustainability and Transformation Plan (STP). The report was asking for agreement to the setting up of a Joint Scrutiny Committee with Essex and Thurrock Councils.

3.2 At the meeting the Committee also received an update briefing which advised that the Success Regime was intending to bring details for its planned engagement to the Scrutiny Committee by the end of September. A copy of the Minute is attached at **Appendix 1**.

3.3 The Scrutiny Committee resolved that agreement to the establishment of the Joint Committee with Essex and Thurrock Councils should be deferred to the next meeting of the Committee, or when the draft consultation document and plan

has been forwarded to the Committee for consideration. It was also agreed that NHS England be invited to attend the meeting when this matter is considered.

3.4 NHS England have now provided information on details and will be attending the meeting. An update briefing was circulated by email to the Committee on 3rd October and a copy is attached at **Appendix 2**. At the meeting, NHS England will be seeking the Committees views and advice prior to the formal consultation stage on the proposed consultation plan and any recommendations the Committee has on the formal consultation process.

This will be a significant consultation and there are still a number of steps needed to meet this timescale.

3.5 At its conclusion the paper requests that –

- *'The Committee is asked to consider this paper and the outline of our proposed consultation plan. We are keen to work with officers and members to take on board the advice of the Committee and ensure a meaningful consultation process for local people.*
- *In particular we invite your view on how the Committee wishes to be involved during October, prior to the launch of consultation and as part of the analysis and decision-making process following the outcome of consultation.*
- *We request that the Committee responds with a view on the consultation plan and any recommendations for further action.'*

4. Joint Committee

4.1 As set out in the report to the special meeting in September, over recent months there have been discussions with colleagues at Essex and Thurrock Councils with regard to the possibility of forming a Joint Committee to scrutinise the implementation of the Mid and South Essex STP Success Regime, and how it would meet the needs of the local populations in Essex, Southend & Thurrock.

4.2 The Joint Committee will act as the mandatory Joint Committee in the event that an NHS body is required to consult on a substantial variation or development in service that could affect the patients in the three local authority areas. It will comprise Members from the three component local authorities and consideration will need to be given to its political proportionality.

4.3 It is recommended that four Councillors from the People Scrutiny are nominated to sit on the Joint Committee and that two substitutes are also appointed. It would seem sensible if the Chairman of the Scrutiny Committee is one of the nominations.

4.4 This Committee has been supportive of the need for joint working with neighbouring local authorities, and clearly within the regulations there is a requirement to establish a Joint Committee for service reconfigurations that cut across more than one area if so requested by the NHS. The recent example of joint working between Essex, Southend & Thurrock is a review of urological cancer services. Essex and Southend also worked together in 2016 on another specialist commissioning issue (Thurrock choosing not to participate in that Joint Committee).

4.5 Following the helpful discussion and debate at the meeting in September, the possible terms of reference have been redrafted and are attached at **Appendix 3** [1].

5. Current position on joint working

5.1 Thurrock Health & Wellbeing Overview and Scrutiny Committee held a meeting on 7 September 2017 and considered the issue of joint working. Thurrock has concerns over the creation of this Joint Committee and resolved that officers would explore the most appropriate way for the three authorities to co-ordinate their approach to the STP.

5.2 Essex Overview Policy and Scrutiny Committee will be considering this matter at their meeting on Wednesday 11th October. The report relating to this item can be found on this link. The recommendation is to approve the establishment of the Joint Committee as described in this report.

6. Corporate Implications

6.1 Contribution to Council's Vision and Critical Priorities – becoming an excellent organisation.
6.2 Financial Implications – There are no financial implications arising from the contents of this report. The cost of the Joint Committee work can be met from existing resources.
6.3 Legal Implications – the Scrutiny Committee exercises the health scrutiny function as set out in relevant legislation.
6.4 People Implications – none.
6.5 Property Implications – none.
6.6 Consultation – as described in report.
6.7 Equalities Impact Assessment – none.
6.8 Risk Assessment – none.

7. Background Papers

- Email sent to Cttee – 2nd October regarding special meeting arrangements

8. Appendix

Appendix 1 – Minute 303 – People Scrutiny Committee 18th September 2017
Appendix 2 – Briefing
Appendix 3 - updated draft terms of reference for Joint Committee

[1] *Note – the terms of reference are a working draft*

This page is intentionally left blank

APPENDIX 1

Special People Scrutiny Committee - 18th September 2017
Minute 303 refers

Mid and South Essex Sustainability and Transformation Plan

The Committee considered a report of the Chief Executive which updated members on the Mid and South Essex Sustainability and Transformation Plan and the role of the Scrutiny Committee going forward.

The Committee also had before it an update briefing on current progress towards consultation. The Mid and South Essex STP is finalising a business case for potential service changes over the next five years, including proposals to reconfigure some hospital services. It is anticipated that the draft consultation document and plan will be shared with the Committee by the end of the month.

Resolved:-

1. That agreement to the establishment of a Joint Committee with Essex and Thurrock Councils be deferred to the next meeting of the Committee or when the draft consultation document and plan has been forwarded to the Committee for consideration.
2. That NHS England be invited to attend the meeting when this matter is considered.
3. That the briefing by NHS England regarding the STP be noted.
4. To note the formation of the CCG STP Joint Committee as detailed in section 5 of the Report.

Note:- This is a Scrutiny Function

This page is intentionally left blank

Briefing for Southend-on-sea Borough Council People Scrutiny Committee

From Mid and South Essex Sustainability and Transformation Partnership (STP)

Submitted: 28 September 2017

For discussion: October 2017

Plan for consultation

Purpose of this paper

The Mid and South Essex Sustainability and Transformation Partnership (STP) has reached the point of proposals for service changes in the three main hospitals in mid and south Essex. These proposals are within the context of an overall health and care strategic plan, which was published in October 2016.

Over the last 18 months, there have been four phases of engagement with local people that have informed the proposals. Subject to national assurance by NHS England and other national regulators, the Mid and South Essex STP is planning to start a full public consultation in late October/early November 2017.

This paper briefly recaps on the background of the STP programme, the broad proposals for consultation and summarises the proposed plan for consultation. The purpose of this paper is to consult the Committee on the proposed consultation plan. We ask for the Committee's view and recommendations for the consultation process.

Headline summary of the overall STP plan

The overall STP plan is to develop GP, mental health, community services and social care using innovation and early treatment that will help people stay well and avoid hospital emergencies.

At the same time, the three main hospitals in mid and south Essex are working together as one group, so that they can maximise the benefits of a larger scale to improve patient care and release funding to invest in services in the community.

This is a "whole system" development over five years and longer. We describe the plan in three main parts as shown in the diagram below, which focus on:

- Supporting people to **Live Well** for longer
- Investing in and developing **Your Local Services**
- Improving services **In Hospital**

As the diagram shows, all three parts are interdependent. Together, they have the potential to transform and improve our system to deliver sustainable health and care for the rising demands of our population in the future.

Brief recap on the background to the Mid and South Essex STP and lead up to the current proposals for change

Important note: The developments in GP, community, mental health and social care will be evolutionary changes over the next five years and beyond. Where there are specific proposed service changes that affect patients, these will be subject to further public consultation. The main specific proposals for major service change at the current time are in specialised complex and inpatient hospital services.

2015	NHS England and other national bodies designate Essex Success Regime, one of only three in the country. This brings together in a single partnership all health and care organisations in mid and south Essex. An intensive period of diagnostic review identifies the priorities for improvement.
1 March 2016	Outline plan published for health and care across mid and south Essex, including potential hospital reconfiguration.
March – May 2016 Early engagement	• Set up of clinical working groups to develop and lead change. • Three hospital trust boards agree joint committee • CCGs identify areas of collaboration • Engagement with scrutiny committees, Healthwatch, health and wellbeing boards (HWBs), other stakeholders and service users. **Outcomes** • Feedback seeks greater emphasis on prevention, mental health and development of primary care – influences the developing sustainability and transformation plan • Clinicians (with service users) agree decision rules and criteria for potential hospital reconfiguration and service redesign. • Agreed objectives for hospital change: - Designate a specialist emergency hospital - Separate emergency and planned care - Identify where some specialist services could benefit from a single service across three hospital sites.
June – Aug 2016 Developing options and decision-making criteria	• CCGs and partners collaborate on plans for joined up health and care in localities, frailty, end of life and other pathways. • Hospital clinicians refine potential options for reconfiguration and consult independent East of England Clinical Senate. • Programme of staff workshops and focus groups with service users. Continued discussions with scrutiny committees, Healthwatch, HWBs and other stakeholders **Outcomes** • Outline sustainability and transformation plan submitted to NHS England in June • Insight from service users and staff informs weighting of decision-making criteria and influences draft STP • Independent Clinical Senate supports direction of travel, advises on consideration of more radical options for emergency care, obstetrics and paediatrics.
Sep 2016 – Jan 2017 Engagement in STP	• Programme of public workshops and staff briefings provides insight on priorities for change and potential implications for

and options for hospital service change	patients and families • Acute clinical leaders narrow down potential options for hospital reconfiguration to two broad models, one model with three variations and one model with two variations • Continued discussions with scrutiny committees, Healthwatch, HWBs and other stakeholders **Outcomes** • Full STP plan published with public summary, influenced by service user feedback • Second review by independent Clinical Senate – commends clear case for change, supports direction, advises on pace of change, "*long term sustainable services should take priority over speed*" • Local clinicians advise further discussion – options appraisal shifted from November 2016 to February 2017.
Feb – March 2017 Options appraisal	• Discussions continue with staff, stakeholders and local groups – over 100 stakeholder meetings and events since March 2016 • Four panels (including service users) consider options for potential hospital reconfiguration **Outcome** • Options appraisal points towards a future model of three hospitals each providing different specialist services, while all three hospitals continue to provide the majority of hospital care for their local population, including 24 hour A&E. • Preferred option was the one with the maximum consolidation of services and separation of emergency and planned care; however, there were significant concerns from local people about access to emergency care • Local discussions highlight further work needed on operational and practical implications. **Quote from stakeholder briefing issued 15 March:** *While the options appraisal process is an important part of evidence-based planning, there are also a great many operational and practical concerns to address, most of which will benefit from insights from front line staff and local people. This will include details of how a change could be implemented over the next three to four years through a carefully managed and staged approach so that patient safety and care quality is assured at every stage and alongside changes in community care.*
April – June 2017 Further discussions	• CCGs agree to form a joint committee to lead system-wide planning and joint commissioning.

on access to hospital emergency care	• Hospital clinical working groups continue to develop detailed proposals • Programme Executive reviews timescales to listen to local views
July-September 2017	• Establishment of CCG Joint Committee • Major change in thinking regarding access to hospital emergency care – public announcement on 20 July • Clinicians develop revised service proposals in light of the change • Finalisation of a pre-consultation business case and assurance by national regulators, prior to launch of consultation

The influence of local people

During the engagement phases, we talked extensively about the current pressures and rapidly rising demands on health and care. There is a broad consensus locally on the need to change. We also talked about the potential for doing things differently and how we could do much more for patients by joining services together.

People consistently told us that the top priorities for change were *access to GP services* and *developments in community care.* One of the main aims of the sustainability and transformation partnership (STP) is we invest in and develop these areas and we will be taking this forward in the forthcoming consultation with further discussion on locality based joined up health and care services.

For services in hospitals, the three trusts in mid and south Essex came together as one group during this period, opening up many opportunities for possible service change.

Working with local people, we narrowed down the options for change from over 100 possibilities to five main ways to organise services across the three hospitals. From these five, we identified two options for more detailed development, but we continued to listen to local people and this changed our thinking significantly. Consequently, we have arrived at final proposals for providing hospital care in the future that are genuinely influenced by clinicians, staff and local people.

Summary of current proposals for service change *In hospital*

Key message for local people

The majority of hospital care that you might need in the future would continue to be available at your local hospital, including a local A&E. For a relatively small number of patients, you may have to travel further or be transferred if you needed to stay in hospital for certain specialised treatments or surgery.

Key themes for discussion

- Most hospital care will be available at all three local hospitals in mid and south Essex, including new ways of providing emergency services to help more people get the care they need, faster at the hospital front door. All three hospitals will continue to provide tests and treatments in outpatients and day surgeries. Many hospital treatments can be done during a day or within 48 hours.

- It is proposed that some specialised and complex services should be concentrated in one place, where this would improve patient care and the outcome of treatment, such as improving the chances of survival and a good recovery.

- It is proposed that some planned operations that require a stay in hospital should be separated from emergency patients, where this would improve care quality efficiency for patients such as fewer cancelled operations and shorter waiting times.

- It is proposed that some hospital services should over time be transferred, along with funding, to new services in the community run by GP partnerships and other health and care services.

Views on specific proposals

We will be consulting people on specific proposals covering the following areas of hospital care:

1. Enhanced emergency care at all three hospitals – the "emergency hub"
2. The addition of specialised stroke services to the network of stroke care across the three hospitals and in the wider community
3. Care for complex respiratory problems
4. Specialised renal services for people with kidney disease
5. Specialised vascular surgery (for arteries and veins)
6. Trauma and orthopaedics (e.g. complex fractures, hip and knee replacements)
7. Specialised cardiology (heart treatment)
8. Specialised urology
9. Specialised gynaecology
10. Complex general surgery

Where we are now

The Mid and South Essex STP is finalising the pre-consultation business case. This is scheduled to be published in draft form mid October as part of the papers for a public meeting of the CCG Joint Committee.

The pre-consultation business case is also being scrutinised by NHS regulators, which will need to be fully assured that any outstanding issues are addressed prior to the start of consultation.

Subject to national assurance, we anticipate that we would be in a position to start public consultation in late October/early November.

We are currently developing a draft consultation document and supporting materials, which will be available via a consultation website and also in a range of printed and other formats.

From the start of October, we are inviting scrutiny committees, Healthwatch, HWBs, patient groups and relevant voluntary organisations to participate in coproducing the consultation document, supporting materials and plans for discussion workshops.

We will work with local partners to prepare for consultation in the following ways:

- Sharing a draft consultation document with partners and service users to improve on style, content and design in preparation for publication

- Designing with partners and service users the associated materials to support consultation, including online feedback survey, short versions of the consultation document and other support materials that may be required.

- Setting a comprehensive programme of meetings and workshops to ensure meaningful discussion and feedback. This will include attending existing groups and committees.

A number of mechanisms are in place to enable a co-production approach to preparations for consultation, for example with:

- our Mid and South Essex Service Users Advisory Group (SUAG), which has representatives from the network of patient and public involvement groups across the patch

- Healthwatch in Essex, Southend and Thurrock, all three of which have completed various engagement exercises on our behalf and are ready to take this further

- our local authority partners, who have maintained close links with the work throughout and ensured that local communications keep people informed and involved

- a system-wide Communications and Engagement Group involving all STP partners, to ensure effective and co-ordinated consultation both locally and across the whole of mid and south Essex.

Brief summary of the consultation plan

- We are reaching out to partners, staff and local people:

    - to **discuss the broad strategic plan** for health and care in mid and south Essex; and
    - to **consult on specific proposals** for service changes in hospital; and
    - to invite service users and carers to take part in **continuing involvement in service redesign**, planning and implementation

- We are doing this by:
    - Publishing a consultation document with key information and questions for feedback
    - Making available further background information e.g. clinical evidence, more details on proposals, details on the decision-making process
    - Making available a range of supporting material in different formats to help raise awareness and understanding
    - Using a range of communications to publicise and promote the exercise
    - Using key communicators and a cascade approach with range of local networks to reach key groups and communities – also using social networking to extend this reach
    - Providing effective channels for feedback via:
        - Online and written feedback – using structured survey type questionnaires
        - Workshops on the broad strategic plan and priority themes for consultation feedback
        - Themed workshops on some specific proposals
        - Discussions at regular forums, meetings and committees
        - Proactively arranged discussions with key groups

- Throughout the consultation, we will gather feedback in various forms, including:
    - Detailed notes from discussions and workshops
    - Online survey style analytics
    - Record of key themes from written feedback
    - Formal responses from partner organisations

- At the end of the process there will be a comprehensive summary of responses and analysis to support the Joint Committee of CCGs in reaching its conclusions about commissioning decisions and plans. It is recommended that we commission an independent organisation to produce a final report.

- Summaries, full notes and the final outcome report will be publicly available (ensuring appropriate information governance and confidentiality). There will be opportunities for close partners and representative bodies to give their views on the outcome before the final decision-making process.

- The outputs from the consultation will also be available for planning and implementation and ongoing involvement in service redesign.

Main methods

The consultation period will run for fourteen weeks, acknowledging the break for seasonal holidays.

The consultation process will be promoted as a programme of activities with an emphasis on action and participation, and not just the relatively passive process of responding to written proposals. We will promote a consultation website to "advertise" the many opportunities to get involved and at different levels.

Opportunities to get involved

There must be opportunities for deliberative discussion to ensure meaningful feedback. Our experience to date indicates that the richest and most useful feedback is from interactive workshop style discussions, where there is a structured approach to the presentation of information, listening to and discussion views and a structured approach to gathering feedback. This is not simply a presentation followed by questions, which often fails to deliver actual feedback for consideration in decision-making.

In order to allow a period of notice for people to plan their involvement and book onto their choice of workshops, we propose to schedule the workshops from 1 December until the end of January.

<u>For the wider public:</u>

- Programme of workshops to discuss the overall plan and participate in a choice of themed focus groups, likely to cover:
    - Emergency and urgent care in hospital and community
    - GP services in the future, including care for older and vulnerable people
    - Improving planned operations
    - Improving specialised services, including stroke
- Programmes of hospital themed workshops, likely to cover:
    - A&E and the proposed "Emergency Hub"
    - Improving stroke services
    - Improving planned operations

- In the CCG areas of Thurrock and Basildon and Brentwood, the workshops will include specific consideration of plans to shift services into the community from Orsett Hospital.

For diverse groups and representatives of vulnerable people

- Proactive offers to arrange special workshops, tailored to the needs of each group e.g.: recognising the nine protected characteristics including:

    - Age
    - ethnicity
    - gender
    - disability
    - sexual orientation
    - religion and beliefs

For key stakeholders and groups:

- Regular updates and discussions at scheduled meetings e.g. HWB, HOSC etc.
- Special development workshops with partners and key stakeholders
- Meetings on request

Opportunities to give views

People will be encouraged to use an online feedback questionnaire to submit their views, but we will also invite feedback in any of the following ways:

- By letter or email to the central office of the STP
- By attending a workshop, where there will be structured note-taking
- By attending a meeting, where there will be structured notes taking and minutes

Views will be collected, not just by the central office of the STP, but also by key partners who will be committing resources to the consultation, with whom we will agree a supporting protocol.

We are currently investigating a contract with an independent organisation to complete the analysis of feedback.

Main production and management elements

1. Production materials

    - **The consultation document is the anchor and centrepiece**

Working with partners and service user advisers, we will design an accessible and public-friendly consultation document using infographic style.

- We will make arrangements to provide different formats on request e.g. audio version, large-print, language versions, and easy-read for people with learning disabilities

- Supporting materials will include:

  - A short summary of the consultation
  - Leaflet version to help promote consultation
  - Covering letters for different audiences
  - Feedback questionnaire
  - Stakeholder briefing note
  - Press notice
  - Presentation slides for different audiences
  - Speaker support materials – core narratives, lines to take, FAQs

We are investigating the possibility of extended materials to include:

- Standing exhibitions and displays – designed and printed
- Videos
- Podcasts
- Blogs by key spokespeople
- Editorial articles / opinion pieces
- Posters and adverts – designed and printed
- Mailing or mail drop
- Styled workshop e.g. using drama

2. <u>Digital support and social networking</u>

- **Central website**
  A single website for the consultation will help to ensure accuracy of information and access to all available information e.g. background clinical evidence, links to other relevant information, more detailed documents

- **Feedback survey**
  An online survey style feedback questionnaire will ensure efficient collection of views and also offers analytics for monitoring and analysis. Printed returns can be entered on a digital survey.

- **Facebook and Twitter**
  Social networking, as we have learned during our engagement phases, has become

more important as a channel for access to information and a means for feedback. We will ensure full time attention and management to deliver content and responses.

- **Whatsapp**
  Whatsapp is useful for reaching certain key audience groups who may not have day to day access to NHS mail networks e.g. some staff groups, patient representatives and service user networks

- **Eventbrite or other meetings planner**
  Eventbrite will support the management and promotion of events, including email distribution, booking system and analytics.

3. Events

In addition to the workshops outlined above, we are working with Healthwatch and other partners as we seek to extend our range of methods to include, for example:

- Drop-in or street canvassing style opportunities to provide information and gather feedback
- "Chatterbox cab"
- Podcasts
- "Planning for real" style workshops, where participants take on aspects of the planning responsibility in a simulated exercise
- Surgery style opportunities for one-to-one discussions

4. Handling ongoing communications and feedback

- **Press and media**
  The consultation period requires a detailed press and media plan with a series of releases at intervals over the period. We have established close relationships with key outlets and they are well-informed on most of the issues. This liaison will continue, ensuring proactive briefing, in confidence if necessary, to support the reporting process.

  Potential outputs will include special features, independent feedback, radio phone-ins etc.

- **FOIs and enquiries**
  There is likely to be a heavy workload for responses to questions that may come via the FOI route or just via email and post. This will require continual management and structured processes to ensure timely responses, often involving contributions from subject matter experts and senior management sign-off.

- **Horizon scanning and issue management**
  Controversy can escalate at any time, with a high risk of misinformation. The

consultation programme requires a robust system of horizon scanning and alerts, with ability to take proactive and speedy action to avoid problems.

- **Relationship management and reporting**
  The consultation programme will need to respond to the needs of different audiences, anticipating where possible what these may be. This includes relationships within both internal and external audiences.

- In a wider approach, we will keep audiences updated with progress updates, stakeholder updates and formal reports throughout the consultation period.

- **Management of feedback**
  There will be robust systems for receiving, acknowledging and recording feedback, and responding where necessary, sometimes involving contributions from subject matter experts and senior management sign-off.

- Feedback will be in multiple forms – via online survey, written feedback, notes from meetings and even file notes of conversations

- Feedback records will be organised in a way that enables effective summary and analysis to be compiled in a final feedback report with recommendations for decision-making.

Outline timetable

Phase 1 – Communications Stakeholder briefings at end June and through July Change in thinking re hospital configuration was widely communicated on 20 July	Jul – Aug 2017 Completed
Phase 2 – Preparation, engagement and co-production • Completion of draft pre-consultation business case • Co-production design and drafting consultation materials • Co-production consultation plans and workshops programme • Notify and engage local groups • Stakeholder briefing • Individual stakeholder discussions and meetings • Press and media updates • Briefing and preparation with key spokespeople	Sep – Oct 2017
Phase 3 – Consultation • Publish consultation materials via website and distribution • Publicity launch and continuing media programme • Ongoing stakeholder briefings and updates • Individual stakeholder discussions and meetings	Late Oct/Early Nov 2017 – Feb 2018

• Programme of public workshops • Workshops with special groups • Activities run by partners e.g. Healthwatch, Service Users Advisory Group (SUAG) • Feedback via survey, letters, notes from meetings and workshops	
Phase 4 – Consultation outcome and decisions • Feedback collated and prepared for analysis • Independent analysis and outcome report • Outcome report for consideration • Engagement and discussions with stakeholders • Decision-making process and post-consultation business case	End Feb – end Mar 2018

Available further information

Members should note that there is a comprehensive record of feedback from four phases of engagement during 2016 and the early part of 2017. This includes:

- A summary report of feedback from local people
- A report on early patient views on emergency services which influenced the decision rules for developing proposals for service changes
- A detailed report from Healthwatch Essex, due for publication, with an outcome of a study into the views of local people on emergency services
- A detailed report from Healthwatch Thurrock which captured the views of general public and some people with particular needs

Copies of these reports are available on request.

Conclusion

The Committee is asked to consider this paper and the outline of our proposed consultation plan. We are keen to work with officers and members to take on board the advice of the Committee and ensure a meaningful consultation process for local people.

In particular we invite your view on how the Committee wishes to be involved during October, prior to the launch of consultation and as part of the analysis and decision-making process following the outcome of consultation.

We request that the Committee responds with a view on the consultation plan and any recommendations for further action.

APPENDIX 3

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

Revised DRAFT TERMS OF REFERENCE

1.	**Legislative basis**
1.1	The National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Localism Act 2011 sets out the regulation-making powers of the Secretary of State in relation to health scrutiny. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 which came into force on 1st April 2013.
1.2	Regulation 30 (1) states two or more local authorities may appoint a joint scrutiny committee and arrange for relevant health scrutiny functions in relation to any or all of those authorities to be exercisable by the joint committee, subject to such terms and conditions as the authorities may consider appropriate.
1.3	Where an NHS body consults more than one local authority on a proposal for a substantial development of the health service or a substantial variation in the provision of such a service, those authorities are required to appoint a joint committee for the purposes of the consultation. Only that Joint Committee may: • make comments on the proposal to the NHS body; • require the provision of information about the proposal; • require an officer of the NHS body to attend before it to answer questions in connection with the proposal.
1.4	This Joint Committee has been established on a task and finish basis, by Essex Health Overview Policy and Scrutiny Committee (County Council), Southend-on-Sea People Scrutiny Committee (Unitary Council) and Thurrock Health & Wellbeing Overview and Scrutiny Committee (Unitary Council).
2.	**Purpose**
2.1	The purpose of the Joint Committee is to scrutinise the ~~implementation~~ ~~of~~ Mid and South Essex Sustainability & Transformation Partnership ~~Plan~~ (STP) and Success Regime (SR) and how any service changes and proposals arising from them meet ~~it is meeting~~ the needs of the local populations in Essex, Southend & Thurrock, focussing on those matters which may impact upon services provided to patients in those areas.
2.2	The Joint Committee will also act as the mandatory Joint Committee in the event that an NHS body is required to consult on a substantial variation or development in service affecting patients in the 3 local authority areas as a result of the ~~implementation of the~~ STP and SR.
2.3	In receiving formal consultation on a substantial variation or development in service, the Joint Committee will consider:-

	• the extent to which the proposals are in the interests of the health service in Essex, Southend and Thurrock; • the impact of the proposals on patient and carer experience and outcomes and on their health and well-being; • the quality of the clinical evidence underlying the proposals; • the extent to which the proposals are financially sustainable. and will make a response to relevant NHS body and other appropriate agencies on the proposals, taking into account the date by which the proposal is to be ratified.
2.4	The Joint Committee will consider and comment on the extent to which patients, ~~and~~ the public and other key stakeholders have been involved in the development of the proposals and the extent to which their views have been taken into account as well as the adequacy of public and stakeholder engagement in any formal consultation process.
3.	**Membership/chairing**
3.1	The Joint Committee will consist of 4 members representing Essex, 4 members representing Southend and 4 members representing Thurrock, as nominated by the respective health scrutiny committees.
3.2	Each authority may nominate up to 2 substitute members.
3.3	The proportionality requirement will not apply to the Joint Committee, provided that each authority participating in the Joint Committee agrees to waive that requirement, in accordance with legal requirements and their own constitutional arrangements.
3.4	Individual authorities will decide whether or not to apply political proportionality to their own member~~s~~ nominations.
3.5	The Joint Committee members will elect a Chairman and 2 Vice-Chairmen at its first meeting, one from each authority, so that each authority is represented.
3.6	The Joint Committee will be asked to agree its Terms of Reference at its first meeting.
3.7	Each member of the Joint Committee will have one vote.
4.	**Co-option**
4.1	By a simple majority vote, the Joint Committee may at any time agree to co-opt representatives of organisations with an interest or expertise in the issue being scrutinised as non-voting members, but with all other member rights. This may be for a specific subject area or specified duration.
4.2	Any organisation with a co-opted member will be entitled to nominate a substitute member.

5.	**Supporting the Joint Committee**
5.1	The lead authority will be decided by negotiation with the participating authorities. The lead authority may be changes at any time with the consent of Essex, Southend and Thurrock.
5.2	The lead authority will act as secretary to the Joint Committee. This will include: • appointing a lead officer to advise and liaise with the Chairman and Joint Committee members, ensure attendance of witnesses, liaise with the consulting NHS body and other agencies, and produce reports for submission to the health bodies concerned; • providing administrative support; • organising and minuting meetings.
5.3	The lead authority's Constitution will apply in any relevant matter not covered in these terms of reference.
5.4	The lead authority will bear the staffing costs of arranging, supporting and hosting the meetings of the Joint Committee. Other costs will be apportioned between the authorities. If the Joint Committee agrees any action which involves significant additional costs, such as obtaining expert advice or legal action, the expenditure will be apportioned between participating authorities. Such expenditure, and the apportionment thereof, would be agreed with the participating authorities before it was incurred.
5.5	The non-lead authorities will appoint a link officer to liaise with the lead officer and provide support to the members of the Joint Committee.
5.6	Meetings shall be held at venues, dates and times agreed between the participating authorities.
6.	**Powers**
6.1	In carrying out its function the Joint Committee may: • require officers of appropriate local NHS bodies to attend and answer questions; • require appropriate local NHS bodies to provide information about the proposals and to facilitate any site visits requested by the Joint Committee; • obtain and consider information and evidence from other sources, such as local Healthwatch organisations, patient groups, members of the public, expert advisers, local authorities and other agencies. This could include, for example, inviting witnesses to attend a Joint Committee meeting; inviting written evidence; site visits; delegating committee members to attend meetings, or meet with interested parties and report back. • make a report and recommendations to the appropriate NHS bodies and other bodies that it determines, including the local authorities which have appointed the joint committee. • consider the NHS bodies' response to its recommendations;
6.2	In the event the Joint Committee is formally consulted upon a substantial

	variation or development in service as a result of the implementation of the STP, and considers:- ➢ it is not satisfied that consultation with the Joint Committee has been adequate in relation to content, method or time allowed; ➢ it is not satisfied that consultation with public, patients and stakeholders has been adequate in relation to content, method or time allowed; ➢ that the proposal would not be in the interests of the health service in its area the Joint Committee will consider the need for further negotiation and discussions with the NHS bodies and any appropriate arbitration.
6.3	If the Joint Committee then remains dissatisfied on the above 3 points it may make comments ~~recommendations~~ to Essex, Southend and Thurrock Councils. Each Council will then consider individually whether or not they wish to refer this matter to the Secretary of State or take any further action.
6.4	The power of referral to the Secretary of State is a matter which will not be delegated to the Joint Committee.
6.5	Each participating local authority will advise the other participating authorities if it is their intention to refer and the date by which it is proposed to do so.
7.	**Public involvement**
7.1	The Joint Committee will usually meet in public, and papers will be available at least 5 working days in advance of meetings
7.2	The participating authorities will arrange for papers relating to the work of the Joint Committee to be published on their websites, or make links to the papers published on the lead authority's website as appropriate.
7.3	A press release may be circulated to local media at the start of the process and at other times during the scrutiny process at the discretion and direction of the Chairman and the 2 Vice Chairmen.
7.4	Patient and voluntary organisations and individuals will be positively encouraged to submit evidence and to attend.
7.5	Members of the public attending meetings may be invited to speak at the discretion of the Chairman.
8.	**Press strategy**
8.1	The lead authority will be responsible for issuing press releases on behalf of the Joint Committee and dealing with press enquiries, unless agree otherwise by the Committee.
8.2	Press releases made on behalf of the Joint Committee will be agreed by the Chairman and Vice-Chairmen of the Joint Committee.
8.3	Press releases will be circulated to the link officers.

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

This page is intentionally left blank

New ambulance standards announced by NHS England

A new way of working for ambulance services will be implemented across the country to ensure patients get the right response, first time.

This is following the largest clinical ambulance trial in the world and will update a decades old system. The demand for ambulance services is increasing every year but despite this, the way ambulance care is provided has broadly stayed the same.

These changes focus on making sure the best, high quality, most appropriate response is provided for each patient first time. They are designed to change the rules on targets so they are met by doing the right thing for the patient.

Under the current standards life-threatening and emergency calls should be responded to in eight minutes. This means that the ambulance service often send more than one vehicle to have the best chance of meeting the eight minute target. This frustrates ambulance staff and is inefficient.

Ending this out of date target will free up more vehicles and staff to respond to emergencies.

For a stroke patient this means that the ambulance service will be able to send an ambulance to convey them to hospital, when a motorbike or rapid response vehicle would 'stop the clock' but not get them the treatment they need.

From now on stroke patients will get to hospital or a specialist stroke unit quicker because the most appropriate vehicle can be sent first time.

Under the new system early recognition of life-threatening conditions, particularly cardiac arrest, would also increase. A new set of pre-triage questions identifies those patients in need of the fastest response.

Historically ambulance services are allowed up to 60 seconds from receiving a call to sending a vehicle. Giving call handlers more time to assess 999 calls that are not immediately life-threatening will enable them to identify patients' needs better and send the most appropriate response.

For the first time response targets will apply to every single patient, not just those in immediate need.

So, in future there will be four categories of call.

Category one is for calls about people with life-threatening injuries and illnesses. These will be responded to in an average time of seven minutes.

Category two is for emergency calls. These will be responded to in an average time of 18 minutes.

Category three is for urgent calls. In some instances you may be treated by ambulance staff in your own home. These types of calls will be responded to at least 9 out of 10 times within 120 minutes.

Category four is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times within 180 minutes.

This redesigned system for ambulance services in England focusses on ensuring patients get rapid life-saving, life-changing treatment and is strongly endorsed by expert organisations such as the Royal College of Emergency Medicine, the Stroke Association, and the College of Paramedics.