

SOUTHEND-ON-SEA BOROUGH COUNCIL

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

Date: Thursday, 30th August, 2018

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

Present: Southend-on-Sea Borough Council – Councillor B Arscott (Chairman), Councillors S Habermel, C Nevin and M Borton
Essex County Council – County Councillor B Egan (Vice Chairman), County Councillors J Lumley and P Reid (substitute)
Thurrock Council – Councillor V Holloway (Vice Chairman) and Councillor T Fish

In Attendance: Councillors J McMahon, C Mulroney, G Phillips, M Terry and C Willis (Southend-on-Sea Borough Council)

Officers - N Faint (Southend), R Harris (Thurrock), G Hughes (Essex) and J Shade (Thurrock)

Start/End Time: 7.30 - 9.30 pm

1 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). Councillor P Reid attended as substitute for Councillor Moore.

2 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; and code interest as her cousin is Managing Director at Basildon Hospital – however she believed that this did not prejudice her consideration of the public interest and that she was able to speak and vote on the matter;
- (e) County Councillor Reid – non pecuniary – son-in-law works at Basildon Hospital.

3 Minutes of meeting held on Wednesday 6th June 2018

Resolved:-

That the Minutes of the meeting held on Wednesday, 6th June 2018, be confirmed and signed as a correct record.

4 Statements from members of the public

There were four statements from the public and were circulated following the meeting. At the invitation of the Chairman the STP representatives confirmed that they would seek to address the issues raised in them during their subsequent presentation and update.

5 Relationships / roles between JHOSC and local scrutiny committees

The Joint HOSC Chairman opened the item by clarifying that the remit of the Joint HOSC was to consider proposals from the STP for changes to services that had cross border impacts and subsequent implementation. However, powers of referral to the Secretary of State did not reside with the Joint HOSC and remained with the participating local authorities.

The Joint Committee considered a report setting out the framework for the ongoing working relationship between, and the distinguishing the roles of, the Joint HOSC and the health scrutiny committees at each of the three participating local authorities. It was anticipated that this would bring greater clarity and transparency to the respective roles for the general public and the NHS.

In defining the role of the JHOSC it was confirmed that it would continue its deliberations and hold meetings during the implementation of STP plans.

Resolved:-

- (i) That there would be three substantive meetings scheduled by the end of the financial year with each meeting having a core theme.
- (ii) That officers from each participating Local Authority approach their respective Directors of Public Health, or other appropriate senior officer, for their input into the process.
- (iii) That some JHOSC members meet separately with their local Healthwatch and report back to the JHOSC.
- (iv) That 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.

Thereafter the following were welcomed to the meeting:

Jo Cripps, Programme Director, Mid and South Essex Sustainability and Transformation Partnership;

Tom Abell, Deputy Chief Executive of the three hospitals in Mid and South Essex.

6 To note the decisions of Joint Committee of 5 CCG's made on Friday 6th July 2018

At a meeting on 6th July 2018, the Joint Committee of 5 CCGs had agreed STP plans to reconfigure some acute and/or specialist services in line with proposals communicated as part of the public consultation "Your Care in the Best Place" earlier in the year. The STP representatives present at the meeting briefly outlined those decisions taken.

Resolved:-

That the decisions taken by the Joint Committee of 5 CCGs on 6th July 2018 be noted.

7 Mid and South Essex Sustainability and Transformation Partnership

The STP representatives gave a presentation which included:

- How the decisions of the Joint CCG Committee had been communicated;
- The Governance processes being put in place for the continued oversight and implementation of the decisions made;
- The Membership and Terms of Reference for the Implementation Oversight Group;
- The establishment of a People's Panel for on-going engagement with residents on the service changes in relation to Orsett Hospital and to provide an independent view on service relocation. Members of the Panel will be representative of groups within the community;
- The Transport Working Group for patient, family and a carer transport (which had been established during the consultation) continuing its detailed work looking at existing transport links, and opportunities to enhance access between urban centres and hospital sites;
- Work had commenced with ECC Integrated Passenger Transport Unit to engage with transport operators to look at the amendment of existing public transport routes to facilitate improved access between hospital sites, and consideration of the development of a shuttle service to run between the three hospitals;
- A single workforce strategy which was now agreed across the three trusts. An example of the work going on across the three hospitals to resolve workforce shortages was the significant focus being placed on the training and use of apprentices.

The Committee asked the representatives of the STP a number of questions and points of clarification arising from the presentation:-

Stroke services

It was confirmed that the proposals for stroke services were not following the national model and approved pathway. Instead, all patients would be scanned and assessed initially at their local A&E and be eligible for thrombolysis delivered in A&E as was currently done. Once that treatment had started and the patient stabilised they would be transferred to Basildon Hospital for specialist treatment and care before being transferred back to their local hospital in due course if the specialist treatment was successful.

Members asked for reassurance about quality of treatment being maintained for stroke services that were to be relocated. It was confirmed that the project lead for the relocation was the lead clinician at Southend Hospital. Some locums were currently being used and future sustainability of services would be assisted by bringing the stroke teams together at one location.

Clinical transfers

Existing transfers of patients between mid and south Essex's acute hospitals were believed to be at least 14 per day (primarily cardiology, burns, maxillofacial, burns and ENT patients) and the 15 anticipated additional patients being transferred would increase the total number to 29. An initial 24-hour audit of new transfer numbers had been undertaken. A further two-week audit was now being planned for September.

The STP were exploring an option for a pilot treat and transfer service which could be subsequently refined although timing for the pilot had not been finalised yet. Treat and Transfer would have its own dedicated service with a single command centre for the three hospitals to identify bed need and allocate beds in a timely manner so that the patient did not have to be navigated through another A&E process at the other hospital. Treat and transfer pilot would initially look at those patients already being transferred daily (essentially ENT surgery and cardiology) with the first reconfigured services likely to be vascular, orthopaedic and urology.

Consent would be needed for a clinical transfer and if this was withheld then the patient would be treated as best as could be done at the hospital at which they had presented.

The STP would be looking at providers (including but not exclusively the East of England Ambulance Service) who could provide the clinical transfer services. The example of St John's Ambulance Service already providing neo natal transfers was given.

Mental health

Hospitals were continuing to work with EPUT to improve A&E mental health assessment times and any admissions into assessment units. It was suggested that this could be an issue for JHOSC to look at.

Orsett Hospital

The STP confirmed that the current services provided at Orsett that were used by Thurrock residents would be relocated and remain within Thurrock area. Those services currently at Orsett and used by people from Basildon and Brentwood may be moved to those areas. Some Members stressed that the STP should continue to listen about the concerns being raised by residents in relation to the Orsett proposals and provide reassurance for them. Timings for the relocation of services would be 'worked-through' with the People's Panel. There would also be a role for the Thurrock HOSC in overseeing the relocation of services and the ongoing role of Orsett Hospital.

Recruitment and staffing

There had been no target recruitment figures for the current year. Instead, there was a rolling recruitment programme. There was also ongoing work to further develop opportunities for other junior staffing levels to see if they can jump in at an appropriate stage in the training to expedite the training process.

Although a specific impact assessment had not been undertaken for Brexit (particularly in relation to meeting workforce requirements) the three hospital trusts had provided a deliverability statement and staffing model as part of the STP plans and an assessment of their ability to meet it. Further information on this modelling could be provided for the JHOSCs themed meeting on financial sustainability and workforce scheduled for later in the year.

There were ongoing discussions with staff about their options for relocating. The hospitals were looking at more 'blended' rotas for some staff combining learning further specialist skills with core components of their existing job. If staff were unable to relocate to other sites then hospitals would explore other options for them and make reasonable adjustments for transport options and working hours.

Localities

Each CCG would have a detailed Primary Care plan to relieve pressure on the acute hospitals. The JHOSC could have a separate session on the overall strategy although local implementation plans would be reviewed by local HOSCs.

At the prompting of Members, the STP agreed to provide more information on the leading edge localities' that would be ready to move at pace.

Public consultation and Implementation

Detailed timings for implementation of the changes in services would only be developed once there was certainty about capital funding which could be impacted by any referrals to the Secretary of State by the constituent members of the Joint HOSC.

In response to a question about the adequacy of the public consultation asked by a councillor (who was not a member of the Joint Committee but who had been invited to speak by the Chairman) the STP viewed that public feedback received had been duly considered by the STP and the CCG Joint Committee and that there had been an independent Clinical Senate process also reviewing the proposals.

There were not People's Panels in all areas. However, there were service user advisory groups for the STP. The STP agreed to look further into the suggestion to include families and carers in these groups.

Resolved:-

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

8 Southend-on-Sea Borough Council Opposition Business

A report was considered detailing an Opposition Business Motion supported at a meeting of the Full Council of Southend-on-Sea Borough Council (SBC) on 19 July 2018. The Motion reiterated concerns previously outlined in SBC's Full Council's response to the STP's proposals earlier in the year 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.

Resolved:-

- (i) That the JHOSC noted the request from SBC that JHOSC take full account of SBC's continued objections to the STP.
- (ii) That the JHOSC noted that SBC's Full Council had 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, and the progress made by the STP regarding SBC's objections.

9 Date of next meeting

Resolved:-

That the next meeting of the Joint Scrutiny Committee would be arranged for late September or October 2018. Future meetings would be theme-based.

Chairman: _____