



Joint Health Overview & Scrutiny Committee - Mid and South Essex STP

on 30th August 2018

Relationships / roles between JHOSC and local scrutiny committees

A Part 1 Agenda Item

1. Purpose of Report

This report:-

- (ii) Sets out the framework for the working relationship between, and distinguishing role of, the Joint Health Overview and Scrutiny Committee established by Essex County Council, Southend-on-Sea Borough Council and Thurrock Council (JHOSC) and the health scrutiny committees at each of those three local authorities (the local HOSCs).
- (iii) Recognises the important role of the JHOSC and the local HOSCs and that there is potential overlap of work between them. It seeks to define a different role for the JHOSC compared to the local HOSCs.
- (iv) Acknowledges that the NHS and especially the STP would appreciate clarity about the different roles to avoid duplication of work and attendance at meetings.
- (v) Aims to ensure that the JHOSC and the local HOSCs focus as much as is possible on their respective core role to assist other health organisations and the community to understand the distinct roles.
- (vi) Recognises that the JHOSC and the local HOSCs are all united in a common vision to ensure better health and wellbeing outcomes for the citizens of Essex and ensuring that citizens, patients, service users, carers and staff views are heard when health service changes are being considered, developed and implemented.

2. Background

- 2.1 The Terms of Reference for the JHOSC were approved at the meeting on 20th February 2018 and noted at the meeting on 6th June 2018. Members of JHOSC were asked to note that the power of Referral to Secretary of State had not been delegated to the JHOSC.
- 2.2 The purpose of the Joint Health Overview & Scrutiny Committee (JHOSC) is to review proposals, development and implementation of service changes arising

from the Mid and South Essex Sustainability and Transformation Partnership (STP) that have cross border application and/or impact.

- 2.3 The Joint Committee will also act as the mandatory Joint Committee when the STP is required to consult on a substantial variation or development in service affecting patients in the three local authority areas. This document acknowledges that such consultations may happen on more than one occasion during the current 5 year planning cycle of the STP. In addition the JHOSC has agreed to have an on-going role in monitoring the STP including any implementation of the current or any subsequent proposals.
- 2.4 It has been agreed by Members of the JHOSC that joint scrutiny will continue whilst the STP continues. The JHOSC is, therefore, not just for the purposes of the statutory public consultation on acute reconfiguration – ‘Your Care in the Best Place’.
- 2.5 Members will be aware that the JHOSCs formal response to this public consultation was submitted on 22nd March 2018. The independent analysis of consultation feedback was published by the STP on 22nd May 2018. The full report can be found <http://www.nhsmidandsouthessex.co.uk/have-your-say/outcome-of-consultation/> The CCG Joint Committee met on 6th July 2018 and reached its final decisions – see also item elsewhere on agenda for today’s meeting.

3. Relationships/ roles between JHOSC and local scrutiny committees

- 3.1 Whilst there is an STP process covering the current area, the main focus of cross boundary discussions with the NHS will be via the JHOSC. It is proposed to establish some clear lines of responsibility for what is discussed at the local HOSCs meetings and what is discussed at the JHOSC.
- 3.2 Those matters that are overwhelmingly the responsibility of one Local Authority area should be discussed and led by the respective local HOSC. These matters may include (but are not exclusively):
 - The future of Orsett or any other community hospital.
 - The relocation or reconfiguration of local community services in a specific defined area that does not cross over administrative local authority boundaries and which are largely provided for the immediate local community.
 - The relocation or reconfiguration of local primary care services that does not cross over administrative local authority boundaries and which are largely provided for the immediate local community.
 - Any further local rationalisation of how services specifically just for the immediate local community are delivered at a hospital.
- 3.3 The local HOSC may also still exercise an overview role in relation to STP’s, engaging in governance issues / strategic oversight and coordination with and across neighbouring STP footprints.
- 3.4 Whereas those matters that cut across the whole STP footprint area (i.e. across Mid and South Essex) either/both in terms of location of services and/or patient

pathways should be discussed and led by the JHOSC (with referral to Local HOSCs as may be deemed appropriate). These matters may include (but are not exclusively):

- Future arrangements for specialist ‘networked’ services (e.g. cancer services, complex respiratory, stroke, urology, vascular services, complex kidney disease);
- Development of the model for Treat and Transfer clinical transfers that are applicable for the specialist networked services.
- Development of Family and Care Transport to facilitate the networking of specialist services.
- Overarching strategies (such as the Primary Care Strategy) although local implications may be reviewed by Local HOSCs.
- Ongoing and new public and stakeholder consultation and engagement on the above matters.
- The overall sustainability of the STP plans including finance.
- Finances, planning, regulatory and strategic considerations around the proposed merger of Basildon and Thurrock University Hospitals Foundation Trust, Mid Essex Hospitals Trust and Southend University Hospital Trust.
- Strategic issues raised by Local HOSC’s when considering community healthcare, primary care strategy.

3.5 The terms of reference for the JHOSC state that *‘it is anticipated that the Joint Committee will continue its deliberations and hold meetings during the consultation and implementation of STP plans. The Joint Committee will review its remit after three years and also at any time at the request of any of the participating authorities.’* It would be helpful for the JHOSC to undertake a review and evaluation of its work at the end of the 2018/19 municipal year.

4. Recommendations

4.1 In terms of the next steps for the JHOSC, it is proposed that:-

- (i) there are 3 substantive meetings scheduled by the end of the financial year and each meeting will have a main ‘theme’.
- (ii) officers from each Local Authority approach their respective Directors of Public Health, or other appropriate senior officer, for their input into the process.
- (iii) some JHOSC Members meet separately with the local Healthwatches and report back to the JHOSC.
- (iv) 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.