

Southend-on-Sea Borough Council

Report of Deputy Chief Executive (People) to Cabinet

On 18th September 2018

Report prepared by:
Nick Faint, Integration Programme Lead &
Fiona Abbott, Principal Democratic Services Officer

Agenda
Item No.

Council Motion re Mid and South Essex Sustainability and Transformation Partnership

People Scrutiny Committee Executive Councillor: Councillor Lesley Salter A Part 1 (Public Agenda Item)

1 Purpose of Report

- 1.1 To update Cabinet about the Motion regarding the Mid and South Essex Sustainability & Transformation Partnership (STP) proposals, considered at the Council meeting on 19 July 2018.

2 Recommendations

- 2.1 That Cabinet notes the resolution made by the Council at its meeting on 19 July 2018 where the Council unanimously agreed that the People Scrutiny Committee should “give due consideration to referral to the Secretary of State, taking these objections and other relevant factors into account” (see paragraph 4.3).
- 2.2 That Cabinet notes that this is a matter for People Scrutiny Committee to make a formal response to or make a referral to the Secretary of State.
- 2.3 That Cabinet notes that there will be a further report to People Scrutiny Committee providing details on the process for making a referral and that People Scrutiny Committee refer the matter to Full Council for a final decision.

3 Background

- 3.1 During the process of public consultation re the proposals for the Mid and South Essex Sustainability and Transformation Partnership (STP) SBC formally

responded. In summary, the report acknowledged the need for transformation within health services across the STP footprint and offered support for the STP proposals once the proposals had been sufficiently developed to address areas of particular concern for SBC.

- 3.2 The areas of concern expressed were; (1) stroke services; (2) investment in Localities; (3) transfers and transport; (4) consolidated discharge and repatriation; (5) capital investment; and (6) workforce.
- 3.3 On 6 July 2018 the CCG Joint Committee made decisions following recommendations made by the STP programme. These recommendations were made following consideration of the public consultation, clinical senate reports and developed proposals for each of the recommendations. The decisions taken by the CCG Joint Committee, in full, are outlined in a formal letter from the CCG Joint Committee Chair to the Chair of the JHOSC, the letter is at **Appendix 1**.

4 Council Motion

- 4.1 Following the CCG Joint Committee decision making process, at the Council meeting on 19 July 2018 a motion for consideration regarding the latest developments in the STP and related healthcare matters. The details of the motion are at **Appendix 2**.
- 4.2 In summary, the motion reiterated the concerns outlined in the Council's response to the STP proposals 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.
- 4.3 The motion was unanimously supported by all Members present and was carried. Minute 182, Council 19 July 2018 is at **Appendix 2**.
- 4.4 On 30 August 2018 JHOSC considered the decisions made by the CCG Joint Committee. The JHOSC further considered SBC's motion and noted the following;
- 4.4.1 That the JHOSC take full account of SBC's continued objections to the STP; and
- 4.4.2 That SBC's Full Council had requested that SBC's People Scrutiny Committee give due consideration to a referral to the Secretary of State, taking into account SBC's continued objections to the STP, the progress made by the STP regarding SBC's objections and any other relevant factors.

4.5 Given that the council motion requests the People Scrutiny Committee to consider the issue and the fact that JHOSC had noted the motion, it would be appropriate for the matter to be referred direct to the People Scrutiny Committee.

5 Other options

5.1 There are no other options for consideration.

6 Corporate Implications

6.1 Contribution to the Council's Vision and Critical Priorities – Becoming an excellent and high performing organisation.

6.2 Financial Implications – The financial risks to Southend Council, should the STP proposals be delivered, are yet to be identified.

6.3 Legal Implications – Where an NHS body consults with more than one local authority on a proposal for 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 STP proposals

6.4 People Implications – The expectation is that the STP proposals will address the workforce (recruitment and retention) issues highlighted in the case for change. There is a significant risk that this is not the case which could lead to greater challenges for workforce and finance.

6.5 Property Implications – Southend Council has offered to Southend health partners a partnership approach which will support the development and progression of Shoebury and St Luke's Health Centres. Capital investment would be required to develop the existing health estate.

6.6 Consultation – as described in the report.

6.7 Equalities Assessment (EA) – an EA was published by the STP during spring 2018. The Directors for Public Health, across the STP worked in partnership with the STP to develop the EIA.

6.8 Risk Assessment – The risks are outlined in this report. There is a risk to the local health and social care system of not doing anything.

7 Background Papers

8 Appendices

8.1 Appendix 1 – CCG Joint Committee decisions taken re STP proposals 6 July 2018

8.2 Appendix 2 – Minute 182, Council 19 July 2018