
Health Scrutiny Briefing

People Scrutiny Committee
June 2019

Health Briefing

Outline of paper

1. **Health and care system locally**
2. **Constitution, terms of reference of Committee etc re the Health scrutiny function**
3. **Joint arrangements**
4. **Other changes / information**

1. Health and Care System Locally

The *Health and Social Care Act 2012* brought about changes in the core structure of the NHS. The following publication '[A Councillor's guide to the health system in England](#)' is still a useful reference document.

1.1 NHS Southend Clinical Commissioning Group (CCG)

NHS Southend CCG is a Clinical Commissioning Group in south Essex. A CCG is a group of GPs and clinicians which commissions (buys) health services for their local communities. NHS Southend CCG covers a population of approximately 185,000 in Southend, Leigh, Westcliff and Thorpe Bay with 35 member practices.

CCG's have a governing body that oversees the work of the CCG. Dr. Jose Garcia Lobera is the current Chair of NHS Southend CCG's Governing Body. The Accountable Officer is Terry Huff.

Between Southend CCG and Southend Council it has been agreed to commission health and care services collaboratively and in partnership where it makes sense to do so. Our commissioning function across both the CCG and the Council have, for the past 5 years, worked together with the single aim of delivering better health and care outcomes for the residents of Southend. Services are being configured across Southend to cover 4 Localities and alignment with the NHS's recently formed Primary Care Network (6 PCNs) and working across with neighbouring networks to maximize efficiency, improve access and share good practice.

The Integrated Commissioning Team is led by a jointly appointed Director level post who has accountability and responsibility both within the CCG and the council. Under the Care Act, the Director of Public Health is responsible for providing advice and support in the provision of all NHS healthcare service provision – see *section 4.2 below*.

The CCG Governing Body comprises GP's, a Lead Nurse, Hospital Doctors, Lay representative, a Local Authority Chief Officer and other health professionals, including the Director of Public Health. Southend CCG leads on the commissioning of acute hospital care for all CCG's in south Essex. Castle Point and Rochford CCG's leads on the commissioning of community services for the south Essex CCG's.

CCGs can commission any service provider that meets NHS standards and costs. These can be NHS hospitals, social enterprises, charities, or private sector providers. However, they must be assured of the quality of services they commission, taking into account both National Institute for Health and Care Excellence (NICE) guidelines and the Care Quality Commission's (CQC) data about service providers.

In commissioning services CCG's must also take account the priorities set out in the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy. <http://southendccg.nhs.uk>

The key objectives are personalisation, integration, and 'right care first time'.

1.2 Mid and South Essex STP Joint Committee

The Sustainability Transformation Partnership (STP) Joint Committee is a meeting of the Clinical Commissioning Groups in mid and south Essex which is held in public and presided over by an independent Chair. This Committee is made up of the GP Chairs and Accountable Officers from each of the five Clinical Commissioning Groups. *See also 3 below.*

1.3 East of England Ambulance Service

Created in 2006 and covers the 6 counties in the East of England area. Its role is to provide high quality emergency, urgent and primary care services. The service provides GP out of hour's primary care in Norfolk and parts of Essex. The interim Chief Executive Officer is Dorothy Hosein.
<http://www.eastamb.nhs.uk/>

1.4 Mental Health Services – EPUT

Essex Partnership University Trust (EPUT) provides community health and learning disability services (e.g. district nursing) for a population of approx. 2.5 million people throughout Bedfordshire & Luton and Essex.

The Chief Executive is Sally Morris <http://www.eput.nhs.uk/>

1.5 Southend University Hospital Foundation NHS

The Trust provides a comprehensive range of acute services including medical and surgical specialties. The Trust is working collaboratively across Mid Essex, Basildon and Southend and moving towards the merger of the three Trusts.

The Chief Executive is Clare Panniker and the Managing Director is Yvonne Blucher <http://www.southend.nhs.uk/>

1.6 NHS England and NHS Improvement – East of England

From 1st April 2019, NHS England and NHS Improvement aligned to operate as a single organisation. NHS England and NHS Improvement – East of England is one of 7 regional teams that support the commissioning of high quality services and directly commission primary care and specialised services at a local level across England.

The East of England Regional Director is Ann Radmore
<https://www.england.nhs.uk/east-of-england/>

1.7 Health and Wellbeing Board

Every 'upper tier' local authority has a statutory health and wellbeing board to act as a forum for local commissioners across the NHS, social care, public health and other services. The boards are intended to:

- increase democratic input into strategic decisions about health and wellbeing services.
- strengthen working relationships between health and social care.
- encourage integrated commissioning of health and social care.

The HWB is mandated to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy.

The Chair of the Board is the Executive Councillor Cllr Trevor Harp.

For further information on the work of the Board go to the following link -
https://www.southend.gov.uk/info/200233/health_and_wellbeing/468/health_and_wellbeing_board

1.8 Healthwatch Southend

Healthwatch is the organisation which acts as the people's champion for health and social care issues. Healthwatch Southend provides information and advice on health and social care, offers health complaints information and advocacy and uses public opinion to help improve local health and social care services.

Jean Broadbent, Healthwatch Southend Manager is a non-voting member on the Scrutiny Committee. <http://www.healthwatchsouthend.co.uk/>

1.9 NELFT

NELFT NHS Foundation Trust provides community health and mental health services in Southend, Essex and across north east London. As part of an Essex – wide collaboration they provide emotional wellbeing and mental health services for children and young people in Southend.

2. Current legal framework, Constitution, terms of reference of Committee etc re the Health scrutiny function

2.1 The People Scrutiny Committee discharges the health scrutiny function¹ conferred by the Health & Social Care Act 2012 - (The Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013).²

¹ In some local authorities, the Committee with the health scrutiny function is often referred to as the 'Health Overview & Scrutiny Committee' or 'HOSC'.

² Statutory Guidance to accompany the Regulations was published in June 2014 – see [DoH Guidance](#)

- 2.2** The Scrutiny Committee has specific powers and roles including:
- ❖ to review and scrutinise the operation of the health service in its area, and to make reports and recommendations to NHS bodies and non-NHS organisations when commissioned to do so by e.g. by Clinical Commissioning Groups, in respect of that review and scrutiny;
 - ❖ the right to refer to the Secretary of State any substantial variations of NHS services that are not in the interests of local people, or where the consultation has been inadequate;
 - ❖ the right to establish joint health scrutiny committees to consider issues of concern to two or more existing health scrutiny committees.
- 2.3** Health bodies are required: to provide information, make arrangements for officers to attend health scrutiny committee meetings and answer questions, respond in writing to health scrutiny committee reports, and consult the health scrutiny committees at an early stage on any plans for substantial variations or developments of health services.
- 2.4** The Scrutiny Committee is also responsible for
- All Child and Adult Education
 - Youth Services
 - Children's Social Services
 - Adult Social Services
 - Health scrutiny role
 - Public Health
 - Commissioning/Procurement for Children, Adults and Public Health
- 2.5** The Committee has specialist co-opted members and observers that bring additional expertise and experience. There are 7 co-opted members on the Committee - two Diocesan representatives with voting rights on education matters, two elected parent governor representatives with voting rights on education matters, three non-voting members representing the Southend Association of Voluntary Services (SAVS), Healthwatch Southend and Southend Carers'. In addition there are two observers representing the Youth Council.
- 2.6** The People Scrutiny Committee has agreed protocols with Healthwatch Southend, NHS Southend CCG and the Health & Wellbeing Board and these will be refreshed soon.

3. Joint Arrangements

- 3.1** Where an NHS body consults 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 proposal.

- 3.2** A Joint Committee has been established comprising Essex, Thurrock and Southend Councils, to be the scrutiny consultee for a formal public consultation launched by the Mid and South Essex Sustainability and Transformation Partnership (STP) for various proposed service changes. *See also 4.1 below.* To date, Southend has acted as the lead authority to the Joint Committee.
- 3.3** Since early 2018 the Committee has held four meetings in public and a number of private briefings. The papers for the formal meetings can be [accessed here](#).
- 3.4** The Joint Committee had been intending to continue to look at issues and planning beyond the formal consultation. However, the STP plans have now been referred separately to the Secretary of State by Southend-on-Sea Borough Council and Thurrock Council, and as a consequence, the Joint Committees' work is currently has been paused.
- 3.5** In early March officers contacted the Department of Health and Social Care for an update on the Council's referral to the Secretary of State. We were advised that the referral is still with Minister for consideration and as the Thurrock HOSC referral relates to the same STP, the 2 referrals have been sent to Ministers together.
- 3.6** On 6th June 2019 the Secretary of State advised the Chair that he has written to the Independent Reconfiguration Panel (IRP) requesting that the Panel review both the Thurrock and Southend referrals and to send a response back to the Secretary of State by 19th July 2019. The Secretary of State has noted that the IRP may well advise that a full review of the Mid and South Essex STP is necessary. *See also 4.9 below.*
- 3.7** The Regional Health Scrutiny Chairs Forum is an informal body which can discuss NHS service developments or variations at a regional level – membership comprises the health scrutiny chairs from the regions county & unitary councils. There is also an officer support group³.

4. Other information

- 4.1** Mid and South Essex STP:- The Mid and South Essex STP brings together all health and care organisations to work on a single plan to respond to the rising number of people who need health and care services. <https://www.england.nhs.uk/integratedcare/stps/view-stps/mid-and-south-essex/>

The STP's Clinical Cabinet has a responsibility to instigate and drive collaborative work across the system to enhance our prevention programmes.

³ Fiona Abbott is a member of the officer group.

The Mid and South Essex STP is made up of the following health and care organisations:

NHS Clinical Commissioning Groups (CCGs), which plan and buy your healthcare with an annual allocation of funds from the Government

- Basildon and Brentwood CCG
- Castle Point and Rochford CCG
- Mid Essex CCG
- Southend CCG
- Thurrock CCG

The CCGs work closely with GP practices, pharmacies, social care and voluntary services in the area.

Local authorities, which provide social care and commission services from care agencies, care homes and voluntary services

- Essex County Council
- Southend-on sea Borough Council
- Thurrock Council

Organisations, which provide services commissioned by CCGs

- Basildon and Thurrock University Hospitals NHS Foundation Trust, which provides services from Basildon and Orsett Hospitals
- Mid Essex Hospital Services NHS Trust, which provides services from Broomfield Hospital in Chelmsford and Braintree Community Hospital
- Southend University Hospital NHS Foundation Trust, which provides services from Southend Hospital
- East of England Ambulance Service NHS Trust

Organisations, which provide services commissioned by CCGs and local authorities

- Essex Partnership University NHS Foundation Trust, which provides community services, adult mental health services and inpatient children's mental health services
- North East London NHS Foundation Trust (NELFT), which provides community services and children's community mental health services
- Provide, which provides community and social care services

Planners and regulators

- Local independent watchdog bodies - Healthwatch Essex, Healthwatch Southend and Healthwatch Thurrock
- NHS England specialised commissioning, which buys the most specialised services for the whole of the midlands and east region
- Health Education England, which is responsible for the development of the NHS workforce
- NHS England and NHS Improvement, the national regulators of the NHS

- 4.2 Public Health**:- In addition to their duties in co-creating the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy through the Health and Wellbeing Board, the local authority is responsible for hosting the core public health function and the commissioning of public health services, some of which are mandatory services.

The Health and Social Care Act 2012 gave local authorities a duty to improve the health of their population. There are a number of steps and services that have been mandated:

- Steps must be taken to protect the health of the local population
- Ensuring provision of specialist public health advice to NHS Commissioners – this is referred to as the Core Public Health Offer

The mandated services that must be commissioned are:

- Sexual health services with appropriate access (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract, and sexual health promotion and disease prevention)
- The National Child Measurement Programme (which involves the weighing and measuring of children in reception and year 6)
- NHS Health Check assessments (which assesses risk of heart disease, stroke and chronic kidney disease in people aged 40-74 who don't already have cardiovascular disease).

From 1 October 2015, local authorities took over the responsibility for commissioning public health services for children aged 0-5 years. This includes health visiting and Family Nurse Partnership targeted services for teenage mothers. The following five universal checks are mandated:

- antenatal health promoting visits
- new baby review
- six to eight week assessment of the baby
- one year assessment
- two to two and a half year review

- 4.3 Ofsted**:- Ofsted is the Office for Standards in Education, Children's Services and Skills. Ofsted inspect services providing education and skills for learners of all ages. It also inspects and regulates services that care for children and young people. Ofsted report directly to Parliament and are independent and impartial.

<https://www.gov.uk/government/organisations/ofsted/about>

- 4.4 The Secretary of State for Health and Social Care**:- The Secretary of State for Health has ultimate responsibility for the provision of a comprehensive health service in England and ensuring the whole system works together to respond to the priorities of communities and meet the needs of patients.

- 4.5** The Department of Health:- The Department of Health is responsible for strategic leadership of both the health and social care systems.
[Department of Health](#)
- 4.6** Public Health England:- Public Health England (PHE) provides national leadership and expert services to support public health and will also work with local government and the NHS to respond to emergencies:
- coordinate a national public health service and deliver some elements of this
 - build an evidence base to support local public health services
 - support the public to make healthier choices
 - provide leadership to the public health delivery system
 - support the development of the public health workforce
- [Public Health England](#)
- 4.7** The Care Quality Commission (CQC):- The CQC regulates all health and adult social care services in England, including those provided by the NHS, local authorities, private companies and voluntary organisations.

The CQC has published booklets for Councillors – [CQC and council scrutiny – working together](#) - there is also a training booklet available for CQC staff on understanding the local authority and the role of health scrutiny. The CQC has split into teams for Hospitals, Adult and Community Services and Primary and Integrated Care.
[Care Quality Commission](#)

- 4.8** NHS Long Term Plan:- <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf> - the Plan was published in January 2019. The key headlines / sections of the plan are – new service model (Integrated Care Systems), prevention and health inequalities, care quality and outcomes, staff / workforce, digital, use of resources and next steps.
- 4.9** Independent Reconfiguration Panel:- The Panel is the independent expert on NHS service change. The IRP is an advisory non-departmental public body, sponsored by the Department of Health and Social Care.

The Panel has issued some reports recently which will be of interest to the Scrutiny Committee. A fairly recent example is the initial assessment on Horton General Hospital, Banbury referral concerning the permanent closure of consultant-led maternity services. See - <https://www.gov.uk/government/publications/irp-horton-general-hospital-banbury-initial-assessment> - this is an example of how referrals to the Secretary of State are clearly taken seriously and investigated with care by the Independent Reconfiguration Panel.

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