

**Report of Chief Executive
to
People Scrutiny Committee**

29th November 2016

Report prepared by:
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**Scrutiny Committee - updates
A Part 1 Agenda Item**

1. Purpose of Report

To update the Committee on a number of health scrutiny matters, Joint Committee work, Success Regime and the in depth scrutiny project.

2. Recommendations

2.1 That the report and any actions taken be noted.

2.2 To note that a special meeting of the Committee will be held on Tuesday 20th December, starting at 6 pm.

3. Location of PETCT scanner service for south Essex – Joint Committee Essex and Southend

3.1 At the meeting in October 2016, the Committee received an update on the outcomes from the Joint Committee (Minute 356 refers). The Joint Committee met on 15th September and considered NHS England's recommendation for Southend to be the permanent location of the PETCT scanner service in south Essex. Following the meeting, a letter was sent to NHS England on behalf of the Joint Committee unanimously supporting the proposal to site the future service at Southend Hospital.

3.2 Thurrock HOSC considered the issue separately and did not agree with the recommended site for the fixed scanner and referred the matter to the Secretary of State.

3.3 It is likely that NHS England will now have to brief the Secretary of State on the background to the proposal and their engagement with the health scrutiny Committees at Essex, Southend and Thurrock. The Joint Committee has resolved to proactively highlight its role and share its conclusions with the Secretary of State (something the Centre for Public Scrutiny also advised would be good practice to do so) and a letter has now been sent to the Secretary of State, highlighting the role and views of the Joint Committee.

3.4 Pending the final decision on the permanent solution, the Regional Director for Specialised Commissioning has agreed to put in place an interim solution / temporary action. From December, the interim arrangements for the service will be 1 day per week of the mobile service at Basildon (which can be increased if capacity is insufficient for demand) and 2 days per week at the fixed service at Southend.

4. Success Regime and Sustainability and Transformation Plans (STP)

- 4.1 At the October meeting, a further detailed presentation was given on the Mid & South Essex Success Regime & STP programme and the developing proposals and progress on the locality approach. At the meeting it was agreed that the pre consultation business case will be shared with the Committee at its next meeting and there will be service redesign which will be subject to public consultation in early 2017 (Minute 345 refers).
- 4.2 Health have now advised that the timescales have changed to allow for more time for engagement and appraisal of options and completion of pre-consultation business case.
- 4.3 In the light of the changed timescales and with the agreement of the Chairman it has been agreed that a special meeting of the People Scrutiny Committee will be held on Tuesday 20th December 2016 starting at 6 pm. At the meeting health colleagues will also give an update on progress on the roll out of the integrated locality team model in Southend.
- 4.4 The latest NHS England Stakeholder briefing on the Success Regime was circulated to the Committee on 11th November 2016 and is attached at **Appendix 1**.
- 4.5 There is a need to explore the three Essex authorities working more closely together. There will also continue be periodic strategic high level updates from NHS England on the Success Regime to the full Committee.

5. In depth scrutiny project

- 5.1 At the last meeting, the Committee agreed the project plan for the in depth project – ‘Alternative provision – off site education provision for children and young people’ (Minute 356 refers).
- 5.2 To date the project team has held four meetings and Members have met with a number of key witnesses as part of the evidence gathering for the review. The Committee is asked to note the update.

6. Other matters

- 6.1 Regional Specialist Commissioning – an update report from NHS England on regional specialised commissioning is attached at **Appendix 2**. This provides the Committee with an update on the key national and local service reviews that are taking place.
- 6.2 Shoeburyness Primary Care Centre and St Luke’s – at the last meeting, the Committee received a brief update on these 2 developments (Minute 356 refers). The CCG have now provided the following information:-

“Since your last update, we have continued to work on developing the model of care for the two new primary care centres. Both projects remain very much on track and we continue to meet with local residents and councillors through our ‘task and finish’ groups. At the last meetings, both held in early November, we discussed the emerging model of care we are seeking to develop. This seemed to be well received by those at the meeting. St Luke’s will be the first primary care centre to be completed and we will co-locate community and primary care services in the building

as the first step towards developing an integrated model of health and social care. Shoebury is a new build project so will take longer to build, as such we expect an integrated model of care to be developed in parallel with the new building and ready to occupy it at the time services move in.

A paper is going to our Governing Body meeting in public on 1 December which will be published on 24 November.”

A copy of the Board paper will be circulate to the Committee when available.

- 6.3 Mental health services for children and young people – at the last meeting, the Committee was updated about the involvement of Councillors Boyd and Endersby in an Essex Scrutiny Committee Task & Finish Group to review mental health services for children and young people (Minute 356 refers). This group has held a number of meetings and has a grounding in the context and structure of current services, and some of the key issues, and will now be establishing a work programme to speak to further witnesses, including NELFT. The Group aims to conclude its review by February 2017. The Committee is asked to note the update and the current Scoping Document for the Group, attached at **Appendix 3**.

7. Corporate Implications

- 7.1 Contribution to Council’s Vision and Critical Priorities – Becoming an excellent and high performing organisation.
- 7.2 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.
- 7.3 Legal Implications – 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.
- 7.4 People Implications – none.
- 7.5 Property Implications – none.
- 7.6 Consultation – as described in report.
- 7.7 Equalities Impact Assessment – none.
- 7.8 Risk Assessment – none.

8. Background Papers

- Email regarding PETCT scanner – 2nd November 2016 and associated emails.
- Emails re Success Regime – 10th November 2016 and 11th November 2016.

9. Appendices

Appendix 1 – Success regime progress update

Appendix 2 – specialised services – an update

Appendix 3 – mental health services for children & yp scoping document