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| <b>18 January 2018</b>                                                                                                                         |                                 | <b>ITEM: 7</b> |
| <b>Health and Wellbeing Overview and Scrutiny Committee</b>                                                                                    |                                 |                |
| <b>Essex, Southend and Thurrock Joint Health Scrutiny Committee on the Sustainability and Transformation Programme for Mid and South Essex</b> |                                 |                |
| <b>Wards and communities affected:</b><br>N/A                                                                                                  | <b>Key Decision:</b><br>Non Key |                |
| <b>Report of:</b> Roger Harris, Corporate Director of Adults, Housing and Health                                                               |                                 |                |
| <b>Accountable Assistant Director:</b> N/A                                                                                                     |                                 |                |
| <b>Accountable Director:</b> N/A                                                                                                               |                                 |                |
| <b>This report is Public</b>                                                                                                                   |                                 |                |

### **Executive Summary**

Further to the September meeting of the Thurrock Health and Well-being Overview and Scrutiny Committee (HOSC) the Mid and South Essex Sustainability and Transformation Programme (STP) have now formally issued their consultation document on the acute hospital re-configuration proposals. As this is a cross boundary consultation the regulations are clear - in such circumstances a Joint HOSC needs to be established. Thurrock HOSC, therefore, is asked to consider the attached terms of reference for the Joint HOSC with Essex and Southend and agree to the appointment of four members to represent Thurrock HOSC. This has been discussed and supported at the Governance Group of the three Group Leaders.

#### **1. Recommendations :**

**HOSC is asked to:**

- 1.1 Comment on the proposed terms of reference for the Joint HOSC with Essex and Southend.**
- 1.2 Agree to appoint four members to represent Thurrock HOSC at the joint committee meetings.**
- 1.3 Not delegate its power of referral to the Secretary of State to the joint HOSC.**

## 2. Introduction and Background

- 2.1 The Mid and South Essex STP has now formally issued their consultation document on the proposed reconfiguration of the three acute hospitals in Mid and South Essex. This consultation also includes the proposals for the future of the services currently on the Orsett Hospital site. The consultation is being led by the five Clinical Commissioning Groups in Mid and South Essex and concludes on the 9 March 2018. The proposals are summarised under a further agenda item for tonight's meeting.
- 2.2 The purpose of the Joint Committee would be to scrutinise the implementation of the Mid and South Essex Sustainability and Transformation Plan and how it would meet the needs of the local population in Essex, Southend and Thurrock.
- 2.3 The Department of health guidance on Joint Scrutiny Committees is clear - June 2014 regulations: 3.1.7:

*“Regulation 30 also requires local authorities to appoint joint committees where a relevant NHS body or health service provider consults more than one local authority’s health scrutiny function about substantial reconfiguration proposals (referred to below as a mandatory joint health scrutiny committee). In such circumstances, Regulation 30 sets out the following requirements:*

- *Only the joint committee may respond to the consultation (i.e. rather than each individual local authority responding separately).*
- *Only the joint committee may exercise the power to require the provision of information by the relevant NHS body or health service provider about the proposal.*
- *Only the joint committee may exercise the power to require members or employees of the relevant NHS body or health service provider to attend before it to answers questions in connection with the consultation.”*

3.1.18 further goes on to say *“These restrictions do not apply to referrals to the Secretary of State. Local Authorities may choose to delegate their power of referral to the mandatory joint committee but they need not do so”.*

- 2.4 It is clear from the above that the establishment of the joint committee is a requirement but the power of referral is discretionary. Therefore, it is now recommended that we do join but do not delegate our power of referral. The Joint Committee would consist of Members from all three authorities and consideration would need to be given to the political proportionality of those Members.
- 2.5 Southend Council and Essex County Council have already agreed to support the setting up of a Joint Committee and had one informal meeting on the 18 December 2017 with a second preparation meeting scheduled for the 22 January 2018. It is being proposed by Southend Council to hold the first formal meeting on the 26 February 2018.

2.6 The Lead Authority would bear staffing costs of arranging, supporting and hosting the meetings of the Joint Committee but other costs, such as obtaining expert advice, would be apportioned between the three local authorities.

### **3. Issues, Options and Analysis of Options**

3.1 There were concerns expressed at the September HOSC meeting that this was creating another layer of bureaucracy and potentially taking power and authority away from the Thurrock Scrutiny process.

3.2 As stated above, however, this is not discretionary. To mitigate against the concerns about a loss of local autonomy it is proposed that we do not delegate our power of referral and that the Thurrock HOSC continues to meet and consider the proposals. This would give a better opportunity to inform the Thurrock representatives at the Joint meeting and give them confidence they were representing the wider views of the Thurrock scrutiny process.

3.3 The joint committee does have the benefit of potentially a stronger collective voice from the three local authorities in particular on those areas where Thurrock has continually expressed its reservations about the STP process – too much focus on acute hospitals, a lack of focus on out of hospital care, a lack of strategy around primary care and no clear assessment on the impact these proposals will have on adult social care in particular.

### **4. Reasons for Recommendation**

4.1 To ensure that Thurrock plays a full and active part in the mandatory joint committee but also reserves its right over any potential referrals to the Secretary of State.

### **5. Consultation (including Overview and Scrutiny, if applicable)**

5.1 N/A

### **6. Impact on corporate policies, priorities, performance and community impact**

6.1 N/A

### **7. Implications**

#### **7.1 Financial**

Implications verified by: **Carl Tomlinson**  
**Finance Manager**

None at this stage as the report is largely for noting. Any costs arising from the establishment of the Joint HOSC would have to be contained from within existing resources.

## 7.2 Legal

Implications verified by: **David Lawson**  
**Assistant Director of Law & Governance**

At this stage the report is asking the committee to comment on a set of proposed terms of reference for the Joint HOSC. The body of the report addresses the relevance of Regulation 30 to participation in a Joint HOSC.

It should also be noted that under the Authority's Constitution the following functions has been determined by Council to the Health and Wellbeing Overview and Scrutiny Committee: Terms of Reference Para 4: "Work in partnership and act as a member of regional, sub-regional and local health scrutiny networks".

Finally the Scrutiny Procedure Rules at Paragraph 6.9 confirm that: "Where the Committee (including any Joint Health Overview and Scrutiny Committee to which the Committee has appointed one or more Members) has been consulted by a local NHS body on any proposal for a substantial variation or development in local NHS services, and the Committee (having considered the evidence) is not satisfied that consultation has been adequate, or considers that the proposal would not be in the interests of the health service in the area, then it may report in writing to the Secretary of State, under section 244, NHS Act 2006."

## 7.3 Diversity and Equality

Implications verified by: **Natalie Warren**  
**Community Development and Equalities  
Manager**

None at this stage as the report is largely for noting.

## 7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

N/A

## 8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

See below.

**9. Appendices to the report**

Appendix 1 – Draft Terms of Reference

**Report Author:**

Roger Harris

Corporate Director of Adults, Housing and Health