Essex County Council

Health Overview Policy and Scrutiny Committee

10:30	Wednesday, 29 July 2020	Online Meeting

The meeting will be open to the public via telephone or online. Details about this are on the next page. Please do not attend County Hall as no one connected with this meeting will be present.

For information about the meeting please ask for:
Richard Buttress, Democratic Services Manager
Telephone: 07809 314835
Email: democratic.services@essex.gov.uk

Essex County Council and Committees Information

All Council and Committee Meetings are held in public unless the business is exempt in accordance with the requirements of the Local Government Act 1972.

In accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020, this meeting will be held via online video conferencing.

Members of the public will be able to view and listen to any items on the agenda unless the Committee has resolved to exclude the press and public from the meeting as a result of the likely disclosure of exempt information as defined by Schedule 12A to the Local Government Act 1972.

How to take part in/watch the meeting:

Participants: (Officers and Members) will have received a personal email with their login details for the meeting. Contact the Democratic Services Officer if you have not received your login.

Members of the public:

Online:
You will need the Zoom app which is available from your app store or from www.zoom.us. The details you need to join the meeting will be published as a Meeting Document, on the Meeting Details page of the Council's website (scroll to the bottom of the page) at least two days prior to the meeting date. The document will be called "Public Access Details".

By phone

Telephone from the United Kingdom: 0203 481 5237 or 0203 481 5240 or 0208 080 6591 or 0208 080 6592 or +44 330 088 5830.
You will be asked for a Webinar ID and Password, these will be published as a Meeting Document, on the Meeting Details page of the Council's website (scroll to the bottom of the page) at least two days prior to the meeting date. The document will be called "Public Access Details".

Accessing Documents

If you have a need for documents in, large print, Braille, on disk or in alternative languages and easy read please contact the Democratic Services Officer before the meeting takes place. For further information about how you can access this meeting, contact the Democratic Services Officer.

The agenda is also available on the Essex County Council website, www.essex.gov.uk From the Home Page, click on 'Running the council', then on 'How decisions are made', then 'council meetings calendar'. Finally, select the relevant committee from the calendar of meetings.

Please note that an audio recording may be made of the meeting – at the start of the meeting the Chairman will confirm if all or part of the meeting is being recorded.

		Pages
**	**Private Pre-meeting for HOPSC Members Only** Please note that Members are requested to join via Zoom at 9.30am for a pre-meeting.	
1	**Membership, Apologies, Substitutions and Declarations of Interest**	**5 - 5**
2	**Minutes - 13 May 2020**	**6 - 8**

3	**Questions from the public** A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. No statement or question shall be longer than three minutes and speakers will be timed. If you would like to ask a question at the meeting, please email democratic.services@essex.gov.uk before 12 Noon the day before (Tuesday 28 July).	
4	**Personal Behaviours Arising from the Pandemic**	**9 - 60**
5	**North East Essex CCG - Care Closer to Home Contract - Update**	**61 - 70**
6	**Chairman's Report**	**71 - 72**
7	**Member Updates**	**73 - 73**
8	**Work Programme**	**74 - 76**
9	**Date of next meeting** To note that the next committee meeting is scheduled for Wednesday 2 September 2020. This may be a private committee session, meeting in public, briefing etc.- format and timing to be confirmed nearer the time.	
10	**Urgent Business** To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.	

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

The following items of business have not been published on the grounds that they involve the likely disclosure of exempt information falling within Part I of Schedule 12A of the Local Government Act 1972. Members are asked to consider whether or not the press and public should be excluded during the consideration of these items. If so it will be necessary for the meeting to pass a formal resolution:

That the press and public are excluded from the meeting during the consideration of the remaining items of business on the grounds that they involve the likely disclosure of exempt information falling within Schedule 12A to the Local

Government Act 1972, the specific paragraph(s) of Schedule 12A engaged being set out in the report or appendix relating to that item of business.

11 Urgent Exempt Business

To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.

Committee: Health Overview Policy and Scrutiny Committee

Enquiries to: Graham Hughes, Senior Democratic Services Officer

Membership, Apologies, Substitutions and Declarations of Interest

Recommendations:

To note

1. Membership as shown below
2. Apologies and substitutions
3. Declarations of interest to be made by Members in accordance with the Members' Code of Conduct

Membership
(Quorum: 4)

Councillor J Reeves	Chairman
Councillor A Brown	
Councillor J Chandler	
Councillor B Egan	Vice-Chairman
Councillor R Gadsby	
Councillor D Harris	
Councillor J Lumley	
Councillor B Massey	
Councillor C Souter	
Councillor M Stephenson	
Councillor M Steptoe	
Councillor A Wood	Vice-Chairman

Co-opted Non-Voting Membership

Councillor T Edwards	Harlow District Council
Councillor M Helm	Maldon District Council
Councillor A Gordon	Basildon Borough Council

Minutes of a virtual meeting of the Health Overview Policy and Scrutiny Committee held virtually by video conference at 9:30am on Wednesday 13 May 2020

County Councillors Present:

Councillor Reeves (Chairman)	Councillor Baker (substitute)
Councillor Brown	Councillor Chandler
Councillor Egan (Vice-Chairman)	Councillor Gadsby
Councillor Harris	Councillor Souter
Councillor Wood	

Co-opted non-voting member: Harlow District Councillor T Edwards (part of the meeting)

Sam Glover, Chair of Healthwatch Essex, was welcomed to her first meeting as Healthwatch Essex observer and permitted by the Chairman to also participate in the discussion.

Graham Hughes - Senior Democratic Services Officer, was also in attendance throughout to support the meeting.

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1. Membership, Apologies, Substitutions and Declarations of Interest

Apologies had been received from Councillor Lumley.

Councillor Egan declared a Code interest as her cousin was a Managing Director of Basildon and Thurrock University Hospital Trust. Councillor Wood declared that he was a stakeholder appointed governor at North Essex partnership Trust. Neither believed that the interest declared would prejudice their consideration of the public interest and that they were able to speak and vote on the matters on the agenda:

Sam Glover, Chairman of Healthwatch Essex, declared that she was employed by Pubic Health England.

2. Minutes

The Minutes of the meeting of the Health Overview Policy and Scrutiny Committee (HOPSC) held on 4 March 2020 were approved as a correct record and signed by the Chairman.

3. Questions from the Public

There were no questions from the public.

4. Princess Alexandra Hospital (update) and Joint Working with Hertfordshire

The Committee considered report HOPSC/12/20 comprising an update from the Senior Democratic Services Officer which, further to prior consultation with the Chairman, proposed the establishment of a Joint Health Scrutiny Committee with Hertfordshire to formally look at the proposals to relocate and rebuild Princess Alexandra Hospital at a new greenfield site.

After discussion, it was **Resolved** that:

(i) A Joint Health Scrutiny Committee with Hertfordshire be established to review proposals to relocate and rebuild Princess Alexandra Hospital at a new greenfield site;

(ii) The Committee's representation on the proposed Joint Health Scrutiny Committee be County Councillors Jill Reeves, Beverley Egan and Ricki Gadsby and that Harlow District Councillor Tony Edwards be invited to attend as an observer and, at the discretion of the Chairman of the Joint Committee, to participate in discussion so as to provide local input into the deliberations;

(iii) The proposed Terms of Reference (as presented within the agenda paper for this item) be approved and recommended to the Joint Committee for adoption at its first meeting;

(iv) Political proportionality rules should not be applied to the membership of the Joint Committee (as confirmed in the Terms of Reference);

(v) The Joint Committee be the formal statutory consultee for the purposes of considering the PAH proposals for relocation and rebuild of the hospital and proposed public engagement strategy.

5. Chairman's report

The Committee considered and noted report HOPSC/13/20.

6. Member Updates

The Committee considered report HOPSC/14/20.

(i) Members noted the proposed change in Chairmanship of the Essex Partnership University Trust (EPUT) later in the year and discussed scheduling an item on the work programme to look at EPUT preparations and service response post-pandemic lockdown;

(ii) The Joint HOSC with Suffolk would be soon convening to consider the feedback received during the public consultation exercise on a proposed orthopaedic centre at Colchester;

7. Work Programme

The committee considered report (HOPSC/15/20).

(i) Most currently scheduled items would likely have a pandemic context to them when they were eventually considered;

(iii) Members considered an appropriate and proportionate future item on the health service response to the current pandemic. It was suggested that initially a short written report could be requested from health providers. This would be investigated further at the next Chairman's Forum meeting.

8. Date of next meeting

The committee noted that the next committee activity day was scheduled for 09:30 on Wednesday 17 June 2020.

9. Urgent business

There was no urgent business and the meeting closed at 9.50am

Chairman

Personal Behaviours Arising from the pandemic

Reference Number: HOPSC/16/20

Report title: Personal Behaviours Arising from the pandemic	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 29 July 2020	**For:** Discussion and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk.	
County Divisions affected: Not applicable	

1. Introduction

1.1 The Chairman and Lead Members have requested that the Committee start its review of the impact of the pandemic on local health services by looking at any changes to personal behaviours that are evident (such as changing trends in substance abuse, and mental health presentations). This introductory update is attached as described further below.

2. Action required

2.1 The Committee is asked to consider:

(i) this report and appendices and identify any issues and concerns arising;

(ii) next steps and potentially linking with future sessions with Acute trusts on emergency care seasonal planning and admission avoidance and, separately, with mental health providers on their future service planning;

(iii) any other aspects or concerns about the pandemic's impact on local services that may require future scrutiny.

3. Background

The agreed Scope agreed for this introductory item was as follows:

- Impact on pandemic and lockdown on personal behaviours and wellbeing (substance abuse, self-harm, mental health).

- How planning for it;

- Essential and resulting Public Health messaging.

Essex County Council officers primarily have supported the preparation of this item and provided the majority the update. However, whilst presentations are often at specialist treatment centres (such as for substance abuse), there may

also still be presentations at A&E so each of the five acute hospitals in Essex have been requested to also provide data on presentations at their respective A&E which displayed substance abuse, self- harm and/or mental health issues. This information can then supplement the information on presentations being made in other settings. The information received from the acute trusts has also been included amongst the attached appendices.

In relation to mental health, there is also a summary of how ECC and key partners have driven the mental health response to Covid-19, as well as the impact experienced so far. It also outlines the plans being formulated for the future and how demand is expected to develop.

Essex County Council officers will be in attendance on the day to present this update.

4. Update and Next Steps

See Appendices for update. See Action Required for next steps.

5. List of Appendices

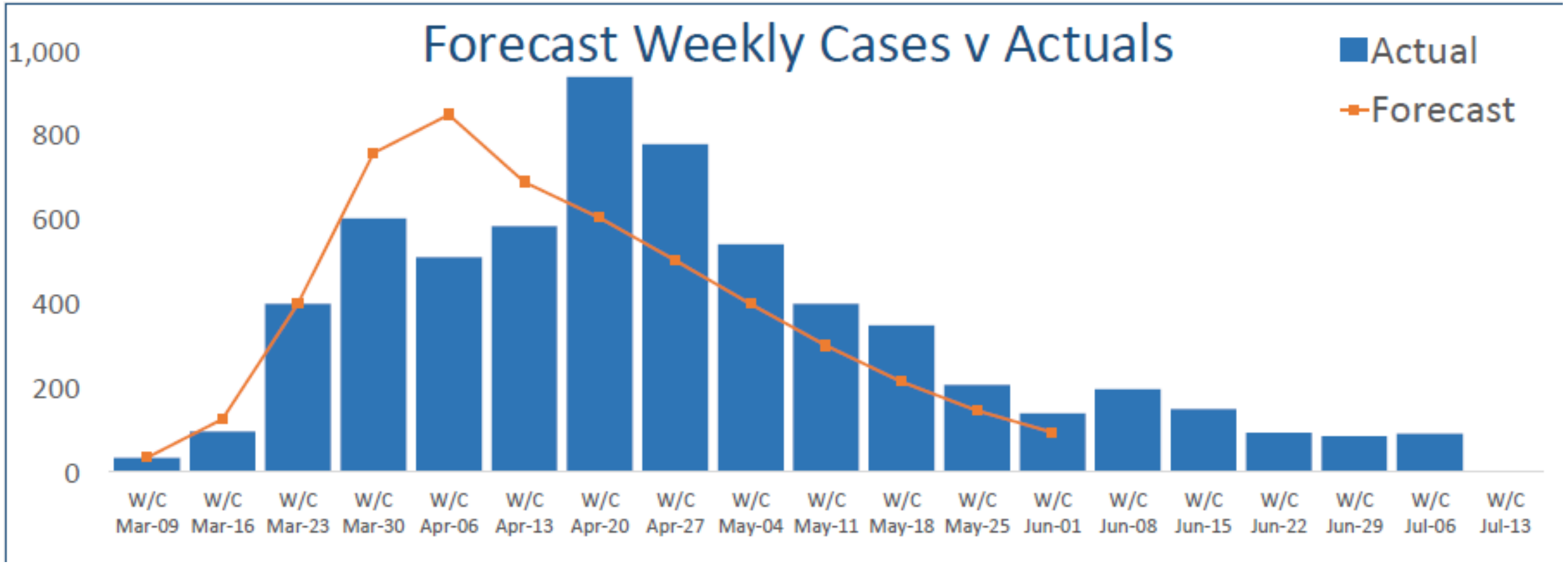
A	Covid and Public Health Power Point presentation from Mike Gogarty - Director, Wellbeing, Public Health & Communities;
B	How Public Health activity has changed/will need to change to respond to and mitigate impacts of Covid 19;
C	Briefing on the Public Health Commissioned Substance Misuse (Drug and Alcohol) System response to Covid-19;
D	Briefing on the mental health response to Covid-19
E	Colchester Hospital (part of East Suffolk and North Essex Foundation Trust) – Excel spreadsheet with data on A&E presentations data;
F	Mid and South Essex Hospitals Foundation Trust - A&E presentations update dated 9 July 2020;
G	Princess Alexandra Hospital Trust - A&E presentations data.

HOSC

Covid and Public Health

How Public Health messaging and activity has changed/will need to change to respond and mitigate.

Some key messages and Covid-related services etc in a public setting


Forecast Weekly Cases v Actuals
Actual
Forecast
1,000
800
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0
W/C Mar-09
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W/C Mar-30
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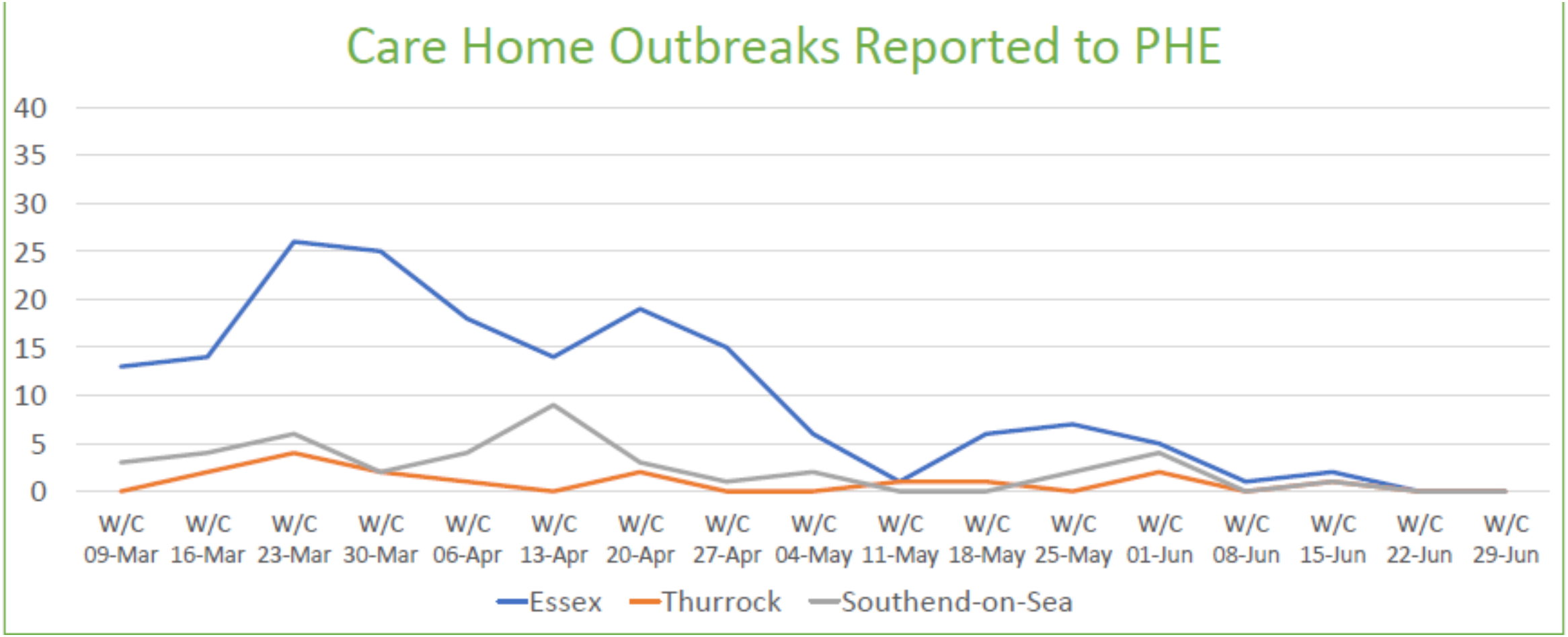
Care Home Outbreaks Reported to PHE
40
35
30
25
20
15
10
5
0
W/C 09-Mar
W/C 16-Mar
W/C 23-Mar
W/C 30-Mar
W/C 06-Apr
W/C 13-Apr
W/C 20-Apr
W/C 27-Apr
W/C 04-May
W/C 11-May
W/C 18-May
W/C 25-May
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W/C 08-Jun
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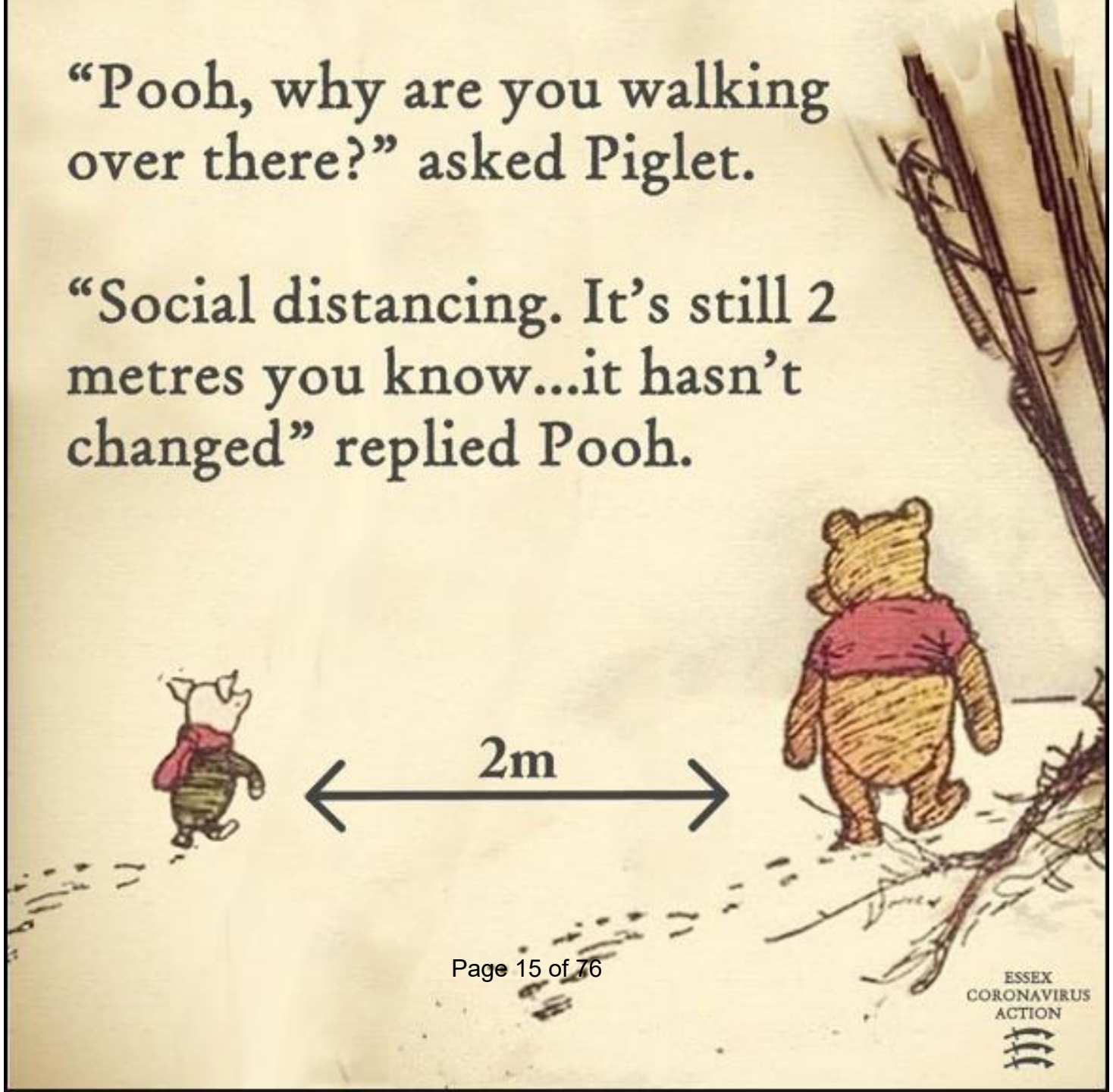
W/C 22-Jun
W/C 29-Jun
Essex
Thurrock
Southend-on-Sea


"Pooh, why are you walking over there?" asked Piglet.
"Social distancing. It's still 2 metres you know...it hasn't changed" replied Pooh.
2m
ESSEX CORONAVIRUS ACTION

Implications Covid on public health

- Wider determinates ~ wealth and debt
- Inequalities and Covid
- Mental health
- Social isolation
- Education
- Wider impact lifestyles
- Only suppressed

Wider determinates

- Economic growth and jobs
- Skills and Apprenticeships
- Role Public Sector as Anchor Institutions~ targeted employment and local supply chains
- Clacton health and Care campus

- CAB and debt
- Healthier Wealthier Children

Communities and Lifestyle

- Already working in this area
- Social isolation
- Weight loss
- Physical activity

Covid 19

- Suppressed due to societal action reducing transmission
- Likely continue reduction over summer
- Autumn/Winter challenges~ schools return, meet indoors, seasonality
- Local v central action and lockdown

Covid 19~ what next

- 1. The disease goes away – there are examples historically in which diseases have gone away for reasons that were unclear. This is highly improbable here. Of note the Antipodes are seeing very little seasonal flu as the prevention measures for coronavirus also stop flu
- 2. Winter peak – the rate of transmission will be low and stay low (hovering below 1) through summer and early autumn period, before a peak or surge of COVID-19 cases over winter. This is the most likely scenario.
- 3. Further waves – if there is a second wave travelling around the world, it is more likely to hit the northern hemisphere over the winter months
- 4. We lose control – this will happen if we release the social distancing measures too fast. This could trigger a pandemic wave

Covid 19

- Outbreak Plan
- Communications and local action
- “Test, Trace, Contain, Enable”
- Role local v national
- Epidemiology
- Outbreaks
- Powers

Test, Trace, Contain, Enable

- National Test and Trace
- Local complex case and outbreak support
- Care homes, NHS, schools, businesses, hostels
- Prevention
- Local outbreaks
- Local lockdowns

Test, Trace, Contain, Enable

- Provided by ACE and Provide
- Call handlers, EHOs (in house), Communicable Disease Consultants
- DC/BC/City EHOs
- Essex Welfare Service
- Communications
- Epidemiology
- Joint service with Southend
- Public Health England

Test, Trace, Contain, Enable

- Health Protection Board~ officers including all DC/BC, NHS, police. Expert group to understand outbreaks and recommend actions to DPH

- SCG ~Strategic leadership across Greater Essex to deliver operational asks eg local lockdown

- Outbreak Engagement Board ~ Elected members including LA leaders, agree actions proposed by DPH and work with SoS around lockdown

Take Away

- Covid likely will get worse again and we may have lockdown
- We have system in place to oversee local outbreak and response
- Long term impact will be from decline mental health
- Major health impact will be through material deprivation with increase in inequalities

How Public Health activity has changed/will need to change to respond to and mitigate impacts Covid 19

1. Specific Areas for Consideration

1.1 The wider impacts of Covid on Essex and its implications for wider determinants (section 3)

1.2 Support for local communities around the impacts on material wealth through public sector organisations' role as anchors (section 4)

1.3 Securing the best start in life and educational opportunities including work with schools and further education and around apprenticeships (section 5)

1.4 Ensuring a holistic approach to improved mental health with a focus on support around underlying drivers including debt, employment, loneliness, loss and housing (This is discussed in the separate paper on mental health)

1.5 Consideration of lifestyle choices during, and in the aftermath of, Covid, with the impact on issues such as physical activity, diet, drug and alcohol abuse and smoking (section 6).

1.5 With all of the above, consideration that we are likely to suffer a recurrence of Covid with a need for further preventative measures at the end of this calendar year.

2 Context before Coronavirus

2.1 Developments in Public Health and healthcare have had a significant impact on the population's health; people are living longer lives. However, these improvements are beginning to slow and on average over 20% of years lived are expected to be in poor health.[1]

2.2 The risk of developing long term conditions increase as people age; the latest figures for disability free life expectancy are 62 years for women and 63 for men.[2] Long term conditions, such as dementia, are key challenges for population health and in sustaining independence.

2.3 Whilst these issues are risks for the whole population there is a social gradient to life expectancy and people's health is adversely impacted by the place in which they live.[3] There are growing areas of society facing entrenched poverty and deprivation which impact adversely on people's health.

[1] Department of Health and Social Care, *Advancing our health: prevention in the 2020s* (Prevention Green Paper), July 2019
[2] The King's Fund, *What is happening to life expectancy in the UK?*, October 2019
[3] The King's Fund, *What is happening to life expectancy in the UK?*, October 2019

2.4 There is a large and growing gap between the most and least deprived districts in Essex; more than 123,000 people in areas which are amongst England most deprived, which has more than doubled over the last ten years. There is a consistent and marked decline in areas such as Tendring, which is falling faster and further behind the rest of the country.[4]

2.5 HOSC are well versed in the importance of wider determinates of health. These include socioeconomic factors including material wealth, education, employment. They are especially important in the early years of life. Social networks are also important. This group account for around 40% of health impacts. Another 30% are driven by lifestyle choices including diet, exercise, tobacco, alcohol and substance misuse. The next 20% relates to access to healthcare and services

3 Coronavirus and health impacts

3.1 COVID-19 is likely to have a profound and long-lasting impact on the health and wellbeing of the people of Essex. The Health and Wellbeing Board (HWB) have clear existing priorities and strategy with focus on mental health, wider determinates, lifestyles and older people and people with disabilities underlined by and all age approach. It is suggested that these priorities remain apposite, but the range of actions to deliver agreed improvements may need to be revised.

3.2 Age is the single biggest risk factor of serious illness from COVID-19, but we know the existing inequalities prevalent before COVID have been amplified.

3.3 COVID-19 deaths disproportionately occur in the elderly, male, and BAME populations. Ethnicity is unlikely to be the sole cause for these deaths. Ethnicity has strong links to the wider determinants of health – employment & the types of work available, quality of housing, and financial security. These socioeconomic factors may have an influence in driving the higher number of BAME deaths

3.4 COVID-19 has had a proportionally higher impact on the country's most deprived areas vs the least deprived. The age-standardised mortality rate of deaths involving COVID-19 in the most deprived areas of England was 55.1 deaths per 100,000 population compared with 25.3 deaths per 100,000 population in the least deprived areas. On average, there are 36.2 deaths involving COVID-19 per 100,000 people in England and Wales.

3.5 As more people become unemployed the economic effects will transmit from vulnerable businesses to vulnerable households and have a further knock-on effect on public services and people's health and wellbeing. Considering the most significant structural factors affecting deprivation before COVID-19 was income and employment, the potential for further decline is substantial.[5]

[4] Essex County Council (Data & Analytics, Research & Insight), *Changes in the Index of Multiple Deprivation for Essex: IMD 2019*, November 2019

[5] https://www.birmingham.ac.uk/news/thebirminghambrief/items/2020/03/contagion-the-economic-and-social-Impacts-of-COVID-19-on-our-region.aspx

3.6 The coronavirus outbreak has had unprecedented impacts on health and society. The impact on health across the population, and in local systems is complex and not yet fully clear. It is important to note we remain in the grip of the virus and a future scenario with a return to higher levels of infection with rigorous lockdown remains.

3.7. There are a wide number of scenarios around coronavirus in the near future~

1. The disease goes away – there are examples historically in which diseases have gone away for reasons that were unclear. This is highly improbable here. Of note the Antipodes are seeing very little seasonal flu as the prevention measures for coronavirus also stop flu
2. Winter peak – the rate of transmission will be low and stay low (hovering below 1) through summer and early autumn period, before a peak or surge of COVID-19 cases over winter. This is the most likely scenario.
3. Further waves – if there is a second wave travelling around the world, it is more likely to hit the northern hemisphere over the winter months
4. We lose control – this will happen if we release the social distancing measures too fast**.** This could trigger a pandemic wave

It is important to note we have **not** been exposed to a pandemic wave. This would happen if the disease had swept through the population attacking 80% of people as initially proposed. This would have led to half a million deaths but rendered survivors immune to subsequent waves.

The likely proportion of people who have had the virus nationally has been between 3 and 15% by region. In Essex the figure would be between 5 and 10% likely increasing from North to South.

3.8 Against this background we need to determine impacts on health and services. The coronavirus will be with us for some time and will inevitably impact widely on health, wellbeing and have wider implications for independence. In the short to medium there will be people who are vulnerable because of their presenting health or social care need, but those who will be at risk from becoming vulnerable because of the impact from COVID 19, this is likely to change over time and the danger is that it will deteriorate. Systems need to understand the sectors, places and people who are most likely to be impacted by the evolving COVID-19 to target resources effectively

3.9 Whilst the future disruption states from COVID-19 are still unknown, the likelihood is that the pandemic will continue to have a devastating impact on the lives of many. The likely impact on deaths is complex:

a) Increase in deaths as a direct result virus infection in short term which could increase again
b) Increase in deaths in short to medium term through people presenting late to services or not undergoing required interventions.

c) Long term increase in deaths through negative impact of wider determinates of health. These will tend to fall most heavily on already deprived populations.

There may also be a short-term reduction in deaths in frail older people as a result of coronavirus infection having hastened demise in this group.

3.10 Key areas where indirect coronavirus impacts need to be considered include~

- Material wealth and employment
- Best start in life and education
- Mental health and isolation
- Lifestyle choices

4 Material wealth and employment

4.1 This is both the key driver of health and wellbeing and the area most impacted on by coronavirus. It is also clear that those at highest risk of the disease itself including those in deprived communities and from BAME groups are often those most likely to be additionally exposed to increased financial pressure and uncertain employment. This is very difficult to manage and balance and the governments approach to the pace of relaxation of lockdown and its approach to social distance is informed by the need to start to reduce the wider impact on these groups.

4.2 Action in this area is key to improving future health. While many people have been negatively impacted economically, it is clear that those areas with higher levels of exiting deprivation are harder hit. It is also clear that the true impact and course of the economic depression can not yet be estimated and may get considerably worse over the medium term

4.3 We need to consider how we can ensure progress in this area.
Key areas would include strong corporate focus in all public sector bodies in developing their role as Anchor Organisations with focus on~

- Increasing local employment including work with targeted schools and a clear approach to skills, apprenticeships and training
- Local procurement
- Social value in procurement including focus on suppliers in turn commissioning locally and providers support for key vulnerable groups in the workplace.

4.4 There is also a need to ensure strong financial support to those who find themselves in increased hardship. This will be in part driven by the voluntary sector. The board will wish to ensure that there is a wide range of accessible support to local communities.

4.5 This will include ensuring accessible quality advice on debt and finances through organisations such as CAB, role out of the Healthier Wealthier Children

approach and enabling development of community initiatives including uniform banks and foodbank and holiday hunger initiatives

4.6 The wider health system will need to ensure strong links between member organisations and training partners including Adult Community Learning to develop, with focus on areas of most need, specific projects to improve skills and access to public sector opportunities. The proposed Clacton Health and Care Campus should be a priority.

4.8 The NHS will need to recognise the higher health needs in deprived groups and the need to ensure high quality and appropriate capacity of accessible health and care service are available. This will involve best matching of resources to need with a particular focus on primary care to address any "inverse care law". This may involve conscious reallocation of resource.

5 Best Start in Life and Education

5.1 Support during pregnancy, new birth and early years has remained generally consistent with pre Covid activity thanks to a good service response to Covid by the Essex Child and Family Wellbeing Service (ECFWS), working in conjunction with other partners such as the Clinical Commissioning Groups. Antenatal visits, new birth visits and other mandated health visitor checks have remained consistently above target levels, albeit with some of it being undertaken virtually rather than face to face in line with national guidance.

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5.2 Before Covid the universal Healthy Child Programme activities undertaken by ECFWS had identified priority groups at risk of not achieving health and wellbeing outcomes and were targeting these. Many of these groups are those at increased risk of Covid as referred to above and will continue to be targeted as those in relatively greater need. However, identifying newly created Covid need remains a challenge, and requires a co-ordinated approach across agencies in Essex dealing with Covid..

5.3 The Education directorate are currently supporting providers whom are responsible for immunisations to access large volumes of children outside of schools as social distancing is making it very difficult to continue the programme within school buildings – there is a likelihood of some children have missed their immunisations including sexual health preventions

5.4 At the start of the lockdown period, approx. 85% of early years and childcare settings closed. This will have led to children's routines and early learning experiences being disrupted. However, the majority of settings have done a good job at keeping in touch with their families even when they were closed and supporting parents to continue with their children's early learning in the home environment. Some children of critical workers have needed to access a new setting to enable their parents to work, due to their usual setting closing and remaining closed. Most have made this adjustment well, but this has been

very stressful for some children despite the childcare practitioners' best endeavours to make the transition as easy as possible.

5.5 It is highly likely that a number of the Essex Early Years and Childcare settings will either not re-open after Covid 19 or will quickly become financially unviable and will close. This may lead to a shortage of early learning places for the under 5s and before, after and school holiday childcare in the coming months, which could also impact on parent's ability to work

5.6 Proportionate universalism, whereby everyone gets some support, but those in greater need get greater support must continue. This is because a universal service, such as the Essex Child and family Wellbeing Service as the "first line response" It is imperative that front line practitioners continue to be responsive to need through universal service delivery as a safety net by which to identify those in the population who were not vulnerable pre Covid but have become so. It will also be important to anticipate and predict where those with greater need are – it is anticipated that this cohort will grow due to redundancies ext. Some significant work going on in the JAMs world to understand this and to make sure holiday provision are in place during the summer holidays

5.7 Two different types of information to define need must be co-ordinated going forward – firstly information on new presenting need from front line practitioners, particularly where that new need is amongst groups not normally defined as vulnerable, and secondly information from desk top research on groups known to be vulnerable for whom need is likely exacerbated through Covid. This applies across the whole Essex population, but is particularly important in terms of early intervention and prevention of problems for children and families starting out in life. Our school partnership network is important with this – as schools will already know who these children and young people are and supporting schools to support these children could mean we are in there before these children become known to frontline services

5.8 Schools have implemented a hierarchy of protective measures but the risk cannot be entirely mitigated. They have the support and advice from the ECC and Public Health teams to prevent/ contain any outbreaks within schools. 2 schools in Essex are also taking part in the national study into the prevalence of Covid within primary schools, which should provide some insight into the role of children/schools in the transmission of the virus.

5.9 An implication of school closure has been a reduction in quality and access to healthy meals . The Free School Meals voucher scheme assisted with access to funds but supermarket vouchers may not necessarily have been spent on healthy food (or any food!). The Free Fruit and Veg scheme also ceased over the Covid response period and there is no news on this for the Autumn term. These factors, along with a majority of children being out of school and not necessarily being active could contribute to a rise in childhood obesity. The Free School Meal voucher scheme has now been extended to cover the summer holiday and Active Essex are planning to run summer programmes.

5.10 The impact of school closures is going to be a major issue going forward. We are currently canvassing schools to understand what their approach is going to be to make sure children 'catch up'. We already know that those disadvantage children would not have had access to technology to access the full curriculum on offer. The government provided us with some laptops that had now been distributed to children in schools. However the Further Education providers made it clear are young people in FE colleges which would not have qualified for this scheme and therefore still do not have the means to access the curriculum on offer. We also know young people in colleges will be adversely affected by not having access to the work market and therefore this could lead to the increase in our NEET numbers with all the added complications this entails. Additionally children in groups where parents less value education are less likely to have been encouraged and supported around home schooling with likely widening of inequality of opportunity.

5.11 It is also worth noting those children who are in our alternative provision – they are already disadvantaged by not being on a full time timetable and in this time having to find provision which meets their individual needs will become increasingly difficult – although we have systems in place to check these children and young people are safe their access to education might have been seriously compromised

5.12 This year's curriculum has been impacted and so some schools may have struggled to do certain subjects remotely, such as sexual health, which may have increased risk of teenage pregnancy and also reduced access to pastoral support around this issue. Schools were due to implement a new Relationships, Sex and Health Education (RSHE) curriculum from Sept but have now been given flexibility about how and when they do this which may have a further impact, particularly when combined with School Nurse drop ins being less available during school closures, even though School Nurses have continued with virtual support.

5.13 Emotional wellbeing as a result of Covid is a significant concern for schools. The ECC education team have provided a lot of support, training and guidance to schools about MH and wellbeing through the 'Let's Talk Recovery' package. There may also be an element of developmental delay caused by a significant period of time out of school and away from peers and teachers, with an associated knock on impact to the statutory SEND system if more CYP are identified with moderate learning needs. This is a current focus of the SEND improvement work following the recent Ofsted inspection

We are also worried about the emotional wellbeing of the teachers and head teachers. The education workforce has been dealing with the trauma of the children and their communities whilst trying to put things in place to ensure children are safe and provision continue – Education workforce fatigue (also emotionally) should be considered when thinking of the impact of Covid 19

5.14 Children and young people may have missed their usual therapeutic provision,

speech and language therapy, OT and physiotherapy. Knock on impact of this is not yet known. This is a focus of the Reasonable Endeavours work. There may also have been a reduction in children/ young people accessing A&E which could have a knock-on impact if families were fearful of accessing A&E because of the perceived risk of COVID19 and as such have missed opportunities to access necessary health care. Messages have been promoted through the children and young people system on the importance of continuing to access the health care they need when they need to.

5.15 It is worth considering what comprehensive support can continue to be in place to support schools through this – it is mentioned elsewhere that some schools are involved in research and the education and public health team are supporting schools now. This may have to be in place for a long time to come – the interpretation and localising of national policy takes most of the education teams time – supporting head teachers to think things through and providing supportive challenge to those who are not able to provide the provision has become the day job of our teams. Children with SEND needs are not going away either and the ECC SEND teams still have statutory requirements and timescales to adhere to – if the partnership (Health and Social Care) are not able to support these SEND teams need to meet statutory requirements then the inspection due in less than 18 months will be less good

6 Lifestyle choices

6.1 It is hard as yet to understand the implications of coronavirus and lockdown on people's lifestyle choices and impacts may be inconsistent.

6.2 In some instances working from home or furlough has enabled people more time to undertake physical activity and indeed exercise has been encouraged. The data from the State of Life and the Sport England suggests that while those in more affluent areas have been more physically active, deprived communities have struggled to maintain previous levels and have not benefit in to the same extent. It seems that positive action in this area has been more common in less deprived groups. It is not clear the impact of leisure centre and gym closures as some users would have been motivated to seek alternatives. Walking, running and cycling have all increased as a result.

6.3 In other cases restrictions and closures have reduced physical activity eg mother who would walk children to nursery or school. Similarly, it is likely many children will not have benefitted from either recommended level of exercise through schools nor specific initiatives such as the daily mile.

6.4 Active Essex have worked to support a range of activities to encourage physical activity in lockdown. This has supported the national focus in this area, via Sport England and statements from the CMO around importance of physical

activity. There has been a strong focus on behaviour change in this messaging that can be built upon and grown, locally in Essex.

LDP Pilot early learnings show the impact of behaviour change, social movements and the benefits of online communities/ Covid Facebook group as an example. Programmes and initiatives will need to be locally targeted, working with communities, adopting proportionate universalism principals. Asset Based Community Development is are proving effective during Covid response and can be upscaled. The Board is asked to support this as a priority. More on line activity (eg - Joe Wickes Body coach and Keeping Essex Active Youtube channel) will be appropriate in future with more flexible and home working. The future of the traditional health and fitness sector is uncertain currently. Active Essex colleagues are supporting this reset/ reopening with Sport England. We will need to step up initiatives such as the Daily Mile when schools return although school priorities may have changed.

6.5 It is possible that people may have been eating more in lockdown and there will have been less opportunity for mutual weight loss support as well as less direct Tier 2 opportunities. We will need to assess the likely impact, certainly our activity in supporting weight loss has declined considerably. Additionally the lifestyle service availability has reduced and this, together with fewer face to face and lifestyle focussed GP consultations has impacted on efforts to increase Primary care referrals to the service who are overweight and therefore at risk of diabetes

6.6 ECC PH will need to step up community weight loss services now that community halls have opened and strengthen on-line offer. Diabetes prevention will be considered by the Board at the next meeting as part of a wider approach to diabetes.

6.7 The impact of Coronavirus and lockdown on alcohol use is not yet clear. Services moved on-line effectively for those misusing substances but anecdote suggests an increase in referrals to services around alcohol misuse. It may be necessary to increase service capacity should need have increased. Once lockdown is relaxed drug markets will free up, availability will “improve” and people will party. We could see a spike in both Drug Related Deaths and occasional/problematic use.

6.8 While demand for smoking cessation services have declined hugely during the pandemic, smoking prevalence remains on a downward trajectory overall and the impact cessation services to overall performance is not clear. There may have been some difficulty in nicotine users accessing vape products as high street vape shops closed but the impact of this on tobacco use is not clear. It is not likely any specific additional focus will be required in this area.
Smoking cessation support in Essex moved to on line and telephone support since the end of March. It experienced an increase in self referrals during April no doubt due to concerns around respiratory issues. It would appear that whilst some people are using the pandemic as an opportunity to focus on their health and quit habits like smoking, however there are undoubtedly some who have

turned to smoking in order to cope. YouGov's COVID-19 tracker suggests 2.2 million people across the UK are smoking more than they were before lockdown.

By maintaining on-line and telephone support clinics we can sustain capacity and are using social media campaigns such as #quitforcovid to emphasis the benefits of quitting particularly at this time. Consideration should also be given to the effects of COVID on those who suffer with mental ill health given they are much more likely to smoke than the general population

6.9 We are yet unclear as to the effect of Covid -19 social distancing on STI rates. Whilst the opportunity for close contact was reduced, so was the opportunity for those that were infected to be tested and treated. Many Essex residents attend large London hospitals for STi screening whilst working in London and we await both attendance and STI data from PHE.

The COVID pandemic necessitated a reprioritising of clinical delivery with a refocused response on critical services. Many sexual health services across the country stopped or significantly reduced. The Essex Sexual Health Service rapidly adapted its centralised access, electronic records and telephone triage process to maintain and expand all online services, adapt to safer medicine collection systems and provide direct contact for those who required it

Triage will be enhanced through virtual consultation and assessment, resulting in a far greater focus on clinical need before any direct contact, did not attend rates (Historically poor in sexual health) will be improved and therefore service efficiency We are also exploring a range of remote imaging and diagnostic software and systems to support the development of further virtual work

Health Overview and Scrutiny Committee
Briefing on the Public Health Commissioned Substance Misuse (Drug and Alcohol) System response to Covid-19

1. Purpose

The paper provides a summary of how ECC and key partners have driven the substance misuse response to Covid-19, as well as the impact experienced so far. It will also outline the plans being formulated for the future and how demand is expected to develop.

2. Headline points

The principal points to note from this briefing are as follows;

- Commissioned NHS and voluntary sector services continue to run, following the implementation of agreed business continuity plans and sensitive to Covid-19 guidance on safe practice
- Available capacity across the commissioned treatment and support system impacted by the temporary restrictions and relevant guidance on community (group and face-to-face) activity has been reprioritised to support the Covid-19 response
- Commissioned providers within the substance misuse system have had relatively low impact on capacity due to sickness and isolation and whilst there has been some increase in demand for substance misuse specialist support demand has not increased to the point where there is insufficient supply
- Priority attention has been given to activity which will most directly maintain safe services and individual service user risk has been assessed in light of the new operating models
- Based on research, anecdotal feedback from providers and service users and expert opinion, it is anticipated the height of demand for substance misuse support will be after the immediate threat of Covid-19 abates. Work is underway to coordinate how the Council and other commissioning partners respond to that, both within specialist and non-specialist services, and within public health messaging
- There is a certain amount of anecdotal information suggesting that alcohol consumption had increased and drug taking patterns have changed during lockdown although at present little evidence to support any particular view. We continue to explore various sources of information

3. Outline of response

3.1. Commissioned specialist services

The Council, and specifically the Public Health function, has a lead commissioning responsibility for the provision of evidence based substance misuse interventions ranging from education and prevention to specialist treatment and ongoing recovery services funded from within an identified element of the Public Health Grant.

These obligations are covered via the following commissioned services:

All Age Recovery Co-ordination Service – This service provided by Open Road and The Children's Society, continues to operate effectively operating risk assessed but limited face to face provision and significant online and tech enabled services and support across the County, ensuring that the support needs of those individuals engaged in treatment are met and that the approved approach to a recovery focussed model are delivered. The service has been able to provide significant flexibility during the crisis due to the move to these online and virtual options. This has been well received by most service users of all ages and is seen to be a positive step change in the available support routes available..

Specialist Treatment and Recovery Service (STARS) – This service is the specialist clinical provision providing prescribing of substitute and ameliorative medications to drug and alcohol users as well as Home/Community Detoxification and links to Inpatient detoxification available through dedicated bed spaces provided by the Trust is provided by Essex Partnership University NHS Foundation Trust (EPUT). It has continued to operate a full service via the usual referral routes. The locality teams, working closely with the rest of the specialist system, are operational and continue to maintain face to face provision where demand indicates the need (operating to agreed standards throughout the crisis) and virtual engagement where this is not assessed as needed. As commissioners we have maintained the focus of the STARS service on maintaining safe provision, risk assessing individual need and preventing any avoidable drug and alcohol related deaths.

In addition to its own provision of specialist services the STARS provision manages the Pharmacy engagement with Drug and Alcohol users and has ensured the maintenance of appropriate dispensing and support provision effectively to ensure safe and appropriate provision of prescribed, controlled drugs (e.g. Methadone and Buprenorphine).

Essex Alcohol Recovery Community – This service, provided by Phoenix Futures across Essex, provides to non-clinical support and treatment to Alcohol clients linking closely to the whole system and specifically the STARS provision for dependent drinkers. The service has maintained its services during the crisis shifting the majority of its engagement and support to virtual channels. This is a relatively new provision as the contract has only been operating for one year and some difficulties have been experienced due to the crisis although these have been dealt with well by the provider. Their online group work programmes have been well received and many service users have reflected positively on the flexibility of being able to access support at more suitable times.

Community Rehabilitation and Intensive Psychosocial Interventions Service – These services, provided by Action on Addiction, deliver two Community Rehabilitation projects (SHARP - located in Braintree and Wickford for the whole county to access) and 1:1 Psychosocial Interventions to high need service users with drug misuse issues. The two SHARP projects have had top significantly change to way treatment is provided as attendance at the two centres has had to be cancelled during the crisis. The programmes

were reviewed and moved to online and virtual provision supported by individual resources sent to service users for self-completion at home. This has been supported by online 1:1 support delivered by the focal counsellors. The Psychosocial provision has also moved to online provision utilising evidence-based counselling techniques to maintain services.

3.2. Recovery Support and associated provision

Public Health commissioners have ensured that the dedicated support provided to service users in recovery have been maintained as effectively as possible within the restrictions placed by the current crisis. Futures in Mind (a community support function commissioned across Mental Health and Substance Misuse have continued to provide virtual engagement and support provision to their existing client base across Essex although it has been significantly more difficult to operate the full range of diversionary activities. The provider (Phoenix Futures and MIND) has ensured all available capacity is deployed safely on 'business as usual' work or is engaged in the Covid-19 response.

In addition, the specialist services have engaged to support the Rough Sleeping agenda across Essex. They have been working closely with Housing Related Support and Criminal Justice services to provide the necessary capacity to ensure that rough sleepers accommodated under the Government's "Everyone In" programme during the crisis presenting with substance misuse issues have been supported safely and effectively.

3.3. Community and non-specialist response

All available support options have been made clear to the Essex Wellbeing Service (EWS). Essex Recovery Foundation (the developing commissioning and development charity set up by ECC PH Commissioners in partnership with service users and wider community) have been active in developing community engagement support through its membership and have been successful in attracting some additional funding to support this community engagement during the crisis.

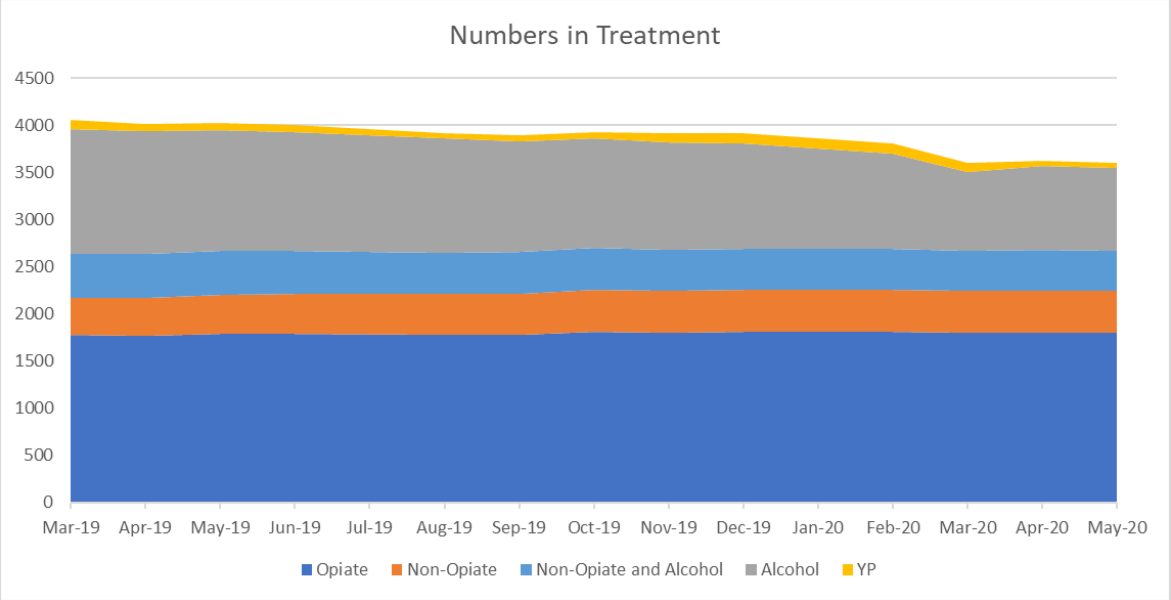
3.4. Population self-management and messaging

Information has been supplied to the Essex Wellbeing Service and Care Navigators in order to support good advice to people on personal wellbeing. In addition, communications have been distributed through the developing Essex Recovery Foundation (ERF) and the service user networks that have been developed by the Recovery Advisory Committee of this charity.

4. Impact to date

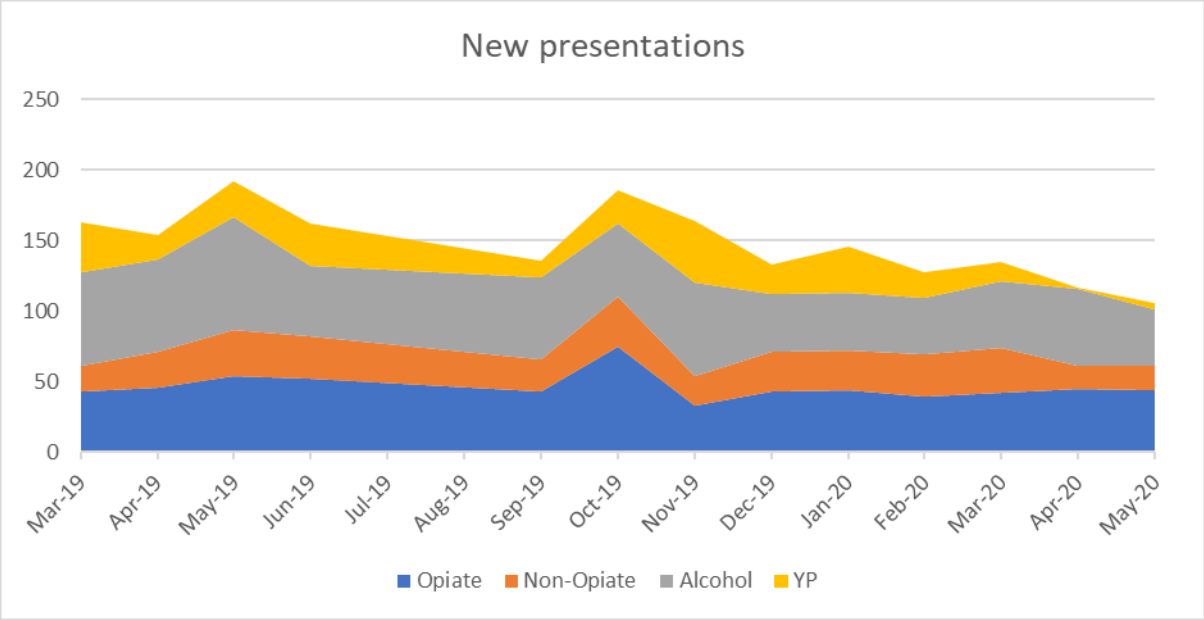
4.1 Service Impact

Numbers in Treatment is a good gauge to ascertain if there are any large drops in individuals being supported through the substance misuse services. Although there has been a drop, there are some initial signs that numbers are starting to increase again.



4.2 New Presentations

Although there has been an overall drop in new presentations across Essex for individuals needing support with substance misuse, it has not fallen as significantly as was feared when the crisis first started, and lockdown commenced. This helps to highlight that although services are not being delivered in the usual way, there are still people who are able to engage and get support if needed.



The apparent and significant reduction in presentations of Young People to treatment is as a result of schools being closed (and a high proportion of referrals are from this source) and the fact that referrals through Youth Offending Teams has reduced due to reductions in crime being committed throughout lockdown.

4.3 Drug Related Deaths (DRDs)

Nationally there has been a notable rise in Drug Related Deaths, and this is an area that has been getting steadily worse year on year following a period of reduction and stabilisation. However, in Essex it appears the number of deaths has decreased compared to last year, as detailed in the table below:

	Mar	Apr	May	**TOTAL**
2019	5	1	2	**8**
*2020	2	3	1	**6**

*The figures stated above are deaths of individuals within service and not confirmed DRDs as in some of these cases the cause of death from the coroner will not have been received yet.

It is felt, across the system, that the approach that providers have taken to effective risk assessment of individuals as we entered lockdown and new ways of working has ensured safety wherever possible.

4.4 Case Study Feedback from a Worker

“When she began engaging with Service she was alcohol dependent, experiencing withdrawals and drinking 5 bottles of wine daily. Several months later she has reduced her alcohol use to around 2-3 times weekly, drinking 1 bottle of wine each time, we considered an ambulatory detox however she was adamant she wanted to try a reduction plan herself first. We created one to very slowly reduce her intake and monitor her symptoms. It worked very well.

The client attends SMART group every week, she was doing so in person but now is doing so online, this was something she had never wanted to participate in but now she is doing me proud being confident and outspoken in our group. She suffers with various mental/physical health issues so regularly gets blood tests and outpatient consultation for these, at the beginning of March she informed me that her blood tests showed vast improvement and she was congratulated by her consultant for whatever changes she had made. She now takes her medication as prescribed and reports for the first time in a while she is feeling much better overall. She is engaging with multiple different services to proactively address other issues such as housing and debt. I am extremely proud of her.”

5. Future planning

There is a growing recognition that Covid-19 and the economic and social shockwaves that it has triggered is having significant psychosocial impacts. It is likely that the global impact will be to shift the wellbeing status of whole populations in a negative direction. It is well known and historically evidenced that substance misuse and associated behaviours increase in times of economic downturn and it is felt that the post-Covid-19 transition and predicted recession

will be no different. It is, therefore, likely that we will see an increase in presentations to drug and alcohol treatment services and an increase in associated complexity of those presentations (e.g. co-existing Mental Health, Housing, Employment and criminal justice issues).

Academic research from previous emergencies also suggests that the height of demand for support as a result of these impacts will occur after the immediate crisis abates (in this case, as transmission risk falls and lockdown restrictions ease), with some evidence suggesting that this peak will occur in between 2- and 36-months' time.

During the Covid-19 emergency ECC Public Health commissioned substance misuse services have demonstrated an ability to effectively meet significant challenges and to operate flexibly in complex and challenging times. The crisis has served to further highlight some of the assets and opportunities that might be mobilised as part of solution(s) to these impacts. Amongst these are:

- The utilisation of community volunteers and neighbourhood-based support offers
- The use of technology for efficient remote working
- The focus of partners and providers on strong collaboration to achieve common goals.
- Routes and channels for strong population self-care messaging

A response in Essex has already commenced. Local and countywide forums, groups and programmes are in progress to help address these impacts.

The Essex Substance Misuse Commissioning Group chaired by Public Health and comprising all relevant partners across the county continues to monitor service provision and identify opportunities to ensure services meet demand effectively. This commissioning function also includes, as key members, representatives of the Essex Recovery Foundation - ERF (the charity created by ECC as an independent commissioning and development function). It is the stated intention that ERF, and thereby the community, will ultimately take a greater role in planning and commissioning services. We will seek to ensure that much of the work they have supported during the current crisis will be expanded and prioritised within strategy development work to build on the positive changes to engagement, treatment and support that have been witnessed and that lessons are learned.

Health Overview and Scrutiny Committee
Briefing on the mental health response to Covid-19

1. Purpose

The paper provides a summary of how ECC and key partners have driven the mental health response to Covid-19, as well as the impact experienced so far. It will also outline the plans being formulated for the future and how demand is expected to develop.

2. Headline points

The principal points to note from this briefing are as follows;

- Key NHS and local authority services continue to run, following business continuity plans and sensitive to Covid-19 guidance on safe practice
- Available capacity due to temporary restrictions on community (group and face-to-face) activity has been repurposed to support the Covid-19 response
- Whilst providers are experiencing loss of capacity due to sickness and isolation, demand for mental health support has not increased to the point where there is insufficient supply
- Priority attention has been given to activity which will most directly preserve life
- Based on research and expert opinion, it is anticipated the height of demand for mental health support will be after the immediate threat of Covid-19 abates. Action has commenced to coordinate how the Council and other partners respond to that, both within specialist and non-specialist services, and within public health messaging

3. Outline of response

3.1. Statutory activities

The Council has the following statutory obligations relating to people with mental health needs:

- Deliver care and support as set out in the Care and Support Guidance (Department of Health 2018).
- Provide sufficient Approved Mental Health Professionals under S114 of the Mental Health Act 1983 (covering both children and adults),
- Provide aftercare support and review under S117 of the Mental Health Act 1983

These obligations are covered via the following services:

Approved Mental Health Professionals (AMHPs) – The AMHP service, managed directly by ECC, continues to operate as normal, ensuring that the Councils statutory duties under the Mental Health Act are met. The change in Adult Social Care service provision to providing a 7-day service, as a result of the pandemic, with additional staff has led to a reduction in assessments being unallocated during the weekend.

Essex Partnership University NHS Foundation Trust (EPUT, core business – adult mental health, including statutory activities delegated

by ECC to EPUT). EPUT continue to operate a full service via the usual referral routes. Community Mental Health Teams are operational, albeit with reduced staff. Council direction to them on priorities has been to focus on discharge from inpatient wards, in order to create maximum bed space for Covid-19 cases as well as safe distancing for people remaining on wards. As a result, EPUT have concentrated on work with cases in the mental health accommodation pathway, the accommodation suppliers and district councils.

EPUT went live with its 24/7 mental health offer on 1st April. This sits behind the 'NHS 111, press 2' service for mental health. A decision was taken do a soft launch for EPUTs main partners (police, ambulance, GP's, ECC, AMHP's and Healthwatch). Some ECC funded Crisis Café capacity has been repurposed to support with call capacity.

Emotional Wellbeing and Mental Health Service (EWMHs, core business – children and young people's mental health) - EWMHs have implemented business continuity approaches, whilst operating a full service, minimising face-to-face contact where possible. Access to these services remains via previous routes. The ECC Mental Health commissioning team have supported communication and links with other ECC stakeholders. There is also a pan-Essex weekly call around children's mental health and Covid-19, including Council and CCG representation.

3.2. Scaffolding provision (including voluntary sector and projects)

Where possible, ECC Commissioners have ensured all available capacity is deployed safely on 'business as usual' work or is engaged in the Covid-19 response. This includes capacity in the **Crisis Café's**, now being used for the 111 service. **Adult Community Learning** are developing online self-care learning resources, based on their current offer in the Recovery and Wellbeing Programme. Additional monies projects, where they are able to continue, have tailored their work to the current circumstances, for example, **Provide** are offering HR consultancy for employers on the telephone. These offers are being made available to the **Essex Wellbeing Service**.

Additional work has gone into planning for the mobilisation of the **Employment Support contract with EPUT**. Resources have also been secured for an **'Anxiety and resilience' programme** in which a range of support interventions will maintain and build resilience in young people as they live through and recover from the pandemic.

Mind have agreed that group work will continue remotely as feedback from participants is that they are finding it helpful, non-isolating and feel engaged in the 'world outside'. **BEAT** have increased their eating disorder offer via online peer groups, telephone support and email. This will remain in place until the schools return.

The **Progressions** service remains in place remotely for children and young people. In addition, they are providing 2 hours of support each weekday 2-4pm via a 'virtual phone drop-in session' to professionals for casework advice, guidance and support, including individual resilience.

3.3. Community and non-specialist response

All available support options have been made clear to the **Essex Wellbeing Service** (EWS). Dialogue is ongoing with local **Mind** organisations to secure some additional capacity in order to bolster the community and non-specialist support being offered by EWS and Care Navigator+, and ensure a smooth referral process to the specialist mental health services provided by Mind and others.

3.4. Population self-management and messaging

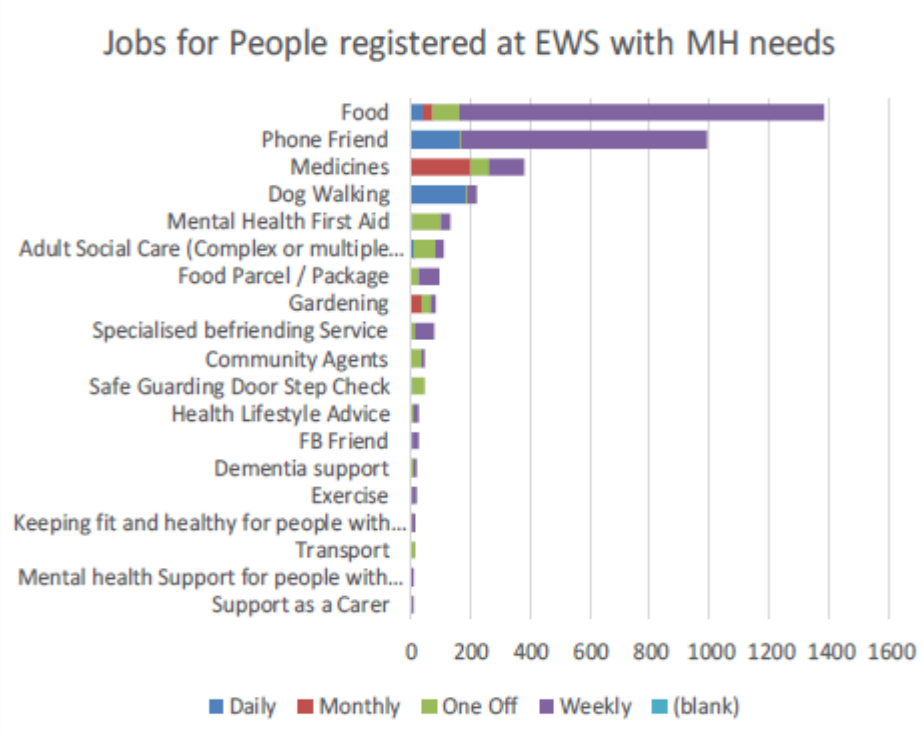
Information has been supplied to the **Essex Wellbeing Service** and **Care Navigators** in order to support good advice to people on personal wellbeing. The ECC communications team has also been engaged in distributing self-care information from the NHS and other sources, via their regular communications channels.

4. Impact to date

4.1 New Demand

Up to the 5th July, 921 people have registered with EWS highlighting a Mental Health Condition (11% of total registrations). Of these, 85 people were known to EPUT or IAPT services. 119 requesting help reported depression whilst 91 reported anxiety.

Of the 921 people with MH condition who registered with EWS, 3758 different jobs/tasks have been matched to a volunteer to provide support –food and phone friends being the most common.



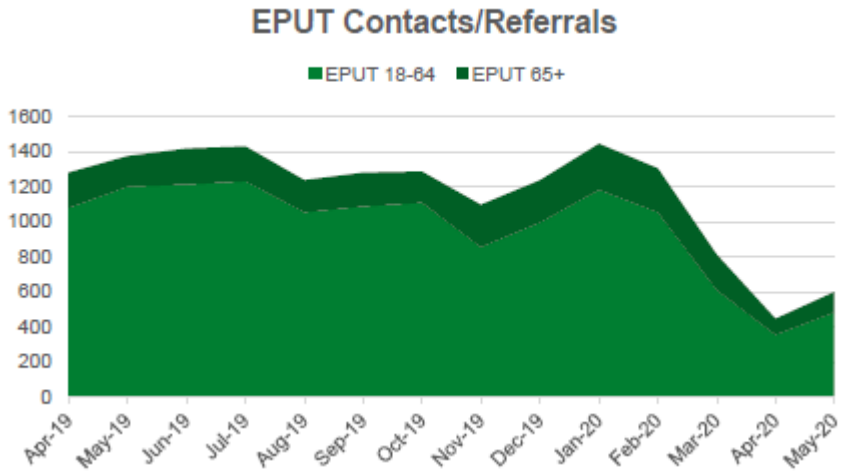
4.2 Pent up demand

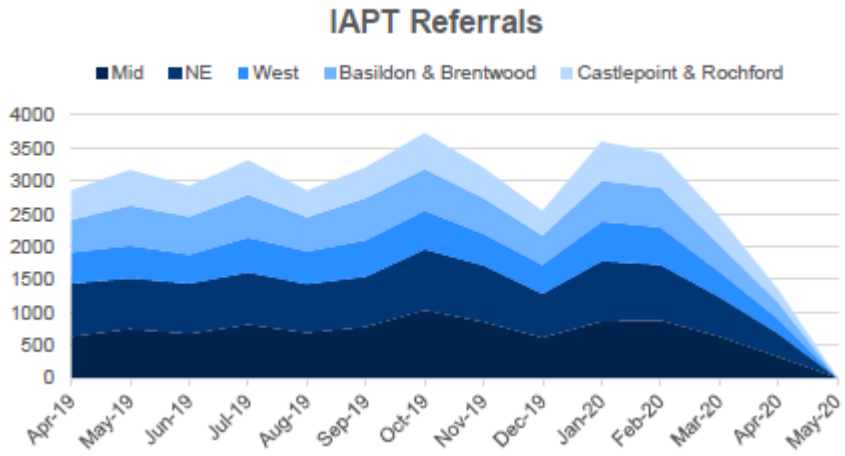
Current figures indicate that there is likely pent up demand of people awaiting to contact EPUT due to lockdown. The average EPUT monthly volume pre-lockdown was 1,307. In April and May these volumes dropped considerably,

suggesting a significant cohort of people, with latent needs, delaying an approach to services to access support.

EPUT are also reporting direct calls from people who are already known to their services have decreased. However, they are anticipating this beginning to reverse sharply as lockdown restrictions are eased.

There is a significant lag in IAPT data. Data has been published for April but this comes with a caveat that all providers have not provided the relevant figures. However, patterns broadly seem to match the experience at EPUT and therefore similar pent-up demand is likely to be present.



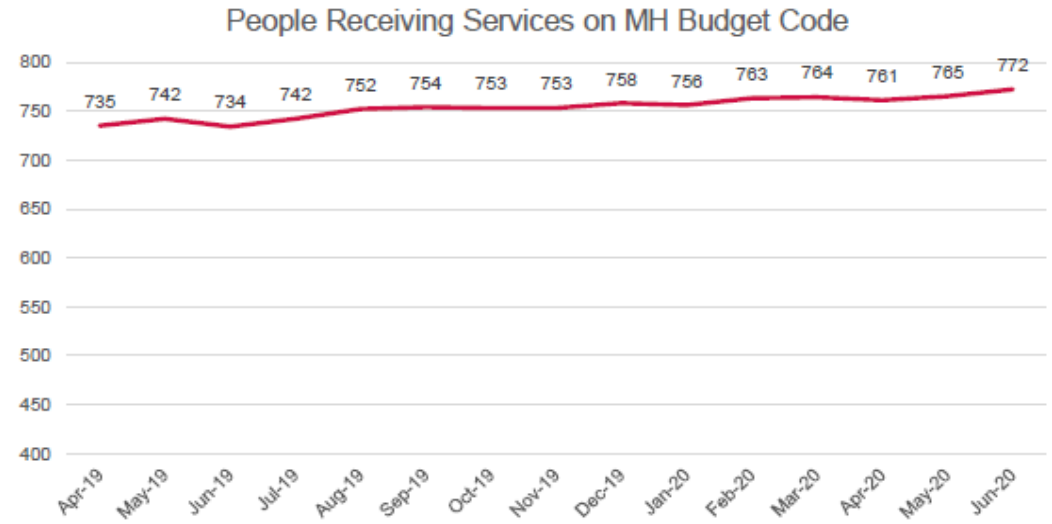


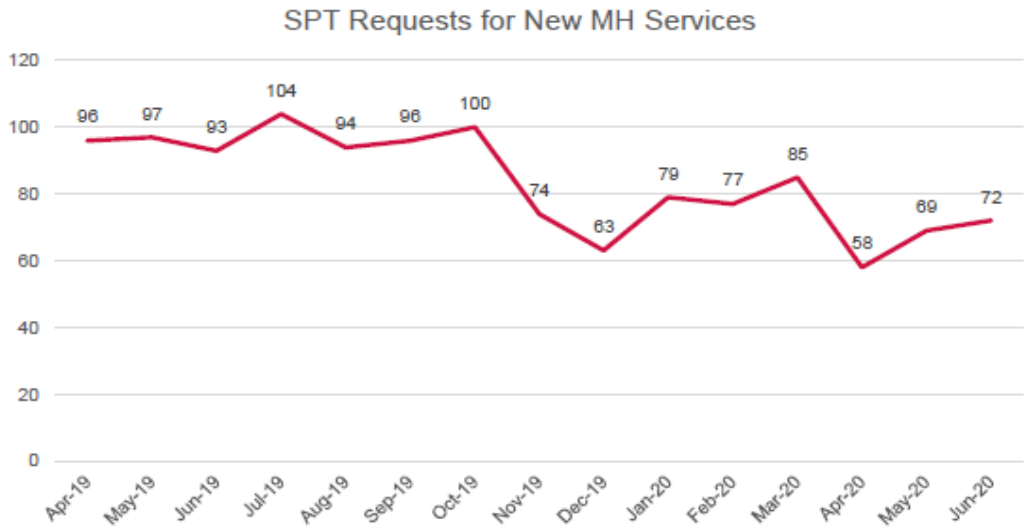
The EWMHs service has seen a 20% reduction in referrals. Weekly MDT's are being held for the small numbers (3-7) of people who need to be monitored. Staff numbers in clinics are reduced due to staff self-isolating or working from home, however, 200 contacts are face to face and 1500 approx. per week are over the telephone.

4.3 Impact on services

Insight from within ECC shows a long-term slow growth in the numbers of adults at any one time who receive ECC funded specialist mental health services; this has continued in the Covid-19 period, along with a proportional increase in demand for new services. The volumes themselves do not represent increases beyond the capacity of the current system; however, this

will continue to be monitoring closely with partners and ECC commissioners are seeking to supplement this intelligence with equivalent figures from the NHS.





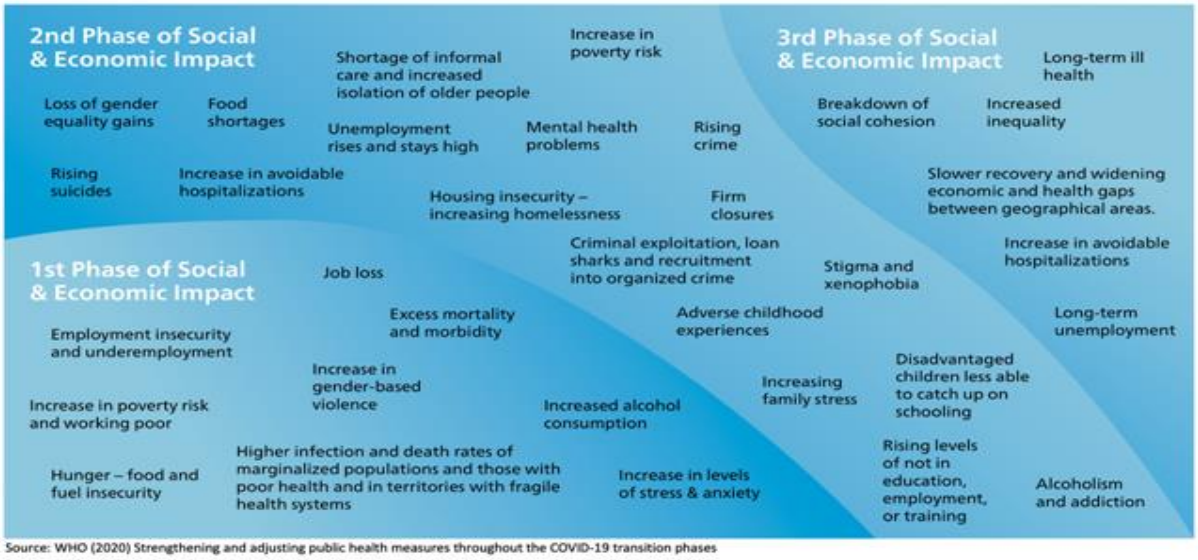
5. Future planning

There is a growing recognition that Covid-19 and the economic and social shockwaves that it has triggered is having significant psychosocial impacts. It is likely that the global impact will be to shift the wellbeing status of whole populations in a negative direction with a resultant increase in the full spectrum of mental health needs from the natural reactions to a traumatic experience to clinical disorders.

Academic research from previous emergencies also suggests that the height of demand for support as a result of these impacts will occur after the immediate crisis abates (in this case, as transmission risk falls and lockdown restrictions ease), with some evidence suggesting that this peak will occur in between 2- and 36-months' time. Whilst restoration from the Covid-19 crisis may be exceptional in terms of volatility, it is therefore reasonable to expect the main impact on both the population and the economy to be both ahead as well as significant in duration and scale.

The root cause in many cases will be loss; of routine, employment, financial stability, relationships (including within the family home), loved ones and as a result of

prolonged isolation, opportunity. The chart below from a very recent WHO report, sets out the range of impacts that might be expected.



Source: WHO (2020) Strengthening and adjusting public health measures throughout the COVID-19 transition phases

There will also be a cumulative effect on people with pre-existing conditions, as recovery and support will have been unsettled, causing further trauma to those who are already vulnerable. Specialist mental health services will face these challenges with a workforce physically and psychologically drained from working through the peak of the pandemic.

However, the response to this needs to be more than a healthcare response. It requires actors in Government (national and local), civil society and business to understand the risk, be guided by the evidence and have the signposts and supports necessary to minimise the size of the adverse shift in population wellbeing and mitigate the consequences of the shift.

There are some ‘green shoots.’ The Covid-19 emergency has served to further highlight some of the assets and opportunities that might be mobilised as part of solution(s) to these impacts. Amongst these are:

- The utilisation of community volunteers and neighbourhood-based support offers
- The use of technology for efficient remote working
- The focus of partners and providers on strong collaboration to achieve common goals, including through links to the Humanitarian Assistance Plan and associated structures.
- The ability of non-specialists to support with root-cause issues which may cause mental ill-health or emotional distress (debt, subsistence, housing).
- Routes and channels for strong population self-care messaging

A response in Essex has already commenced. Local and countywide forums, groups and programmes are in progress to help address these impacts. A pan-Essex Mental Health and Emotional Wellbeing Forum, which includes STP and local authority mental health directors, as well as public health representation, is offering oversight and guidance where appropriate.

ECC is also represented in the local partnerships for mental health and Council commissioners have had the opportunity to input into the STP delivery plans, including work on the next steps and detail, alongside NHS partners. All local systems are re-instituting the pre-Covid planning groups; ECC is an active participant in these.

Mental Health, Self-Harm & Substance Abuse ED Attendances - All

Month	2018	2019												2020											Grand Total
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
A&E Attendance Count	**663**	**601**	**517**	**557**	**609**	**599**	**632**	**555**	**682**	**593**	**611**	**560**	**627**	**586**	**575**	**539**	**461**	**426**	**445**	**416**	**350**	**280**	**420**	**439**	**12743**

Totals of Different Tables

All (Uses all data extracted under all fields	12,743
ECDS Diagnosis Description	9,379
Chief Complaint	8,852
Self-Inflicted	125

- One limitation is that data is recorded in different places for patients so need to decide which presentation, diagnosis or decription is used.
- Another limitation is that the 'Presenting Complaint' field is free-text so it is very difficult to search for all of the different terms that fall under 'Mental Health', Self-Harm & Substance Abuse'. Also can not search where the person entering has made a spelling mistake

Mental Health, Self-Harm & Substance Abuse ED Attendances - ECDS Diagnosis Description

A&E Attendance Count	Month																								Grand Total
	2018	2019																		2020					
ECDS Diagnosis Description	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Alcohol (ethanol) intoxication	86	60	48	50	57	61	68	49	58	54	46	51	42	59	44	46	44	63	40	36	26	24	31	28	1171
Alcohol dependence syndrome	8	8	1	2	4	9	3	5	3	10	5	5	6	11	3	6	6	2	5	2	4		3	5	116
Alcohol withdrawal seizure	5	5	3	7	4	4	4	5	8	7	8	3	2	6	6	4	5	4	7	2	1	4	3	5	112
Alcohol withdrawal syndrome	14	7	5	5	7	9	6	10	11	6	6	10	10	7	9	4	9	5	5	6	6	3	7	9	176
Antidepressant overdose	51	42	33	31	28	28	42	35	28	30	45	40	33	34	40	30	31	34	30	30	30	15	33	37	810
Anxiety disorder	95	85	75	109	83	95	77	74	102	68	89	71	105	70	70	48	48	29	40	32	50	28	32	42	1617
Bipolar affective disorder	10	6	5	7	4	7	4	3	5	2	7	8	1	3	3	5	3	1	3	3		1	7	3	101
Delirium (acute confusion)	20	25	29	23	19	22	16	18	20	22	18	21	26	25	22	39	40	32	25	15	24	13	34	21	569
Dementia	5	9	7	6	9	11	12	7	5	8	6	8	14	10	7	9	11	10	12	12	9	6	15	12	220
Dependence on opioids	1	2	2	2	4		1			2		1	3	1	1	1	1				1			3	26
Dependence on sedatives or hypnotics	1					1																			2
Depressive disorder	112	120	127	99	146	142	149	145	176	145	154	141	145	127	154	100	76	76	89	85	52	35	59	72	2726
Drug-induced seizure											2		1	1		1				1		1	1	1	9
Eating disorder	4		2	2	3	5	2	3	3	3	1	2	1	1	1		1	1		1	2		1		39
NSAID overdose	7	6	5	6	10	7	12	6	6	9	5	8	9	9	6	8	10	4	9	3	6	2	6	3	162
Opiate overdose	20	16	13	17	18	19	12	13	14	20	19	24	15	17	19	24	14	12	25	13	15	15	21	16	411
Personality disorder	12	11	9	10	9	17	12	14	11	16	17	13	6	8	8	10	2	2	3	4	5	2	2	1	204
Poisoning (NOT plant / venom / gas / vapour)	15	15	5	7	20	11	10	10	19	13	17	13	17	12	14	5	12	11	19	18	7	12	19	20	321
Post concussion syndrome (more than 1 day post incident)										1				1						1					3
Psychotic disorder	12	16	16	19	17	15	16	13	18	7	14	6	8	6	8	7	6	9	7	5	6	3	12	12	258
Recreational drug use	10	5	11	9	10	9	8	7	15	12	6	7	5	7	4	9	7	11	4	12	9	4	10	6	197
Schizophrenia	2	6	1	1	4	1	1	4	4	3		1	1	3		2	3	2	2	1	1	3	3	1	50
Social problem	3	6	1	3	3	5	3	2	1	3	4	1	1	3	3	7	6	2	2	5	3	2	3	7	79
Grand Total	**493**	**450**	**398**	**415**	**459**	**478**	**458**	**423**	**507**	**441**	**469**	**434**	**451**	**421**	**422**	**365**	**335**	**310**	**327**	**287**	**257**	**173**	**302**	**304**	**9379**

Mental Health, Self-Harm & Substance Abuse ED Attendances - Chief Complaint

A&E Attendance Count	Month																								
	2018	2019																		2020						Grand Total
Chief Complaint	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Anxiety disorder	14	15	11	22	18	15	17	13	16	14	24	17	16	10	17	7	7	4	4	3	6	2	8	6	286
Behaviour : agitated / violent	7	11	5	6	8	6	4	12	5	2	4	7	8	10	6	10	6	3	9	1	5	3	9	3	150
Behaviour : unusual	30	16	19	19	27	25	14	22	22	25	20	25	25	38	13	18	17	8	22	20	9	12	22	17	485
Confusion	16	20	17	16	13	19	12	11	12	15	14	17	15	20	16	27	26	23	12	14	19	12	17	12	395
Depressive disorder	17	28	33	24	33	24	31	30	30	36	16	20	30	32	19	14	7	12	13	8	11	6	9	8	491
Drug / alcohol intoxication or withdrawal	192	159	122	152	170	151	192	141	169	164	138	174	161	154	157	189	148	148	160	139	111	93	145	144	3673
Hallucinations / delusions	7	5	7	7	1	8	4	5	9	4	5	8	3	2	2	11	7	5	2	4	2	1	3	2	114
Self-harm	60	55	53	34	51	35	63	38	69	52	71	40	41	41	48	48	41	33	38	33	31	20	22	38	1055
Social problem (medically well)	2	3	1	1	1	1	1			1	1		3				3				1				19
Suicidal thoughts	100	104	97	119	115	115	127	106	128	113	143	88	114	99	132	78	58	60	50	80	28	30	50	50	2184
Grand Total	**445**	**416**	**365**	**400**	**437**	**399**	**465**	**378**	**460**	**426**	**436**	**396**	**416**	**406**	**410**	**402**	**320**	**296**	**310**	**302**	**223**	**179**	**285**	**280**	**8852**

Mental Health, Self-Harm & Substance Abuse ED Attendances - Injury Intent

A&E Attendance Count	Month																								Grand Total
	2018						2019												2020						
Injury intent	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Self inflicted injury	4	4	3	5	3	2	5	10	3	15	4	7	12	5	3	3	2	11	4	7	5	1	2	5	125
Grand Total	**4**	**4**	**3**	**5**	**3**	**2**	**5**	**10**	**3**	**15**	**4**	**7**	**12**	**5**	**3**	**3**	**2**	**11**	**4**	**7**	**5**	**1**	**2**	**5**	**125**

NHS
Mid and South Essex
NHS Foundation Trust

Essex HOSC Information Request

9th July 2020

Purpose

To support Essex HOSC discussions to understand the impact of the pandemic and lockdown on personal behaviours and well-being, with focus on substance abuse, self-harm and mental health issues. This will be considered in a future HOSC meeting alongside presentations made at specialist treatment centres.

Approach

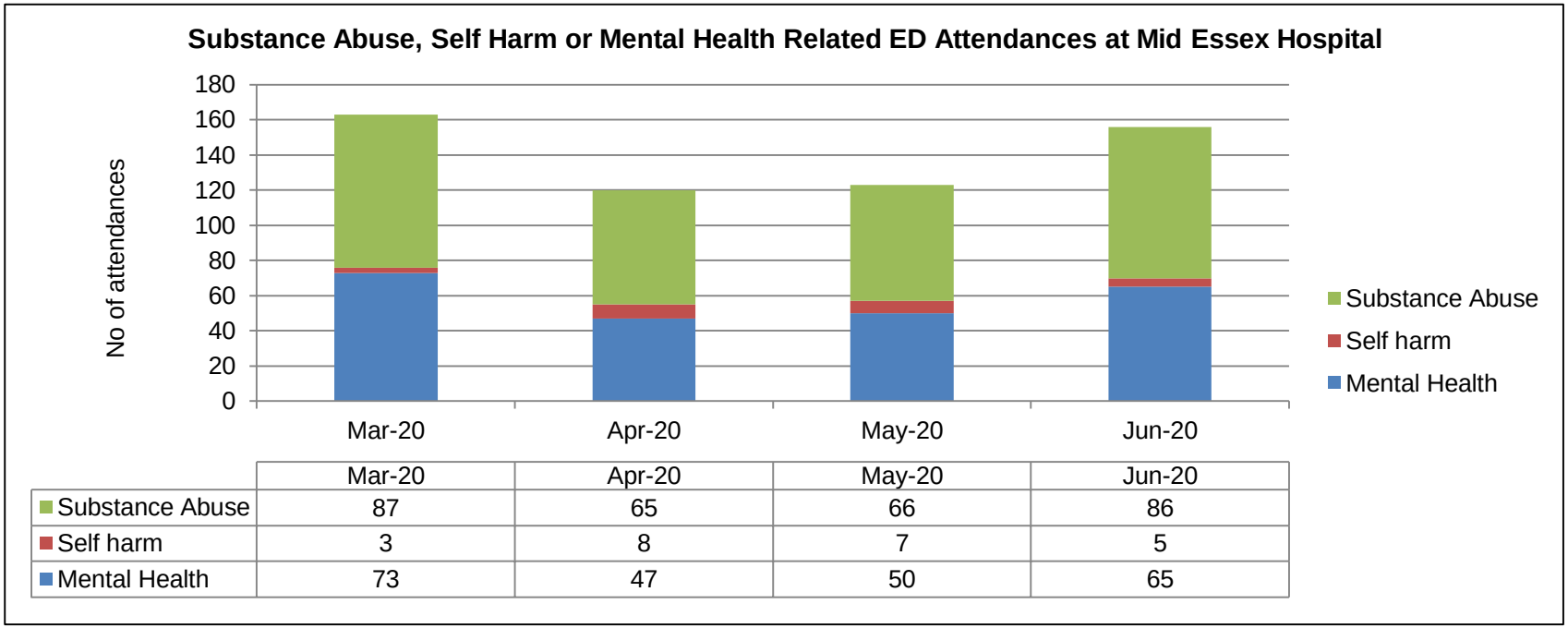
This report covers attendances to Mid and South Essex NHS Foundation Trust's emergency departments, from 1st March 2020 to 30th June 2020, based on the following presenting complaints and ECDS codes:

ECDS_Description - Presenting Complaint

- Drug / alcohol intoxication or withdrawal
- Self-harm
- Suicidal thoughts
- Depressive disorder
- Anxiety disorder
- Behaviour : unusual
- Behaviour : agitated / violent
- Hallucinations / delusions

These have then been grouped into substance abuse, self-harm and mental health.

For ease we have presented the position across each of our Hospital sites to capture any locality specific differences.

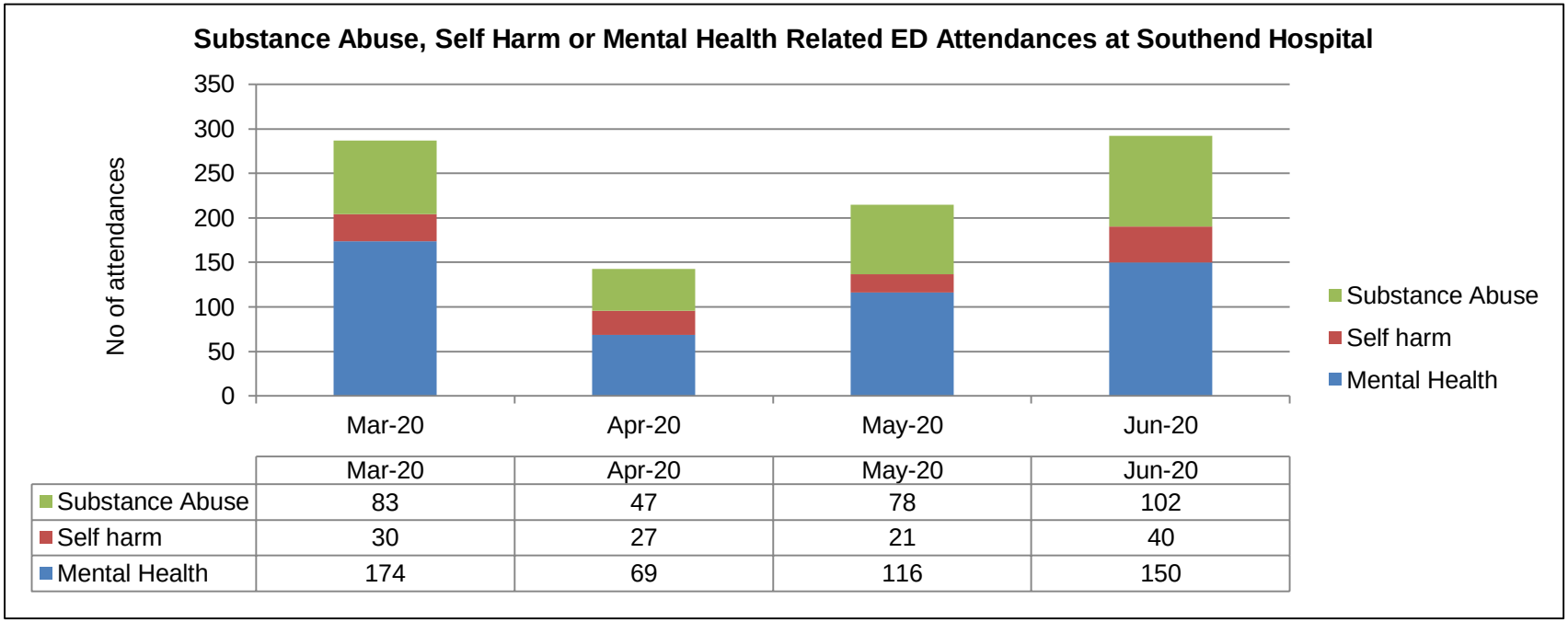


	Mar-20	Apr-20	May-20	Jun-20
Substance Abuse	87	65	66	86
Self harm	3	8	7	5
Mental Health	73	47	50	65

- During the peak of the COVID pandemic overall attendance numbers in the Emergency Department at Broomfield Hospital fell dramatically. In April 2020, there were 5036 attendances in ED overall. This is reflected in the decrease in attendances for the 3 issues above. In May 2020, attendances increased to 7114 and in June 2020, they increased further to 7790.

- In broader terms, therefore patients presenting with these issues followed the same pattern as the wider population and attendances have reflected the increases in activity overall. This was undoubtedly due to the general population being required to stay at home during lockdown. The re-emergence of the pre-COVID activity levels is therefore not unexpected.

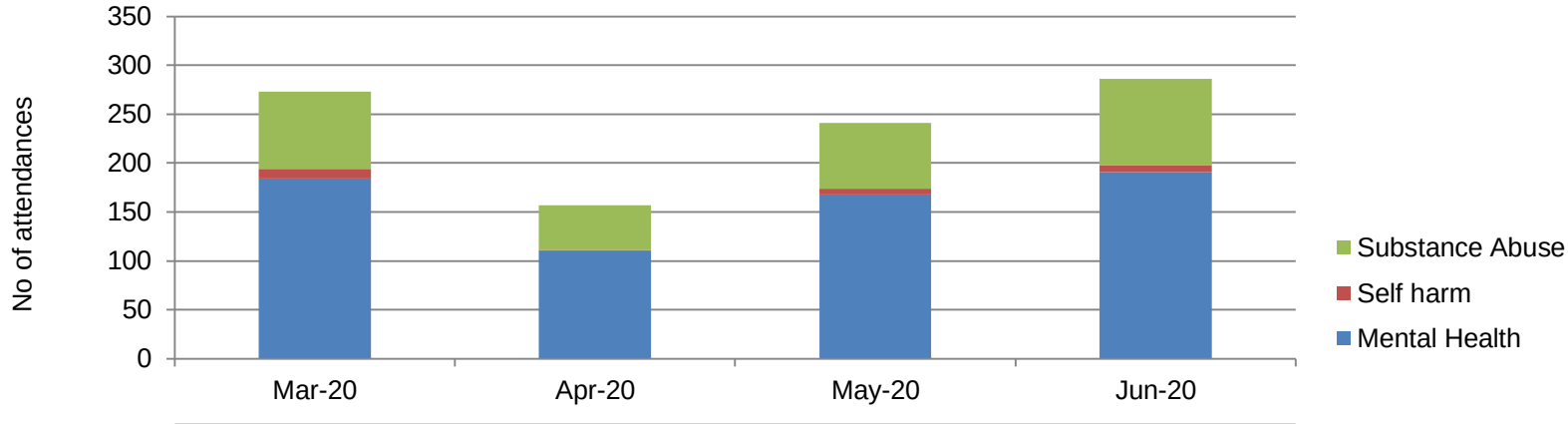
- It is notable, however that across the 3 groups, the recovery in activity levels has a slight lag. We will therefore need to monitor future months with some care.



	Mar-20	Apr-20	May-20	Jun-20
Substance Abuse	83	47	78	102
Self harm	30	27	21	40
Mental Health	174	69	116	150

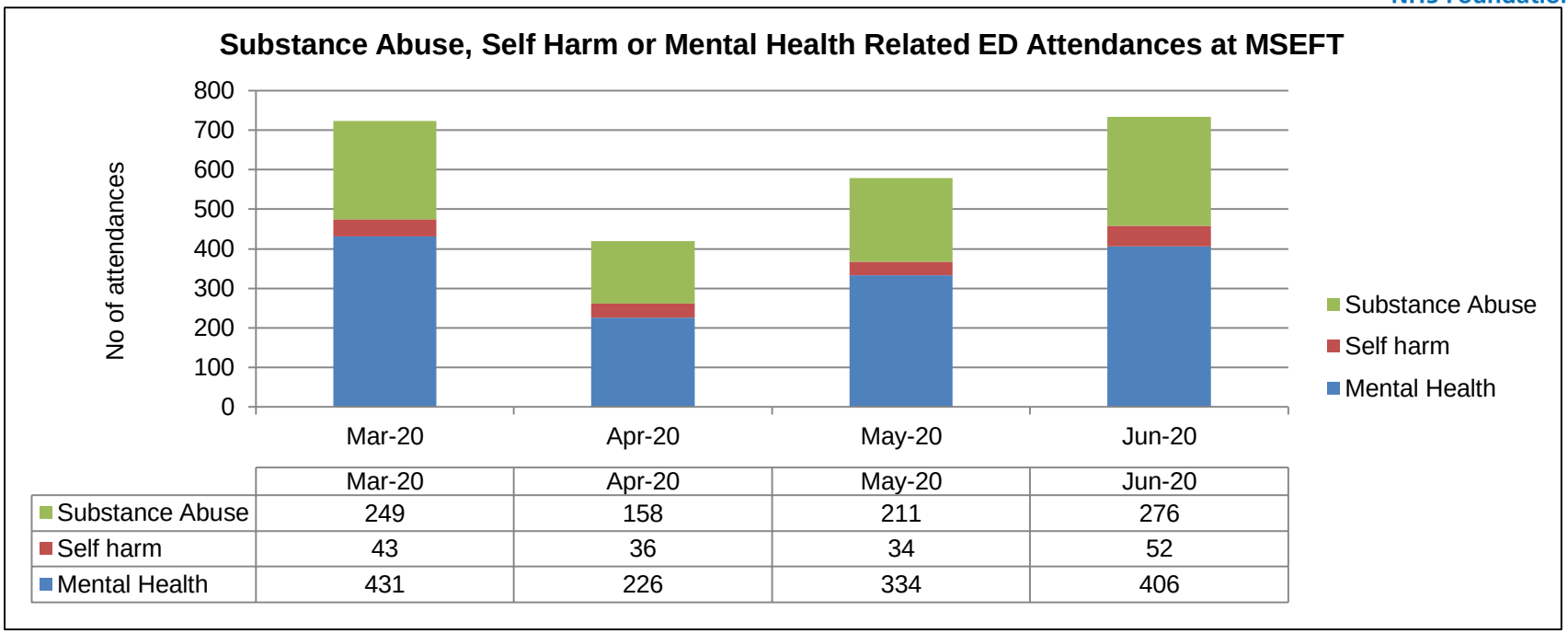
- During the peak of the COVID pandemic we saw a reduction in all presentations to ED which included Mental Health presentations. As can be seen from the charts, we are now seeing a return back to pre COVID levels of attendances with a worrying number of substance abuse and self harm presentations.
- In Southend, the Crisis Café opened in April 2020, which is designed to provide a safe space for patients experiencing mental health crisis or requiring support.
- The level of children and young people presenting with mental health issues has remained below pre COVID levels although we would expect that to return in due course.

Substance Abuse, Self Harm or Mental Health Related ED Attendances at Basildon Hospital



	Mar-20	Apr-20	May-20	Jun-20
Substance Abuse	79	46	67	88
Self harm	10	1	6	7
Mental Health	184	110	168	191

- Peak COVID in April saw reduction in attendances mirroring other cohort presentations across all age groups.
- This initial impact has decreased over time and attendance trends are at or near baseline.
- We have experienced a number of out of area Mental Health attendances in recent weeks, both Adult and Young Persons, which have proven very challenging to support in a timely fashion.
- System partners have agreed to a stakeholder group to review these cases and address improvements.
- Capacity constraints within the assessment teams and onward facilities continue to be a concern, in particular in view of the need to maintain a decongested ED service and avoid excessive duration of stay whilst awaiting assessments and/or placements.



	Mar-20	Apr-20	May-20	Jun-20
Substance Abuse	249	158	211	276
Self harm	43	36	34	52
Mental Health	431	226	334	406

- The number of attendances for substance abuse, self harm or mental health have increased to levels seen before the COVID 19 pandemic.
- All three sites have seen an increasing trend in substance misuse and a similar proportion of mental health related presentations.

A&E Mental Health Attendances

Report Date: 02/07/2020 | Reporting Period: 01/06/2018 - 30/06/2020 | Report by: Claire Glasscock, paht.information@nhs.net

Notes: Presenting complaints used are as follows Suicidal thoughts, Depressive disorder, Drug / alcohol intoxication or withdrawal, Behaviour - agitated / violent, Behaviour - unusual, Anxiety disorder, Self-harm, Hallucinations / delusions.

The Princess Alexandra Hospital NHS Trust

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Total A&E Attendances with Mental Health Presenting Complaint

Year / Month	A&E Attendances
2018	
Jun	239
Jul	237
Aug	228
Sep	207
Oct	215
Nov	254
Dec	249
2019	
Jan	243
Feb	216
Mar	255
Apr	231
May	268
Jun	261
Jul	286
Aug	266
Sep	264
Oct	230
Nov	225
Dec	214
2020	
Jan	269
Feb	248
Mar	217
Apr	169
May	182
Jun	249
Grand Total	**5922**

A&E Attendances with Mental Health Presenting Complaint and stay in Cubicle 14

Year / Month	Cubicle 14 Patients
2018	
Jun	46
Jul	60
Aug	61
Sep	54
Oct	48
Nov	57
Dec	62
2019	
Jan	56
Feb	50
Mar	53
Apr	57
May	49
Jun	49
Jul	54
Aug	43
Sep	55
Oct	58
Nov	57
Dec	48
2020	
Jan	54
Feb	57
Mar	46
Apr	41
May	46
Jun	49
Grand Total	**1310**

A&E Attendances with reference to Section 136 in their presenting free text

Year / Month	Section 136 Patients
2018	
Jun	1
Jul	1
Aug	2
Oct	1
Dec	3
2019	
Jan	1
Mar	1
May	2
Jul	3
Aug	1
Sep	1
Oct	1
2020	
Jan	1
Feb	1
May	2
Jun	1
Grand Total	**23**

Patients referred to the specialty of Pscyh in A&E

Year / Month	Patients referred to Psych
2018	
Jun	126
Jul	110
Aug	114
Sep	116
Oct	112
Nov	119
Dec	117
2019	
Jan	129
Feb	115
Mar	146
Apr	135
May	134
Jun	156
Jul	177
Aug	140
Sep	143
Oct	135
Nov	137
Dec	125
2020	
Jan	153
Feb	158
Mar	124
Apr	81
May	106
Jun	126
Grand Total	**3234**

A&E Mental Health Dashboard

Report Date: 07/07/2020 | Report by: Claire Glasscock, paht.information@nhs.net

Notes: This data is taken from A&E attendances where the attendance was within the reporting period and the patient was referred to the specialty Psych.

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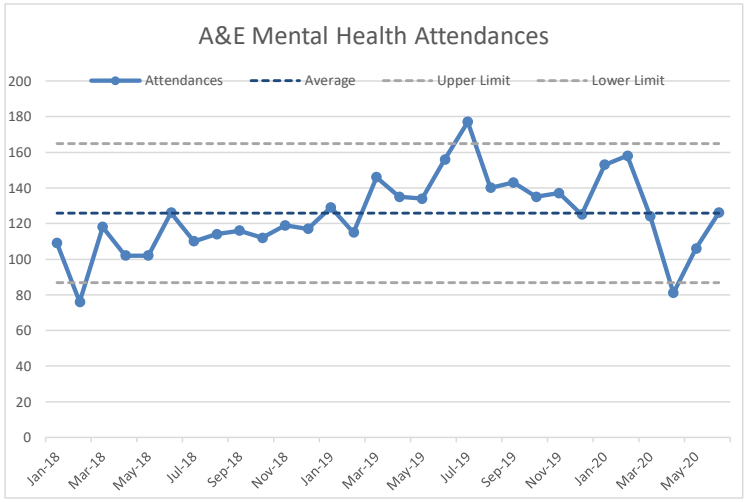

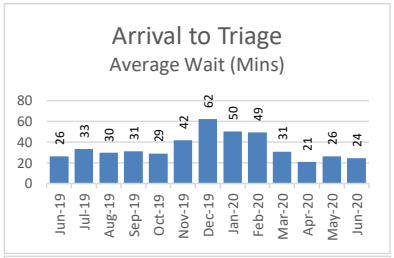

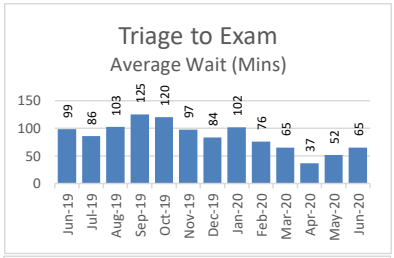

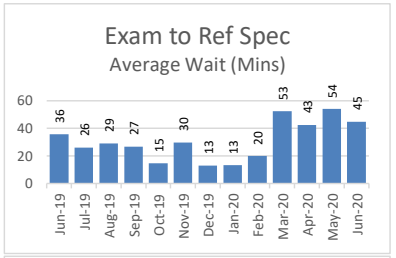

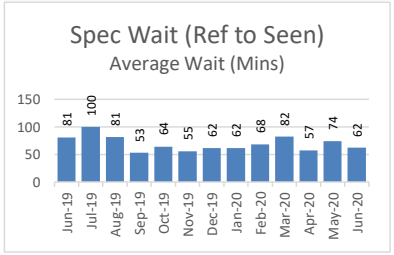

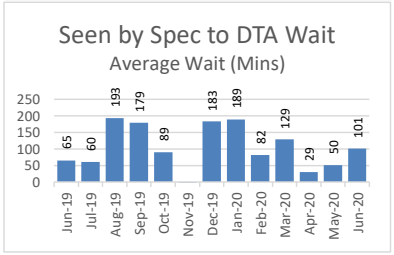

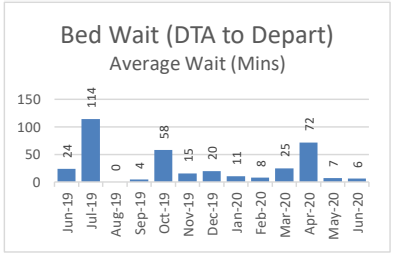

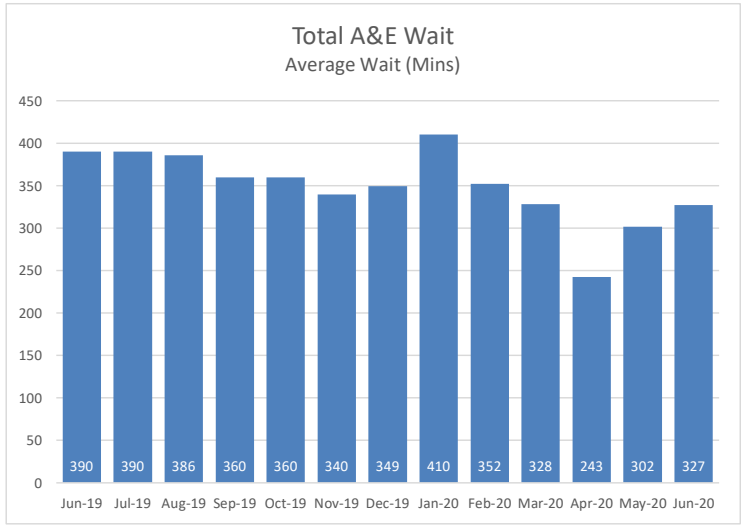

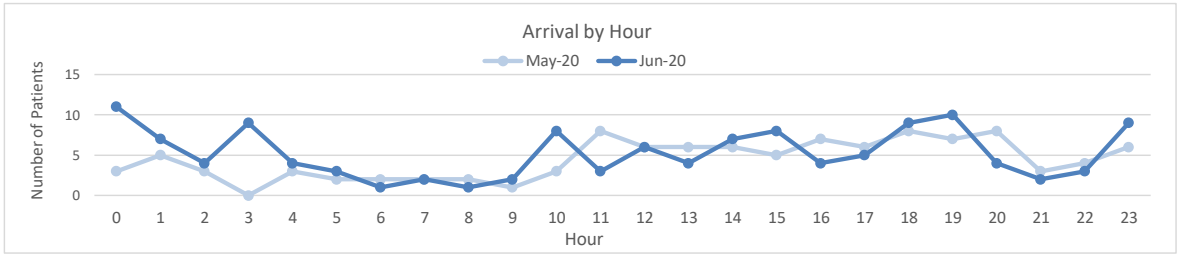

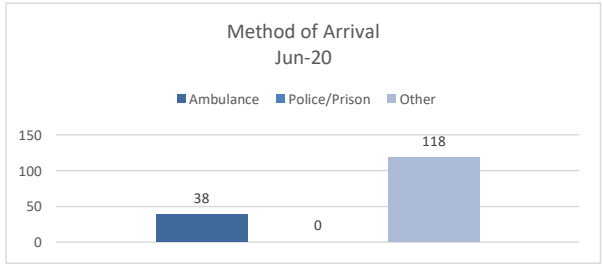

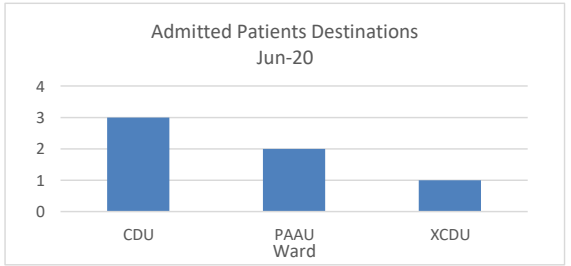

Reference Number: HOPSC/17/20

Report title: North East Essex CCG – Care Closer to Home Contract - update	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 29 July 2020	**For:** Discussion and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk.	
County Divisions affected: Not applicable	

1. Introduction

1.1 North East Essex CCG (NEECCG) have given notice to terminate their Care Closer to Home contract with Anglian Community Enterprise.

Lead Members on the Committee have discussed the issue (see Chairman's Report elsewhere on the agenda) and have asked that, to begin with, NEECCG submit a written update for the committee to discuss and agree any future review and scrutiny it may wish to undertake. NEECCG have not been asked to attend this initial session.

2. Action required

2.1 The Committee is asked to consider the attached report received from NEECCG and:

(i) Identify any issues or concerns arising;

(ii) Identify further clarifications and/or information required;

(iii) Consider any assurances that may be required about the current and future service; and

(iv) Consider its approach towards overseeing the notice period being served and the re-procurement process.

3. Background

In October 2019, at the Committee's request, NEECCG updated the Committee on its contract oversight processes in light of the early cessation of certain contracts. The Care Closer to Home contract was referenced during that update and discussion. This is a link to the meeting documents and minutes for that meeting - HOSC agenda papers - 9 October 2019

In view of the recent announcement about notice being given in relation to the Care Closer to Home contract, Lead Members of the Committee have suggested that NEECCG should initially provide an overview and background to what has happened. Therefore, the CCG have been specifically requested to provide the following in their update:

- Explanation of the component parts of the original ACE contract and what will remain after the notice period is served (please include reference to any other contracts you may have with ACE for other services);

- Have any other contractual arrangements been (or will be) impacted by the termination of CCH element and has any action needed to be taken in relation to this?

- Indicate the aspirations of the CCH element and how those aspirations may drive future service design and structures and the re-procurement;

- Provide confirmation of continuity of service accessibility and quality during the notice period including contingency arrangements if the full notice period is not fully served;

- If there is a timetable of significant milestones already prepared then that would be useful. Any suggestions as to when you would welcome HOSC input during the notice/procurement process then please include in your report.

4. Update and Next Steps

4.1. Update is attached as an Appendix.

5. List of Appendices

Update from NEE CCG.

APPENDIX

Committee Health Overview and Scrutiny

Date 29 July 2020

Report by: Pam Green – Chief Operating Officer, North East Essex CCG

Subject – NEECCG CC2H and future NEE Integrated Community Services

1. Introduction

The North East Essex CCG Board approved the no fault termination of the 'Care Closer to Home Contract' to be enacted on the 2nd June 2020, with an associated 12 months' notice period. The contract covers the provision of adult community services in North East Essex, excluding community mental health. This also provides a small element of therapy services to 0-19 year olds.

The decision was made on the basis that the current contractual model has not delivered the levels of transformation expected and because it is not thought to be the right vehicle to deliver the local NEE Health and Wellbeing Alliances (The Alliance) aims and objectives to improve population health.

Our approved commercial approach will enable the Alliance to inform how the new service can deliver integrated and seamless pathways of care that improve the wider health and care system.

The CCG have issued public communication including thanks to the staff at ACE who have worked tirelessly to ensure local people and patients receive the care and treatment they need closer to their homes. The CCG have also stated that they remain extremely grateful to ACE staff for all their hard work and have assured them that there will be a positive future for them locally.

2. Background

A review of the Care Closer to Home contract was carried out jointly with the provider and commissioners (Anglian Community Enterprise, NEECCG and Essex County Council) during July and December 2019.

The findings were discussed with Alliance members at an Alliance Care Closer to Home Review session session in January 2020, with agreement that to deliver real change a more integrated solution with system partners should be sought, aligning with the ambitions of the Alliance Local Delivery Plan (LDP).

The CCG has been working with its Alliance partners to drive forward the agenda for integrated care. Our ambition is to create the most joined up system in the country in order to deliver improved outcomes and we are progressing well towards that aim. North east Essex has some of the most deprived communities in the country and it is the Alliance's mission to provide access to the best healthcare.

Strong local communities are at the heart of what the Alliance is seeking to achieve and to support this it is committed to an asset based community development approach in progressing its key priorities. This is outlined in the Alliance's Local Delivery Plan.

This approach means that the Alliance is committed to working and investing time with its local community and voluntary sector organisations to build on the assets that are already existing, recognising that each community has a unique set of skills and capabilities that can drive forward improvements. An asset based community approach makes visible and values the skills, knowledge, connections and potential in a community. By working with the Alliance to develop the new community services model it hopes to use the benefits of a community assets approach to tackle health and care differently and achieve more long term sustainable population health improvement. The Alliance as local health and care providers are felt to be best placed to know and appreciate the community assets within their locality which is why the commissioners are seeking to develop its new community model of care with partners that share its values and can demonstrate how integrated teams are already adding value to the local area.

The commercial approach being undertaken to source a new contract is not a traditional competitive procurement but is similar to the approach taken with the North East Essex Urgent Treatment Service, to develop a sustainable integrated model with Alliance partners, proposing to become the 'North East Essex Integrated Community Service (NICS). This sourcing exercise is designed to be an open process with the market that does not seek to restrict competition but rather seeks to commission the best possible care for patients by utilising local provider knowledge, experience and workforce. This therefore ensures local sustainability and complies with the principles of the Public Services (Social Value) Act 2012, i.e. to consider how as public sector commissioner's the CCG could improve the economic, environmental and social wellbeing of their local area through their procurement activities.

The Alliance in North East Essex has created strong local relationships that transcend organisational boundaries and have a collective focus on improving health and care. The principles of social value are strongly upheld by the Alliance which is why the contribution and value of the voluntary sector in supporting communities is keenly recognised. As key members of the Alliance it is envisaged that voluntary sector partners will have an important role in delivering the new integrated community services contract.

Essex County Council (ECC) are currently a collaborative commissioner and co-signatory to the current Care Closer to home contract. As key members of the North East Essex Health and Wellbeing Alliance ECC are a key stakeholder in the development of the new arrangements.

Component parts of the original contract

The original Care Closer to Home contract encompasses a range of community health services and included the following core community services and elective pathways:

Service/ specialism	Description of scope
Audiology	Community Audiology Services
Cardiology	• Elective outpatients that can be safely performed in the community, simple ECGs excluding interventions • Community Cardiology and Rehabilitation
Community Nursing and Immediate Care	Community Nursing, Immediate Care, Rapid discharge and admission avoidance teams, Tissue Viability and Leg Ulcers, Pulmonary Rehab, ONPOS, Domiciliary phlebotomy
Continence	Community urology and continence
Falls	Falls prevention services
MSK and Therapies	• Pain management – elective outpatients and day cases • Community MSK and podiatry

	• Community therapies, physiotherapy, orthotics, dietetics, occupational therapy
Ophthalmology	• Community ophthalmology services, elective outpatients that can be safely delivered in the community
Rapid Assessment of Service and Community Beds	Community beds including rapid assessment and step up beds
Stroke Rehab	Stroke rehabilitation, Early Supported Discharge, Life after stroke services
Homecare and Support Service	Homecare and support, incorporating rapid response
Other	DEXA scanning services, community ultrasound, clinical assessment service (CAS)

The new Integrated Community Services contract is currently intended to cover all the broad service/ specialism areas plus lymphoedema so there are no planned reduction or gaps in services. The detail of the scope of the new contract is covered in section 3 below.

3. Component parts of the new contract

From day 1 of the new contract, the following services are expected to be included within the NICS contract;

Specification	**Description of Scope**
Overarching Spec	Defines overarching features of community model.
Musculoskeletal (MSK), Pain, & Therapies	Pain Management
	Podiatry (non-diabetic)
	Musculoskeletal Services (MSK)
	Outpatient Physiotherapy
	Occupational Therapy
	Dietetics (non-diabetic)
	Orthotics
	Prosthetics
	Speech and Language Therapy – Adult and Paediatrics (including paediatric Dysphagia)
	Paediatric therapy
	Pain guided injections/physio
	Physio triage
	Lithotripsy
Homecare and Support Service	Rapid response homecare
	Night Sitting
	Plaster of Paris (Pops) and Braces
Community Nursing and Intermediate Care	District Nursing
	Tissue Viability
	Chronic Obstructive Pulmonary Disease (COPD) Specialist nursing
	Pulmonary rehab
	Equipment Budget
	Domiciliary Phlebotomy (Housebound)
	Online Non-Prescribing Ordering Service (ONPOS) including management for GP Practices and Dressings
	Support to Care Homes
	Best Practice Leg Ulcer Pathway
	Outpatient Parenteral Antibiotic Therapy (OPAT) service
	Integrated Rapid Assessment Service (IRAS) Nursing at front of hospital

	Discharge Hub (supporting Discharge to Assess – D2A pathways)
	End of Life Virtual Ward - nurse input
	Rapid response – 2hr nursing response
Falls	Strength and Balance Service
Cardiology	Community Cardiology, Heart Failure Team,
	Cardiac rehab
	Consultant led aspects
	24hr ECG
Stroke Rehabilitation	Early Supported Discharge (ESD)
	Stroke voluntary services
Community Beds	Clacton Hospital inpatient beds
	Fryatt Hospital - Harwich, Inpatient beds
	GP out of Hours to Community Hosp.
Audiology	Community Service
Ophthalmology	Triage
	eCare/PAS
	Minor Eye Conditions Service (MECS)
Community Continence and Urology	Specialist community continence and Urology
Diagnostics	Community Ultrasound (urgent, routine, DVT)
	DEXA scanning
Lymphoedema	Linked to cancer and Leg Ulcer Pathways
Crisis Response	Urgent Community Response Service - 24/7 rapid 2hr response as part of multi-disciplinary integrated model

Future services

Further to those services set out in the scope for delivery from 1st July 2021, the Commissioners wish to consider a further introduction and phasing of the following services subject to further approval by commissioners:

From 1st July 2021

Two current pilots are underway during 2020/21. Dependent on the outcome of evaluation these services may be included within the service scope from day 1, 1st July 2021, with the expectation that they are delivered as part of the wider pathway for Ophthalmology services:

- Glaucoma Service currently being piloted with Primary Eye Care Services under a sub-contract arrangement with East Suffolk and North Essex NHS Foundation Trust; and
- Cataracts Service currently being piloted with Primary Eye Care Services.

From April 2022

Post go live of the service there is further potential consideration to introduce the following services:

- Phase 2 - Reablement Service in North East Essex
- Phase 2 – Diabetes Service in North East Essex.

The inclusion of reablement services will be dependent on ECC's role in the commercial sourcing exercise. However is included at this stage to signal a potential strategic alignment of health and social care services via the NICS contract.

4. Impact on other existing contracts

Within NEE, ACE currently also deliver the Harwich and Clacton Urgent Treatment Centres under the umbrella of the Urgent Treatment Service (UTS) Collaboration contract. ACE served notice on this contract on 10th June 2020, with an aligned termination date to the Care Closer to Home contract. The remaining partners within the UTS Collaboration will be working to deliver a solution for these elements of the service.

ACE also provide an HR and Occupational Health service to the CCG. This is due to expire on 31st June 2021. There has been no agreement to end the contract before this date.

There are other contracts where ACE provide services to the NEE population however these are either not commissioned by the CCG or ACE are a sub-contractor so therefore no direct contractual relationship is in place with North East Essex CCG. As part of its due diligence the CCG did liaise with the appropriate stakeholders prior to the termination notice being issued.

As at 13th July 2020, ACE, as a sub-contractor for the delivery of Learning Disability (LD) Services in Essex, has informed Hertfordshire Partnership NHS Foundation Trust (HPFT) that they are unable to provide LD therapy services beyond 30 June 2021 following the termination of their Care Closer to Home contract. This is due to the nature of governance requirements for such services which would be cost prohibitive to provide for one small service area. They consequently wish to agree a mutually acceptable date to transfer services and the staff to HPFT. The suitability of the successor provider is being considered by the lead commissioner on behalf of the Essex CCGs and the three Essex local authorities. However this will have no impact on ACE's right to terminate the contract. The CCG will keep the Health Overview and Scrutiny Committee updated of any changes in relation to this position and any other contract held by ACE.

5. Aspirations of the NEE Integrated Community Service

Integration

The NEE Integrated Community Services contract is exclusive to North East Essex and will underpin the Alliance plans, delivering a transformation of community services that seeks meaningful integration with acute services, Primary Care Networks, primary care services, mental health, Voluntary Sector Organisations and other statutory and community partners.

The aim of the new integrated model with the North East Essex Health and Wellbeing Alliance is to collaborate with partners who understand their local population in order to maximise the wellbeing of people of North East Essex. Through the collaborative working to date the Alliance has recognised that health and care services continuing to work on their own, no matter how excellent they are individually, would not be good enough to address future health and care needs. What is needed is an integrated approach that not only provides the services needed but prevents the need for the services. This has been the ethos behind the new proposed model of care.

The new model aligns its objectives to the 'Live Well' domains outcomes of the Alliance, reflected in **figure 1** below and aims to facilitate the Integrated Community Model of Care approach through an exciting opportunity to redesign services to underpin the ambitions of the Alliance. The CCG has endorsed the support of the Alliance Partners and made the decision that working with an Alliance of providers will be the best solution to provide an affordable, sustainable and fully Integrated Community Service in North East Essex; working towards the establishment of whole system community service collaboration through an Alliance contracting model. This will build upon the broader Alliance infrastructure and relationships that have been developed since inception of the Alliance. As noted above the CCG believes this approach reflects its obligations under the Public Services (Social Value) Act 2012 to be a responsible commissioner by supporting the local economy and social well-being of its residents and workforce.

The new integrated model of care will also be informed by a population health management approach. Through this approach the ambition is to build collective capability across the whole

system to support the delivery and work of the integrated neighbourhood teams to make informed data-driven decisions that enable teams to act together (across the NHS, local authorities, public services, voluntary sector organisations, communities and local people) to make best use of collective resource to achieve practical and tangible improvements.

The key objectives of the new service will to support **the Alliance Live Well domain outcomes and indicators through:**

- Helping people to '**Stay Well'** by:
  - improving access to services in order to help them maintain healthy lives and manage health concerns, ensuring equality of access and outcomes for our population including those with protected characteristics from marginalised groups
  - Work in collaboration with the local community to identify and manage changing need and demand
  - Develop and collaborate with community assets to enable signposting where this will help to address people and populations wider determinants of health
  - Integration of services to reduce duplication
  - n and prevent patients having to retell their stories, making it simple for patients and professionals to access the support they need.
- Supporting people to '**Feel well**' and maintain a mental wellbeing through:
  - joined up physical and mental health services and care
  - Improving Parity of Esteem.
- Empower people to '**Be Well**' through embedding a preventative approach working with local assets within the community
- Work in partnership with child health and care providers to ensure children (in conjunction with their families) can '**Start well**'
- Embed an ethos of enablement so that people can live safely and independent as possible so that they can **'Age well'**
- Make sure people within NEE '**Die Well**' through working with system partners to ensure good quality care and choice is available for people at the end of their life.

Figure 1

The service will aim to underpin the delivery of the Live Well ambitions and integrated community approach though the following principles:

- Achieve collaboration of partners and integrated pathways across community, Acute, Mental Health, Primary Care Networks, Primary Care and other statutory and voluntary sector organisations where appropriate, sharing the same 'Live Well vision and outcomes for the best of the local population
- Maximise on attraction and retention of the workforce through opportunity for new, shared roles, upskilling, utilising mutual aid and impacting on ability to manage workforce capacity at a system level to deliver the 'Live well' ambition
- Reduce the complexity of care for service users and other professionals, making it seamless at the point of delivery
- The NICS Alliance will be designed to be fluid in nature, allowing new partners to join or leave as we need to respond to changes in population demand or national guidance.
- The NICS Alliance will determine how it will work together considering any gain and risk, including any requirements to reinvest in service transformation (in full or in part) - please note this includes the commissioners.

Tackling health inequalities

The new integrated community services model also has the wider ambition of recognising and addressing health inequalities and the wider determinants of health by improving access to more integrated care. The Alliance has been working with Professor Sir Michael Marmot who led the review into heath inequalities that was first published in 2010 to utilise his evidence based approach to tackling health inequalities in north east Essex. This approach focuses on addressing the social determinants of health which include the conditions in which people are born, grow, live, work and age, which can lead to health inequalities.

The North East Essex Health and Wellbeing Alliance is now working to become the first Marmot Alliance in the country and in doing so is working in close partnership with the Essex County Council Public Health team. It is hoped that this prestigious partnership will help to gain extra support around tackling health inequalities and making long term population health improvements.

6. Continuity of service access and quality

Maintaining the existing workforce is critical to maintaining both access and quality of care through the transition phase and beyond.

ACE has not given any indication that it will exit the contract arrangements before the end of the notice period and this may therefore be a low risk. However the CCG's experience with services such as dermatology has shown that it is provident to have contingency arrangements to ensure the continuity of services. The CCG has previously received legal advice that as a responsible commissioner it should explore caretaker arrangements to ensure that patient safety is not compromised by a disruption in services. On that basis should ACE choose to exit earlier than the 12 months' notice period there would be a requirement to appoint a caretaker provider to hold the Care Closer to Home contract and to support the Alliance to complete the community model of care model. This would be an immediate and temporary solution required only if ACE exit from the contract with insufficient notice to provide the CCG with time to procure a new contract via the open market. This would be essential to ensure continuity of care; patient safety and ensure the workforce are supported and stabilised.

In order to safeguard services should a more immediate transition be required the CCG have liaised with East Suffolk and North Essex Foundation Trust (ESNEFT) to potentially act as a 'step in' caretaker provider *but only if required*. ESNEFT as a key partner in the Alliance, is the

CCG's largest provider of services and consequently there is already a quality and governance monitoring framework in place that underpins that contract. This provides a robust quality and performance assurance process. As a local NHS employer ESNEFT also has the financial and clinical governance infrastructure to support a large scale transfer of staff if required. If a caretaker arrangement should be required for the NICS contract therefore the assurance framework would already be in place for these services. However this is not indicated at present.

ESNEFT is experienced in mobilising services at pace, whilst maintaining safe and effective services. They have provided early step in arrangements for two services when the providers went into administration and they completed the formal changeover in services within days as opposed to the months usually required for mobilisation. The local workforce was maintained and enhanced for both services therefore ensuring continuity of services for patients and offering stability to staff. This has provided supportive evidence of ESNEFT's suitability as a potential caretaker.

For the NICS process specifically, in parallel to the commercial sourcing exercise the CCG will also be undertaking a due diligence process for any caretaker arrangement to enable a quick decision to made for step-in arrangements if required. A formal decision on a caretaker contract has not yet been made and would have to be made in light of procurement guidance and would need to be agreed formally by the CCG Board in accordance with the CCG's Statement of Financial Instructions (SFIs).

7. Timeframe

The Prior Information notice was issued on the 22nd of June 2020, inviting providers to express an interest to be part of the single alliance to deliver the NICS service. The table below sets out the future milestones, leading to a go live date of the 1st July 2021.

Stage 1 Structured Dialogue	15th June to 20th Aug 2020	PIN, Expression of Interest & qualification
Stage 2 Structured Dialogue	21st Aug to 16th Oct 2020	Invitation to submit Outline solutions (ISOS)
Stage 3 Structured Dialogue	19th Oct to 26th Jan 2021	Invitation to submit Detailed solutions (ISDS)
Contract Award	27th Jan to 12th Feb 2021	Award contracts
Mobilisation	15th Feb to 30th Jun 2021	Mobilisation phase
Go Live	1st July 2021	Service(s) commence

The CCG are keen to engage with the Health Overview and Scrutiny as part of the NICS sourcing exercise, commercial sourcing rules permitted. The formal communications plan for the project is being finalised and will include the timescale for engagement with key stakeholders, including HOSC. Once finalised these will be shared with a clearer timeline for stakeholder involvement.

Chairman's Report

Reference Number: HOPSC/18/20

Report title: Chairman's Report	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 29 July 2020	**For:** Discussion and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk.	
County Divisions affected: Not applicable	

1. Introduction

1.1 This is the latest update reporting on discussions at HOSC Chairman's Forum meetings (Chairman, Vice Chairmen and Lead JHOSC Member).

2. Action required

2.1 The Committee is asked to consider this report and identify any issues arising.

3. Background

3.1 The Forum usually meets monthly in between scheduled Committee meetings to discuss work planning. In addition, there are also meetings with the Cabinet Member for Health and Adult Social Care on a bi-monthly basis and quarterly meetings with senior officers.

4. Update and Next Steps

4.1. The Forum met virtually on 15 June 2020 and the main issues discussed were:

Considered timings for re-commencing proactive work programme items.

Agreed main agenda items for HOSC meeting on 29 July 2020, namely

(i) *the* impact of Covid on personal behaviours (i.e. substance abuse, self-harm, mental health); it's consequences; and how Public Health messaging and activity has changed/will need to change.

(ii) Written update to be sought from NE CCG re: termination of ACE contract - the item to be an opportunity for members to discuss the written update and decide if they wish to schedule further work on it.

Agreed that the above Public Health item was likely to then have some links into September and October HOSC meetings looking at how the mental health

trusts were planning to respond to greater demand arising out of Covid, and Emergency Care Seasonal pressures and winter planning (sessions tbc).

4.2 The Forum met virtually on 29 May 2020 and the main issue discussed was:

Representation received from Anglian Community Enterprise (ACE) relating to the anticipated termination of their Care Closer to Home Contract with NE Essex CCG was considered.

Agreed approach:
No involvement in actual decision to be taken
Await confirmation of any formal decision being taken next week by the CCG Board and would then expect to have conversations with commissioners about maintaining continuity and quality of services going forward. ACE to be advised of this approach.

5. List of Appendices

None

Member Updates

Reference Number: HOPSC/19/20

Report title: Member Updates	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 29 July 2020	**For:** Discussion and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk.	
County Divisions affected: Not applicable	

1. Introduction

This is an opportunity for members to update the Committee (see Background below)

2. Action required

2.1 The Committee is asked to consider oral reports received and any issues arising.

3. Background

3.1 The Chairman and Vice Chairman have requested a standard agenda item to receive updates from members (usually oral but written reports can be provided ahead of time for inclusion in the published agenda if preferred).

3.2 All members are encouraged to attend meetings of their local health commissioners and providers and report back any information and issues of interest and/or relevant to the Committee. In particular, HOSC members who serve as County Council representatives observing the following bodies may wish to provide an update:

- Castle Point and Rochford CCG (Cllr Egan)
- North East Essex CCG (Cllr Brown)

4. Update and Next Steps

Oral updates to be given.

5. List of Appendices – None

Work Programme

Reference Number: HOPSC/20/20

Report title: Work Programme	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 29 July 2020	**For:** Discussion and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk.	
County Divisions affected: Not applicable	

1. Introduction

1.1 The current work programme for the Committee is attached.

2. Action required

2.1 The Committee is asked:

(i) to consider this report and work programme in the Appendix and any further development of amendments;

(ii) to discuss further suggestions for briefings/scrutiny work.

3. Background

3.1 Briefings and training

Further briefings and discussion days will continue to be scheduled on an ongoing basis as identified and required.

3.2 Formal committee activity

The current work programme continues to be a live document, developed as a result of work planning sessions and subsequent ongoing discussions between the Chairman and Lead Members, and within full committee.

Joint Committees/Task and Finish Group activity

There is a long-standing participation in a Joint Committee with Suffolk County Council. A further issue-specific Joint Committee with Hertfordshire County Council is about to commence (both listed on the second page of the Appendix to this report). There is no Task and Finish Group activity at present.

4. Update and Next Steps

See Appendix.

5. List of Appendices – Work Programme overleaf.

Essex Health Overview, Policy and Scrutiny Committee
Work Programme as at 21 July 2020

Date	Topic	Theme/Focus	Approach and Next steps
TBC	Mental health services	Response to pandemic and future service planning for changes in demand	TBC
TBC	A&E pressures/ seasonal pressures/admissions avoidance – *further follow up*	Relationship between ambulance performance and hospital capacity pressures.	Follow up to previous sessions/review of winter performance. Now may also have post virus pandemic context
TBC 2020	Autism services	Look at referral and diagnosis times and transitions between services. Now to also have post virus pandemic context.	TBC - currently on hold
TBC 2020	Mental Health	Partnership working, service changes, access to changes. Now to also have post virus pandemic context.	TBC – currently on hold
TBC 2020	Primary Care – *further follow up*	Contribution to wider system and the STP plans. To review locality changes from finalised CCG plans and impact of NHS England Long Term Plan. Could include further consideration of urgent care provision, NHS 111 and out-of-hours arrangements. Now to also have post virus pandemic context.	To review locality changes from finalised CCG plans and impact of NHSE Long Term Plan. TBC – currently on hold.
TBC 2020	Primary Care	Dentistry/Opticians/Pharmacist update from NHS England.	Introductory informal session. Session planned for 22 April 2020 was cancelled due to current virus pandemic – currently on hold and to be rescheduled.
Summer 2020	Relocation of cardiology beds	Consultation on proposed service variation to relocate cardiology beds from Broomfield to Basildon Hospitals	Follow-up and feedback on temporary changes made over the winter period.
Ongoing	Service changes in strategic STP/ICS footprint areas	Seek evidence of partnership working across footprints	High level governance and strategic oversight role across all three footprints

Other issues for further consideration:

Date	Topic	Theme/Focus	Approach and Next steps
TBC	North East CCG – community beds	Further update on proposals impacting on Clacton and Harwich Hospitals	TBC
TBC	Community providers – *follow up*	Previously looked at the broader role and contribution to wider system. Agreed to review local performance	May link with other items on work programme
TBC	Sensory care pathways	Review accessibility to services and system working	May link with other items on work programme.

Essex Health Overview, Policy and Scrutiny Committee
Work Programme as at 21 July 2020

Current Joint Health Overview and Scrutiny Committees (JHOSCs)

1. *JHOSC looking at the Suffolk and North East Essex Sustainability and Transformation Partnership/Integrated Care System proposals (Joint Committee with Suffolk County Council)*

   This Joint Committee was established in anticipation of a formal consultation being launched by the STP for various service changes. A number of public and private briefings have been held. The Joint Committee will be the formal consultee for a number of proposals being finalised by the STP/ICS. Joint HOSC Agenda papers

2. *JHOSC looking at relocation and rebuild of Princess Alexandra Hospital (Harlow) (Joint Committee with Hertfordshire County Council)*

   This Committee met once to provide formal comment on proposals for a rebuild and relocation of Harlow Hospital.

   Joint HOSC looking at PAH proposals - agenda papers