Essex County Council

Health Overview Policy and Scrutiny Committee

10:30	**Wednesday, 15 January 2020**	**Committee Room 1, County Hall, Chelmsford, CM1 1QH**

For information about the meeting please ask for:
Graham Hughes, Senior Democratic Services Officer
Andrew Seaman, Democratic Services Officer
Telephone: 03330 134574 or 03330 32177
Email: democratic.services@essex.gov.uk

8	**Work Programme**	**48 - 51**

9 Date of next meeting

To note that the next committee activity day is scheduled for 09:30am on Wednesday 6 February 2020, in Committee Room 6, County Hall. Scheduled activity dates may be a private committee session, meeting in public, briefing, site visit, 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.

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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
4. Councillor Stephenson has been appointed to fill the current vacancy.

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 M McEwen	
Councillor J Moran	
Councillor M Stephenson	
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 the meeting of the Health Overview Policy and Scrutiny Committee held in Committee Room 1, County Hall, Chelmsford, CM1 1QH at 10.00am on Wednesday 6 November 2019

County Councillors Present:

Councillor Reeves (Chairman)
Councillor Egan (Vice-Chairman)
Councillor Chandler
Councillor McEwen
Councillor Gadsby
Councillor Lumley
Councillor Harris
Councillor Brown
Councillor Edwards
Councillor Durham
Councillor Wood (Vice-Chairman)

Graham Hughes - Senior Democratic Services Officer

Andrew Seaman – Democratic Services Officer

The meeting started at 10:03

1. Membership, Apologies, Substitutions and Declarations of Interest

Apologies had been received from Councillors Massey, Moran, Stephenson and Hannah Fletcher from Health Watch Essex.

The following Councillors declared an interest:

(i) Councillor Egan – Code interest. Her cousin is Managing Director of Basildon and Thurrock University Hospital Trust – however, she believed that this did not prejudice her consideration of the public interest and that she was able to speak and vote on the matters on the agenda. Councillor Egan also declared a code interest as a representative on Rochford and Castlepoint CCG, similarly she did not believe this impacted on her participation at the meeting.

(ii) Councillor Wood is a governor for Essex Partnership University Trust.

2. Minutes

The Minutes of the meeting of the Health Overview Policy and Scrutiny Committee (HOPSC) held on 9 October 2019 were approved as a correct record and were signed by the Chairman.

3. Questions from the Public

There were no questions from the public

4. Public Health – Updated Deprivation Index

The Committee considered report **HOPSC/40/19**. The following representatives joined the meeting and at the invitation of the Chairman, introduced the item.

Essex County Council: Chris French, Head of Commissioning, Sofian Ragab, Senior Analyst and Laura Taylor Green, Head of Well-Being and Public Health.

During the discussion of the report and a related presentation gave an overview of the Deprivation Index report. The following points were highlighted and/or acknowledged:

(i) It was highlighted that though Essex was less deprived than most counties in England, since 2007 there had been a decline in its relative position when compared to other authorities.

(ii) Basildon, Tendering and Colchester were the most deprived areas in Essex. It was recognised that education, employment and material wealth had the biggest positive impact on deprivation along with lifestyle choices and infrastructure.

(iii) There was a concern that migration of vulnerable families from London Boroughs was adding pressure to already deprived areas in Essex.

(iv) In terms of supporting health in deprived areas, it was noted that infrastructure needed to be put into place. Deprived areas were more likely to encounter health issues, there was also a correlation between the percentage unhealthy lifestyles, including smoking and the level of deprivation the area experienced.

(v) It was stressed that a child's early years significantly affects their future health. The Virgin Care Children and Wellbeing service was outcomes driven and Public Health was looking forward to working with that service to see how this would be evidenced.

(vi) It was stressed that education and employment opportunities was a crucial factor to reduce local deprivation, the quality of employment was also emphasised. Anchoring institutions into these areas was emphasised in order to increase employment rates.

(vii) Work was being done with major employers such as Department and Work Pensions, The National Health Service as well as Small to Medium Enterprises surrounding planning and employment.

(viii) Regarding best practice the council noted well performing areas across the country as well as areas in Essex. This information was being shared

on multiple platforms and communication between organisations was being made, in order to gain the best possible results.

(ix) It was noted that infrastructure surrounding Garden communities should be carefully planned and that existing neighbouring populations should be considered during this process.

(x) It was noted that the updated local profiles within the Joint Strategic Needs Assessment would be published soon.

Conclusion:
The Chairman thanked the representatives for attending. The HOPSC agreed:

(i) To have a further update in due course.

(ii) Officers were asked to consider including in that future update a more localised deprivation index to aid Councillors to understand the challenges in their own areas.

Adjourned – 11:18
Restarted – 11:25

5. Mid & South Essex Hospitals Group - Ophthalmology - Update

The Committee considered the report **(HOPSC/41/19).** The following representatives joined the meeting and, at the invitation of the Chairman, introduced the item.

Mid & South Essex Hospitals Group: Tom Abell, Deputy Chief Executive; Jenny Davis, Programme Director and Dr Celia Skinner, Group Medical Director.

During discussion of the report the following points were highlighted and/or acknowledged:

(i) The proposal was to concentrate ophthalmology surgery to Broomfield hospital and that pre and post-operative care would remain at the patient's local hospital.

(ii) As a result of these changes capacity would be freed up for other surgery to take place at the other hospitals in the group. Consolidating ophthalmology would bring further improvement to quality and outcomes.

(iii) It was recognised that some patient may have needed to travel further due to the proposals and that mitigating actions were being developed. Travel costs would be refunded for carers and family members who qualified for assistance. Bus passes could be used for certain journeys. For those who required a car the cost would be capped and that there would be an annual joining fee. A partnership with Chelmsford

Community Transport had recently been formed to provide another option for family and carers.

Conclusion:
The Committee agreed and supported the changes disclosed in the report to reduce the waiting times for elective ophthalmology surgery.

6. Joint Health Overview Scrutiny Committee (with Suffolk) - Update

It was agreed to defer a detailed update on the Joint Health Overview Scrutiny Committee until the next meeting.

7. Chairman's Report

The report **(HOPSC/43/19)** was noted.

8. Member Updates

The report **(HOPSC/44/19)** was noted.

9. Work Programme

The committee noted and considered report **(HOPSC/45/19).**

The decision had been made to cancel the December meeting due to the General Election. Therefore, the items proposed for December had been pushed back to January 2020.

10. Date of next meeting

The committee noted that the next committee activity day was scheduled for 09:30 on Wednesday 15 January 2020.

11. Urgent Business

There was no urgent business.

The meeting ended at 11:45

Chairman

Sustainability and Transformation Plans - updates

Reference Number: HOPSC/01/20

Report title: Sustainability and Transformation Plans - updates	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 15 January 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 Committee has asked for a further update from the three Sustainability and Transformation Partnerships (STPs) footprints that cover parts of Essex.

2. Action required

2.1 The Committee is asked to consider this report and identify any issues arising and follow-up scrutiny work.

3. Background

3.1 The HOSC has a high-level governance and strategic oversight role as part of monitoring and challenging the three STPs that have footprints covering parts of Essex. However, detailed scrutiny of proposals and the public engagement process has been led by Joint HOSC's established in two of the areas.

3.2 Joint HOSCs have been established with Southend and Thurrock (to oversee the detail of the proposals and public consultation process for the Mid and South Essex STP) and with Suffolk (to oversee the detail of proposals and public consultation process for the Suffolk and North East Essex STP).

The Joint HOSC with Southend and Thurrock met a number of times as part of scrutinising the formal proposals for Mid and South Essex and the public consultation process undertaken. After endorsement from the Secretary of State (as a result of referrals being made by Southend and Thurrock Councils) the proposals are now being implemented. The JHOSC has not met since 2018 and there are currently no plans for it to be re-instigated. Here is a link to JHOSC meeting papers .

The Joint HOSC with Suffolk has also met a number of times and continues scrutiny of proposals developing for that STP footprint. Here is a link to JHOSC meeting papers

There is no joint working arrangement with Hertfordshire HOSC at present. To date there has been no public consultation on any formal service changes as a result of STP proposals in that STP footprint.

The last time the Essex HOSC held a strategic session with all three STP footprints represented was in June 2018 and a link to the minutes of that discussion is here - HOSC minutes 6 June 2018 – one of the HOSC's main conclusions that day was to encourage and seek evidence of greater partnership working and information sharing across the footprints.

4. Update and Next Steps

The HOSC Chairman and Lead Members have asked the STPs to provide a status update and specifically to respond to the following advance questions:

(i) Do you have any unique local challenges and circumstances that have had to be specifically addressed in your latest updated plan? With How are you targeting health inequalities in your area?
(ii) To what extent can you ensure a pan-Essex approach is maintained in commissioning and delivery of services (as part of ensuring consistency of quality of service)?
(iii) How have you addressed improving support for Children and Early Years (and school readiness) in your updated plan? What challenges do you see here in your area?
(iv) Please provide examples of where you have worked together with adjoining Essex footprints both in sharing learning but also in developing joint approaches and strategies.
(v) How will you assess the success of your plan? How will you evaluate impact and on what timescale?
(vi) How far have you progressed with shared care records and what further steps need to be taken to establish these not only across all health sectors but also comprehensively across social care? Are there issues preventing any of this at present?

5. List of Appendices

Updates from each of the three STP footprints have been requested and are attached as Appendices 1-3 overleaf in the following alphabetical order:

(i) Hertfordshire and West Essex STP
(ii) Mid and South Essex STP
(iii) Suffolk and North East Essex STP.

APPENDIX 1

Hertfordshire & West Essex STP briefing for Essex HOSC committee – 15th January 2020

Introduction:

This briefing paper is divided into two sections. Section one is a brief summary of the key elements of the Herts & W Essex NHS Long Term Plan and section two is the specific responses to the HOSC questions from the West Essex Integrated Care Partnership (ICP) called One Health & Care Partnership.

Unfortunately due to the recent National election, the final approved version of the HWE STP LTP is still not cleared for formal publication. This should be public in early February as we are awaiting new National guidance and possibly further clarity on priorities from the new government.

HWE STP is in the process of appointing a single Chief Executive and Accountable Officer for the STP and three Clinical Commissioning Groups with interviews on the 20th January 2020.

HWE STP is working closely with NHSE/I as part of an Integrated Care System (ICS) accelerator site on the system and Integrated Care Partnership (ICP) architecture for the future. This process should be concluded by March 2020 and it has already been agreed that the proposed Mental Health ICP, which is still being developed, will only cover Hertfordshire. West Essex ICP will be a core part of the Essex wide approach to mental health for the residents of the three District Councils in West Essex.

Below is a summary of the HWE STP NHS LTP covering the overall approach, priority areas and how we intend to work together.

Section one:

Executive summary of Hertfordshire and West Essex STP NHS Long Term Plan 2019-2024

1. The NHS Long Term Plan (LTP), published in January 2019, sets the direction for NHS organisations delivering care to patients across the country over the next 10 years. The plan identifies five priorities and specifies in detail the action to be taken to meet these:

- Targeted care built around the patient
- Preventing illness and tackling health inequalities
- Boosting recruitment and retention of a highly skilled workforce
- Making better use of data and digital technology
- Maximising value for the taxpayer

2. Commissioners of health and social care services in Hertfordshire and West Essex were required to respond to the LTP, setting out how they will deliver on national priorities locally.

3. The Hertfordshire and West Essex Sustainability and Transformation Partnership (STP) is responsible for the health and care of approximately one and a half million people across Hertfordshire and West Essex. Our population is growing and ageing rapidly: the number of people aged over 75 in our area is expected to increase by 37% over the next ten years. We are seeing an increasing number of elderly patients with complex health needs.

4. While most of our population enjoy good health, significant health inequalities exist across the area and some of our residents are dying from illnesses such as circulatory diseases, cancer and respiratory diseases at a younger age than we would expect.

5. Health and care services across our STP are commissioned and provided by a large number of public, private and 'third' sector organisations and collectively we face significant challenges: our services can sometimes be fragmented, we are struggling to meet demand, we don't always make the best use of technology, and we are finding it difficult to recruit and retain the workforce we need.

6. Despite this, we know that if we work together effectively, there are huge opportunities to improve the health and care of our population and to make better use of our resources. Our leading approach to health and social care collaboration and integration will continue to be a key driver for improvements and we have ambitious plans to provide more holistic, personalised care supported by improved digital technology. The government has recently made a significant financial commitment that will enable us to make much needed improvements to our hospitals.

7. Our plans are built on the priorities we set out in the Hertfordshire and West Essex STP plan (2016) and further developed through the Hertfordshire and West Essex Integrated Health and Care Strategy (2018). The local strategy follows the 'life course' approach used by the Hertfordshire and Essex Health and Wellbeing Boards to tackling health inequalities and people whose health is frail, which can include adults and children as well as older people. This document represents the next step in development of the strategy.

8. **We have three strategic clinical and care priorities: frailty, maternity and children's services and transformation of planned care services.** These areas have been selected because:

- there is close alignment of national commitments and local priorities
- there are significant opportunities to deliver improvements to care and maximise value based on comparison with peers and best practice.

The emerging science of population health management has played a key role in identifying opportunities to improve the wellbeing of our residents. A focus on taking a proactive approach to preventing the onset of avoidable ill-health is central to our plans.

9. **Tackling health inequalities for people of all ages, or 'life stages', is a key local ambition**. We know that lifestyle factors can be a contributing factor to frailty, particularly in older people, and we are seeking to improve outcomes for all through focused work in this area.

10. There are also huge opportunities to make improvements to our maternity and children's services: reducing avoidable variability in outcomes and doing everything we can to ensure that all our children and young people have a strong start in life – setting them on a path to a healthier future and reducing the impact on the health and care system later in life. Improvement of maternity and children's services is a national priority for the NHS.

11. Similarly, planned care is a priority area for improvement nationally and we know by comparing our performance with others that we could deliver better care and better value.

12. In addition to our priority areas we are working hard on improvements across a huge number of health and care services in Hertfordshire and West Essex.

13. Our integrated health and care strategy has been developed and refined through meaningful engagement with local people including patients, clinicians, care professionals and carers – all of whom have played a key role in shaping local plans that deliver on national priorities and reflect variations in local need. **The strategy is guided fundamentally by the Essex and Hertfordshire Health and Wellbeing Boards.**

14. **To support delivery of more holistic health and care provision, we are redesigning the way services are commissioned and delivered across the STP, developing an Integrated Care System (ICS), comprising three Integrated Care Partnerships (ICPs) and 34 Primary Care Networks (PCNs – clusters of GPs, nurses, and other key health and care professionals typically serving up to 50,000 patients). Our two county councils will play an active role in the development, leadership strategy and joint commissioning of these partnerships**.

- The ICS will have over-arching responsibility for ensuring that we get the most for our population from our £3.2bn health and care budget and 56,000-strong workforce and will provide clinical and professional leadership for Hertfordshire and West Essex.

- Our three ICPs will be responsible for delivering services in Herts Valleys, East and North of Hertfordshire and West Essex – following strategic direction from the ICS and responding to local needs.

- Primary Care Networks will have a central role to play in the transformation of out of hospital care delivery on the ground.

15. **Population health management is at the heart of our plans to deliver improved outcomes and a better quality of life for all our residents.** Increasingly, a population health management approach will enable us to provide care that is more targeted and proactive – designed around the unique needs of our citizens. Collectively, our health and care organisations hold a wealth of information about our population. Developments in digital technology are enabling us to combine and analyse this data in new ways to provide invaluable insight and intelligence: enabling us to take a more proactive approach to preventing ill-health.

16. **We have a strong focus on prevention (preventing people from falling into avoidable ill-health).** We know that, locally, children and adults experiencing the biggest health inequalities can typically live between 10 and 20 years less than the local average life expectancy. This is a diverse group which includes people with learning disabilities, children in the care of local authorities, people living in poverty, those who are socially isolated, armed forces veterans and other groups including travellers and black, Asian and minority ethnic residents. We are:

- improving mental health and wellbeing
- addressing obesity, improving diet and increasing physical activity
- influencing the conditions and behaviours linked to health inequalities
- enabling and supporting people with long-term conditions and disabilities and their families and carers

17. **A new approach to out of hospital care, provided in local communities, will be core to our transformation**. We are investing over £50m to provide more care closer to where people live. We recognise that General Practice is part of a much wider local care system – providing effective, person-centred care and support. This should involve close integration with a wide range of other services including social care, housing, mental health, community nursing, 'third' or voluntary sector organisations and hospital services. Primary Care Networks will drive this transformation.

18. Health and social care partners have worked together with the third sector to develop a comprehensive frailty programme. This includes the transformation of hospital frailty care, full integration of community-based care and enabling people to have more control over their own health and wellbeing. These changes will enable us to provide care that is more proactive and designed around the patient.

19. We are developing a whole STP urgent care strategy with a strong focus on reducing avoidable hospital admissions and reducing delays and variation in care through the delivery of system-wide outcome measures. We are also ensuring that we meet national improvement targets and that we take every opportunity to implement innovative models of care, learning from other successful health systems.

20. Local urgent and emergency care services will continue to develop to provide an integrated network of community and hospital-based care, built around the needs of the population. This will ensure that, for example, those with complex needs receive extra support and alternative ways to interact with the system. With a flexible approach we can more effectively manage resources to ensure that we can provide the right care in the right place at the right time. Where we are able to reduce the pressure on emergency services, we will be able to target resources elsewhere.

21. We are working hard to enable people to take a more active role in managing their own health and wellbeing. By adopting a more personalised approach and acknowledging the priorities of patients, service users, and the friend and family carers that support them, we are improving the quality and effectiveness of the care we provide. Importantly, we are encouraging more people to take control and responsibility for their own health and wellbeing and ensuring that services are more sustainable.

22. **We will ensure people who are most "at risk" – due to social vulnerabilities and their clinical needs – are prioritised for integrated care plans that are person, carer and whole-system owned. This will include groups of people who have the biggest inequalities in health such as looked after children, those with serious mental illness and people with learning disabilities, as well as those with a high frailty score. We are also seeking to develop personalised plans around people who have had multiple A&E attendances, multiple emergency admissions and those who have used 999 or 111 multiple times. T**he following will support this:

- We're prioritising the introduction of personal health budgets for more of our residents with complex health needs
- We're trialling a patient-held booklet, 'My Plan', developed by people with long-term conditions and their carers, to enable people to capture what's important to them, their future wishes and the steps they need to take in a medical emergency
- Every PCN will employ a social prescribing 'link worker' – focused on ensuring that people with non-medical issues that are making them ill, like loneliness, physical inactivity or debt, are supported to build their personal resilience by putting them in touch with community organisations that can help.

23. We are prioritising transformation of maternity services and children's health and social care across Hertfordshire and West Essex. By working together across STP organisations to offer continuity of care to expectant mothers throughout their pregnancy, birth and post-natal care and through sharing expertise and information, we have a significant opportunity to improve the health and wellbeing of some our area's most vulnerable residents.

24. **We are committed to ensuring that the emotional and mental wellbeing of our children and young people is a priority and a responsibility for all our area's partner organisations.** During 2019 there has been significant work and financial investment in increasing access to timely, evidence-based mental health

interventions to ensure that we are providing support to children and young people at the earliest opportunity – often in a school or college setting. We are also improving support for parents and carers, children and young people experiencing crisis or trauma, and those engaging in sexually harmful behaviours.

25. **We are redesigning outpatient services, with three outpatient redesign programmes underway which include digitally innovative solutions**. These will increase patient knowledge, provide improved access to advice and guidance, and reduce unnecessary face-to-face attendances over the next five years. Key priorities:

- deliver planned care interventions in the most cost-effective setting and use our highly skilled workforce in a way which delivers the most value to the population and the system
- redesign and standardise planned care services using evidence-based improvement methodologies and scale up best practice across the system
- manage demand by reducing referrals through the application of evidence-based thresholds and maximise the use of technology to provide convenient alternatives to face-to-face appointments.
- improve productivity by streamlining services
- secure sustainable services by systematically identifying services across the STP that can be improved through greater collaboration and implementation of new models of care

26. We have made good progress by using digital technology to support the delivery of health and care services, including roll out of the 'My Care Record' platform and supporting data-sharing agreement across the STP and developing and deploying a single information-sharing agreement across the system. A live information 'dashboard' showing real-time pressures acting on our urgent and emergency care system is improving our ability to anticipate and respond to demand and we have defined standard approaches to coding information within clinical systems for frailty, falls and end of life.

27. There is much more we can do with digital and STP partners have recently committed to invest in development and delivery of a digital strategy covering the whole of Hertfordshire and West Essex that will enable us to focus on optimising current systems, and development and implementation of new systems to support transformation and new ways of working.

28. **We are investing £10.4m over the next five years specifically targeted at improvements in early cancer diagnosis and improving cancer survival rates.** All types of cancer are included in our improvement work, with a particular focus on breast, bladder, lung and colorectal cancer. Our early stage diagnosis ranges between 50.5% and 54.6% against an England average of 51.9% and has remained constant between 2012 and 2018.

29. **We are investing £30m in mental health, autism and learning disabilities services over the next five years.** Investment will be focused on, amongst other areas, locally delivered care linking with PCNs, more joined- up provision across the STP and closer integration of mental and physical healthcare. Improved mental health support will be key to delivery of priority and other areas – such as maternity and children and frailty – and there are plans in place to support these.

30. We are targeting big improvements in the treatment of cardiovascular disease, stroke, diabetes and respiratory disease and have identified a number of opportunities to reduce variation, improve quality and deliver better value through national programmes such as RightCare (though the scale of opportunity is variable across the STP). This work includes a move towards digitally-supported, co-delivered models and further integration of hospital based and community services to enable more seamless care.

31. **Our workforce will be key to supporting change and in particular enabling delivery of more patient-centred care via PCNs**. The workforce programme covers recruitment and retention, education and development, innovation and technology, leadership and organisational development and enabling a 'one workforce' approach. Key priorities:

- making the NHS and social care sector the best place to work
- improving the leadership culture
- addressing urgent workforce shortages
- transforming how we work
- a new operating model

32. Modernisation of our hospital estate is critical to delivery of our strategy and will provide us with an opportunity to improve access and deliver efficiencies across our health and care system. As noted above, two of our area's acute hospital trusts were included in a significant national NHS investment programme announced in September 2019. Our estate strategy also includes additional and flexible capacity in primary care and the development of integrated neighbourhood care hubs. **We are working on a single Public Estate Plan to be developed and agreed by April 2020, building on existing organisational and system estate plans.** This will support hospital transformation enabled by the recent capital commitment from the Government.

33. Estate transformation and modernisation is a critical enabler of our strategy and provides an opportunity to improve access and deliver efficiencies across our health and care system. The government recently committed two of the largest financial investments in the country to our STP and this money will enable us to make much needed improvements. Our estate strategy also includes additional and flexible capacity in primary care, development of integrated neighbourhood care hubs as well as our acute hospital

estate redevelopments. This will support hospital transformation enabled by the recent capital commitment from the government.

34. Our STP has co-ordinated its approach to the financial planning element of the NHS Long Term Plan via the STP Finance Directors' Group and a task and finish group led by deputy finance directors, with each of the three CCG area's economies working together to that our activity and expenditure are aligned. We will develop and agree a three to five-year public sector investment and efficiency programme with Local Authorities and Local Enterprise Partnerships by September 2020.

35. We have agreed a medium-term financial plan which returns the STP to financial balance in the medium term, through efficiencies identified by RightCare and Model Hospital, system transformation and assumptions in respect of recurrent STF funding. Oversight of the plan is provided by the established Finance Directors Group which includes representation from Essex and Hertfordshire County Councils.

36. **We are ambitious for a healthier future for the residents of Hertfordshire and West Essex. Our partnerships are strong and we have a plan that will deliver our ambitions.**

Section two:

Response from One Health & Care Partnership to HOSC questions

Health & Care Partnership

West Essex One Health and Care Partnership

Update for Essex County Council Health Overview and Scrutiny Committee

Section 1- Mission of The One Health and Care Partnership (OHCP)

The West Essex One Health and Care Partnership is a collection or organisations delivering care for our population including

- West Essex CCG
- Princess Alexander Hospital Harlow
- Essex Partnership University Trust
- Essex County Council
- 3 District Councils
- Primary Care Networks and individual GP Practices
- GP Federations
- Voluntary sector

The One Health and Care Partnership's mission/ambition is to work together to provide the best possible care and support for people when they need it.

Bringing together NHS organisations, local hospitals, GPs, social care and the charity and voluntary sector we put local people, and the quality of health and care services, at the centre of all we do.

Our aim is to put an end to things that can delay action, be it appointments, treatment or access to support. We want to stop people being passed around different organisations, on different sites, seeing different people.

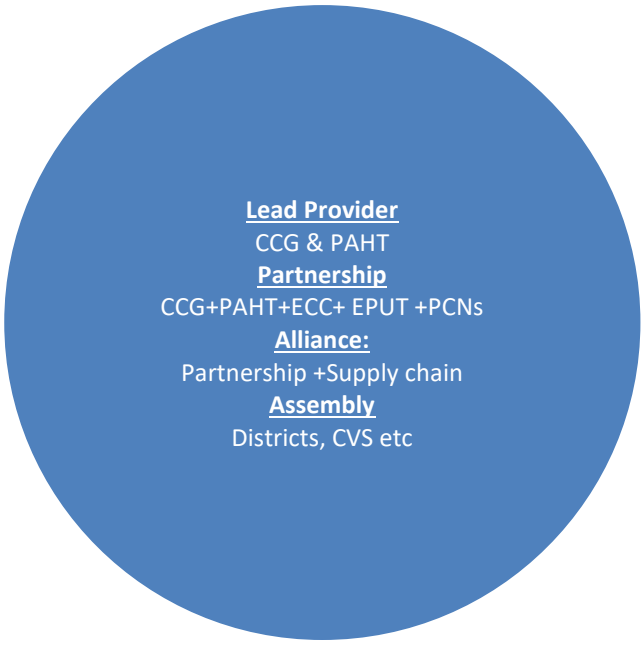
Instead we want to see care that is more joined up and more personal, closer to people's lives and location and more consistent.

The West Essex One Health and Care Partnership is a series of partnerships

Section 2 - Working in Partnership to deliver the West Essex One Health and Care Partnership Vision

The Tiers of Membership:

A) Lead Provider- contractual partnership PAH/CCG plus sub-contracts
B) OHCP Partnership- Partnership Agreement/Statement of Intent
C) OHCP Alliance – MOU
D) OHCP Assembly- Compact



The Core Partners (Tier 1 and Tier 2) within the One Health and Care Partnership are

- West Essex CCG
- Princess Alexander Hospital
- Essex Partnership University Trust
- Essex County Council.

Wider engagement (Tier 3 and Tier 4) includes

- Primary Care Networks
- GP Federations
- Urgent Care Provider
- 3 District Councils
- Voluntary Sector

Working as the One Health and Care Partnership, they are combining expertise and resources to protect and improve services. The aim is to give people greater control over their own health and care, basing services on the health needs of the local population. There is a united objective to integrate services at the point of need ensuring that patients always receive high quality care in a location that best meets their needs and they see no distinction in the services they are offered.

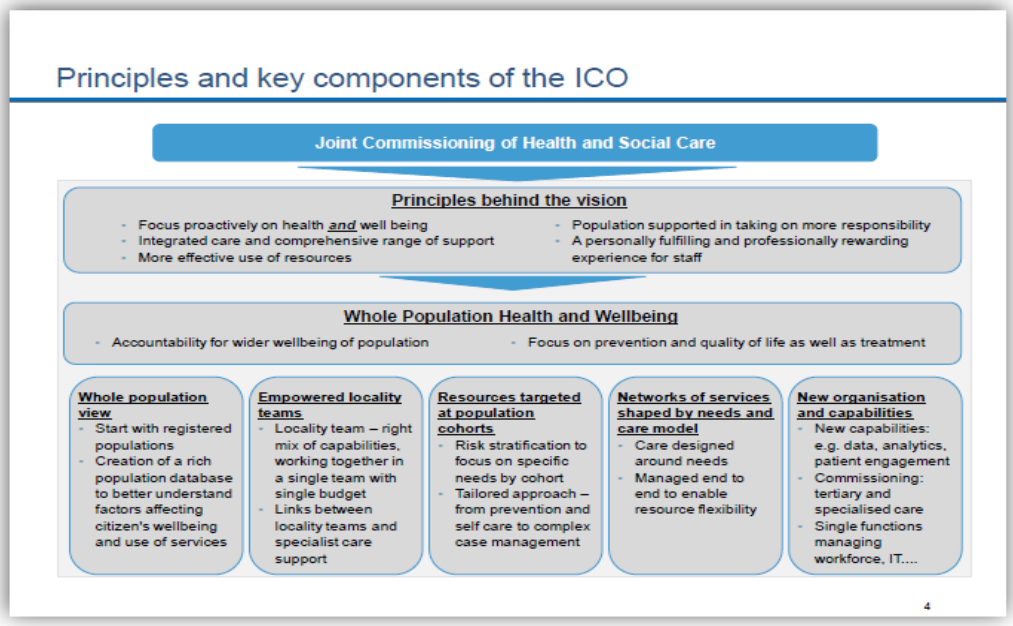
The partnership will focus on closer work involving all partners to ensure information is shared to improve experience and outcomes in health and social care. Communities will gain greater control over their own health and care, knowing that when needed, they can consistently access the right support in the right place at the right time.

This is part of a wider strategy being implemented by the Hertfordshire & West Essex Sustainability and Transformation Partnership (STP), of which many of the partners are members.

For the One Health and Care Partnership (our local ICP) and STP this will require considerable change in the way our organisations work, with calls for greater collaboration and new ways of doing things.

Section 3- Delivering on a consistent ambition

Since 2014, the West Essex Health and Care System has had a clear ambition to deliver an integrated care organisation and the approach take is summarised in the diagram below,



Section 4-.Aligning the ambition

Over the last 3 years the system has established a strong foundation for integration this has included

(1) Governance

- Establishment of the ICP Board
- System leadership provided by the fortnightly Partnership Board
- Launch of the System Transformation Board and System Finance Directors Group
- Clinical engagement, development and strategic planning through the West Essex Professional Leaders Group
- Development of a Single Accountability Framework
- Launch of Clinical Expert Oversight Groups

(2) Alignment of functions

- System analytics and the development of a System Dashboard
- Alignment of PMO
- Joint HR and Comms Delivery Board
- Integrated approach to the delivery of health and social care at neighbourhood level
- My Care My record data integration function.
- System wide actuarial analysis
- Agreement to a single financial control total and suspension of PBR.

(3) Clinical transformation and integration

- Integration of Clinical Expertise through the launch of Expert Oversight Groups. There are 12 in place across a range of clinical specialities and they play a key role in the development of new clinical pathways.
- Launch of the MSK Integrated Care Pathway in July 2019, which is the first of our Lead Provider models with an integrated care pathway, single capitated budget and agreed set of outcomes.
- Development and launch of an integrated system wide COPD Service.
- Range of system wide transformation programmes in place and committed to through the 5-year System Transformation Plan
- Single accountable lead provider in place for Childrens services across Essex.

(4) Public Engagement

Since 2014 we have consistently engaged with our citizens in relation to the development of integrated care services and their insight and experience has played a key part in how we deliver our clinical and operational services in the future. Ongoing engagement has been maintained through the launch of the ICP Assembly and the Patients Forum as well as using a range of mediums to share our message across the system.

Section 5 -Development of the West Essex One Health and Care Partnership (Current state)

West Essex CCG, GP Federations, EPUT and PAHT have been working together for a while to work more closely and develop integrated pathways of care for the local population. We have developed well-defined and fully functioning governance and started to recommission some services.

At the OHCP Assembly Launch in June 2019.

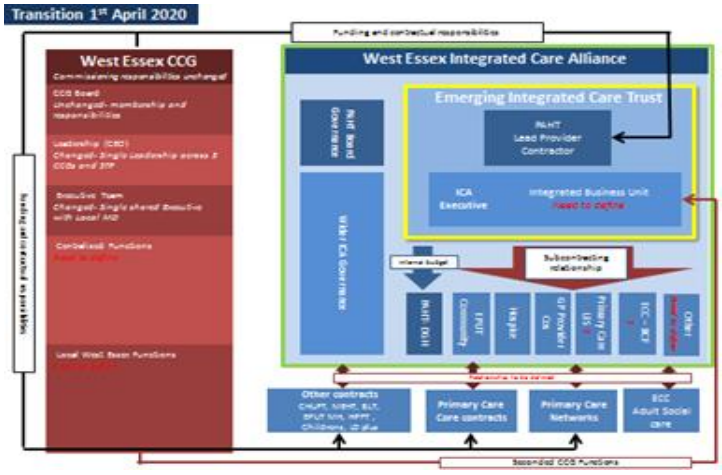
Lance McCarthy (CEO of PAH) said:

"Change must be allowed to happen, and things improved, if we are to protect the health and care services we value so much, not just for now but for future generations.

"There are big opportunities to do this by making common-sense changes to how our health and social care services are run and enable them to work closer together. It's why our local GPs, NHS organisations and local councils are coming together to plan and redesign local health and care for west Essex residents.

In the absence of the ability to significantly change the form of the provider organisations, West Essex ICP is currently a group of providers and commissioners bound together by an MOU and a partnership agreement. The work to date has been the development of integrated governance and some pathway redesign. We are just about to commission integrated services differently (MSK, respiratory / COPD and integrated urgent care) as a lead provider model, with PAHT as the lead, sub-contracting with other providers in the local system for their provision of the relevant part of the service.

Our Key Transition Point Transition 2020-2022- The One Health and Care Partnership



Key delivery points are outlined below

1. Move PAH to Prime Contractor role in a number of identified areas
2. Suspension of PBR and movement towards an Allocative Contract and Single Control Total for the system
3. Change contractual arrangements
4. Fully establish the Joint Business Unit approach to enable a number of shared functions such as business intelligence, PMO, Communications, HR
5. Launch of a System Transformation Plan (2020-2025)
6. Formalise Governance and joint management arrangements
7. Secondment and alignment of staff.

Section 6 -Delivering Sustainable hospital services in West Essex

A key priority of the One Health and Care Partnership will be to ensure sustainable hospital services at Princess Alexander Hospital. The OHCP approach creates significant opportunity for the hospital to not only sustain itself but create new vision and strategic identity for the next ten years through the

- Development of a new hospital
- Increasing of Income and capital to revenue ratio
- Implementation of the clinical strategy for the hospital
- Reduction of fixed costs
- Implementation of model hospital
- Increase of income through repatriation of activity.
- Launch of integrated high-quality clinical pathways
- Delivery of the Medium-Term Financial Plan for the system
- Development of an integrated system workforce plan
- Practical alignment of core functions and back office

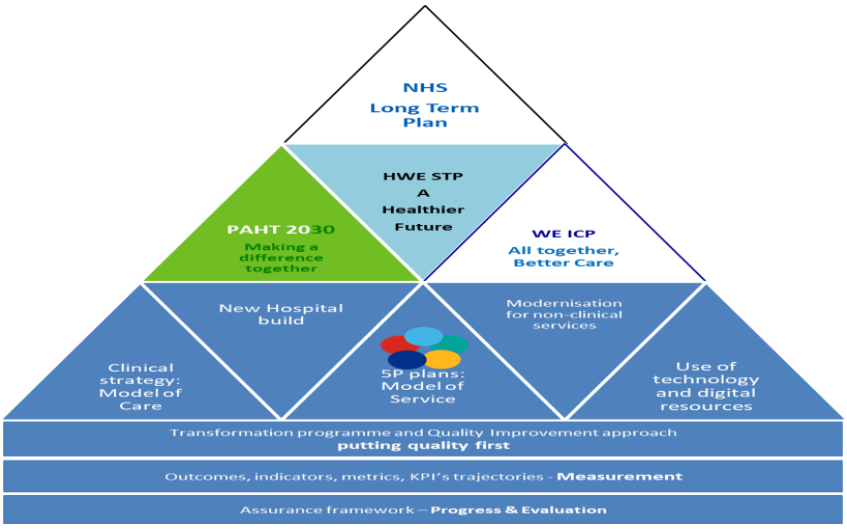
PAH 2030

In June 2019 PAH launched the development of the PAH2030 Strategy. Underpinned by the PAH 1 Vision, 3 Goals and 5 P's framework, PAHT2030 aims to describe the PAHT:

- future model of care in response to the NHS Long Term Plan and our position within the One Health & Care Partnership and HWE STP
- our future estates requirements
- our modernisation plans
- our digital requirements over the next 10 years.

Alignment of the PAH and One Health and Care Partnership Vision

The image below highlights the connection between the NHS Long Term Plan, PAH2030 and the WEOHCP



Section 7- 2 Year Financial Plan- 2020/21and 2021/22 Draft Financial Plans

The CCG and PAH have agreed to suspend Payment by Results (PbR) for the financial years 2019/20 – 2021/22. In addition, discussions are progressing on extending this arrangement to include significantly more of the current service provision in a more comprehensive allocative contractual arrangement.

The new approach with greater income and cost certainty through an 'allocative' contract arrangement linked to the clear direction of travel in the Long-Term Plan, encourages and incentivises both organisations to work collectively to meet the system challenges. This gives far greater emphasis to the system as whole rather than individual organisational sovereignty and financial positions. The prime focus is to improve overall financial sustainability and reduce underlying deficits at greater rate than would be delivered on an individual basis. It promotes a combined and joined up approach to the benefit of patients and financial efficiency and effectiveness.

The key strategy approaches are:

- Collective responsibility for delivery of system control total and securing Financial Recovery Fund
- Joint efficiency planning
- Suspension of PbR to encourage true system working.
- Joint approach to management of financial risk in the system.
- Focus on cost reduction and efficiency as opposed to individual trading positions.
- Realisation of opportunities, including back office integration, estate rationalisation and the acceleration of potential repatriation of activity and model hospital opportunities.

Both organisations have agreed to adopt this approach as the way to address the system issues and challenges. Under the "allocative" approach the partnership will have responsibility for the delivery of care for the "whole" system as opposed to just within the current hospital and service boundaries.

In support of this both organisations have created a system plan and firmly anchored this in the creation locally of the West Essex elements of the Medium-Term Financial Plan (MTFP) across the STP.

Specific Questions from HOSC

1.Do you have any local unique challenges and circumstances that have had to be specifically addressed in your latest updated plan..? with this in mind how are you targeting health inequalities in your area. ?

In West Essex The population is living longer, growing and marked by significant differences in health experience and outcomes between its richest and poorest communities.
The data suggests the system is seeing more complex patients with more complex needs, in a system which can be difficult to navigate, however these people are not always being seen at the right place. The data suggests that outcomes are achieved through an over reliance on acute care, which is unsustainable.

The Needs of our Population: JSNAs
The Joint Strategic Needs Assessment describes the needs of our population. Essex County Council is refreshing this in August 2019, however this is not expected to change significantly. The following has been extracted from the District JSNAs.

Harlow
"Interventions need to reach high risk groups to reduce the number of preventable health conditions" Harlow Well Being Strategy 2018-2028.
Harlow has several wards with high levels of deprivation and health inequalities. Lifestyle challenges include reducing smoking, drinking and obesity levels and increasing physical activity. There is a higher rate of Diabetes than the national average and an increasing number of people with Dementia.
There is a higher than average ratio of jobs per person and an increasing number of jobs, however these jobs are often low paid and potentially zero hours contracts which will impact patient behaviour in accessing services.

Epping
"Our aim is that EFDC residents across all demographics, have the opportunity to lead healthy & fulfilling lives. EFDC Health & Well Being Strategy 2018 – 2018.
Whilst deprivation is lower than average, inequalities exist and there are estimated to be 3,400 children living in poverty.
Lifestyle challenges also exist with 64% of the adult population classified as obese and lower levels of physical activity. 20% of the population smokes and dementia rates are increasing.

Uttlesford
"Our aim is all children, young people & adults in Uttlesford are able to live healthy, fulfilling & long lives." Uttlesford H&WB Strategy 2019-2022
Uttlesford is a relatively healthy and affluent district however pockets of deprivation do exist within areas.

For the system to be in equilibrium the following need to be addressed;

- **Improve access**
- **Improve prevention and reduce health inequalities**
- **Identify, manage and control those with LTCs outside of the hospital setting, building on the pathway work to date and planned care programme**
- **Manage our Complex and Frail population in a more personalised and co-ordinated way through better identification, proactive community management, rapid response, intermediate care and transfer of care.**

2.Pan Essex Appproach – to what extent can you ensure a pan Essex approach in maintained in the commissioning and delivery of services

Officers from the CCG and the Council work in partnership on the development of core Essex wide services such as Childrens, Mental Health and Childrens Mental Health . From an unplanned care perspective there has been considerable alignment on the delivery of the Better Care Plan Priorities as well as developing a range of innovative based services in partnership to keep people out of hospital and cared for in their own community. More recently there have been a joint procurement and commissioning of intermediate care beds in the West Essex locality and we are through our System Transformation Board committed to deliver the outcomes from the Essex wide Newton review.

3. Children and early years

In line with the delivery of the Essex wide Childrens service there is commitment at county and district level to ensure all our children have the best possible start in life. Similar to Mid Essex there is a focus on pre natal care, maternity and early years health and care support for children and their families.

We are also reacting to what the evidence and data tells us and ensure we put in place integrated care services to address specifics challenges such as increased in childhood obesity in the Harlow Area.

4.How far have you progressed with shared care records ?

The West Essex system has made considerable progress on shared care records through the development of My Care Record. My Care Record is a programme which allows health and care professionals access to view medical records from different organisations for direct care purposes and forms part of the wider Local Health and Care Records (LHCR) programme. In addition to this programme the STP Population Health Management Programme is developing its requirements for a data repository for indirect care purposes. This will enable the system to transition from a reactive system to a proactive model focused on earlier detection and intervention through segmentation and stratification.'

In addition to this we are establishing a system data warehousing approach across the West Essex One Health and Care Partnership and this is being overseen by a System Board.

The key next stage of development is whether to expand the use of My Care Record for direct and indirect care purposes

5. How will you assess the success of your plans? How will you evaluate impact and on what timescale ?

In West Essex we have developed a System Dashboard which is reviewed on a monthly basis.

This has been developed in line with the vision articulated in the NHS 'Long Term Plan and the STP 'A Healthier Future' and will be the overarching tool to monitor improved outcomes as articulated in the OHCP plan.

The tool views the OHCP through three different lenses;

- Our System
- Our Population
- Our Staff (to be developed)

It has been developed using visualisation software with data architecture which enables the user to drill down to different programmes and layers within the system eg the Frail and Complex Programme which can also be viewed by PCN. The outcomes identified are a mixture of Patient Defined outcomes and Clinical Outcomes. The

Patient Defined outcomes have been built using existing outcomes and are planned to be verified via engagement with our Citizen's Panel. These outcomes articulate what is important to our people for example 'spending more time at home' ie less time in hospital or 'feeling supported to manage their long term condition'. Clinical outcomes are discussed at our Expert Oversight Groups.

It is anticipated that as this develops the data will be put to use in our governance including Expert Oversight Groups and our maturing PCN meetings.

The data is pulled from a variety of sources and will be refreshed at different intervals. These overarching outcomes should align with the outcomes detailed in the programmes.

The population section of the dashboard is built on our Population Health Management model which groups our population into three sub groups;

- Generally Healthy
- LTCs
- Complex Patients

The above is broadly based on the 'Bridges to Health' model developed in the US and recognises patients journey through these sub groups as a continuum.

6. Working across Essex : Please provide examples of where you have worked together across Essex ?

We continue to work in partnership with Health and Care colleagues across Essex in a number of areas including

- The delivery and development of integrated childrens services
- Delivery of adult mental health services sharing best practices and approach in relation to the development and modernisation of mental health services
- Joint commissioning and delivery of CAHMS

- Developing a Intermediate care model (bedded and non bedded)
- Implementing the recommendations of the Newton Review

Essex County Council and its lead officers and actively engaged in the development of the One Health and Care Partnership fully represented at the appropriate governance and instrumental in development of services
James Roach

Programme Director West Essex One Health and Care Partnership

January 7th 2020

APPENDIX 2

Mid & South Essex Health & Care Partnership
Update for Essex County Council Health Overview & Scrutiny Committee
January 2020

Introduction

The Mid and South Essex Health and Care Partnership (the Partnership) is a collection of organisations working to support our 1.2m residents, comprising three local authorities, three main community and mental health service providers, five clinical commissioning groups, three acute hospitals, nine community and voluntary sector organisations and three Healthwatch organisations. Across the footprint we have over 150 GP practices, which have now formed into 28 primary care networks (PCNs) serving populations of 30-50,000 people. We are also developing four defined "places" across mid and south Essex, where local partners will work together to design and delivery services to support local populations.

The Partnership is now called *Mid and South Essex Health and Care Partnership* (rather than STP), reflecting the desire to become a fully integrated care system by April 2021 as described in the NHS Long Term Plan. This will bring significant benefits to the local area through more funding and joined up planning to avoid wasteful duplication

This paper is in two parts – the first provides an overview of the key parts of our 5-year strategy and delivery plan. The second responds to specific queries raised by the HOSC.

Part 1 - Our 5-Year Strategy & Delivery Plan

Over recent months, colleagues from across the system have worked to develop our 5-year strategy and delivery plan. We were keen to ensure that this strategy was fully owned by partners and reflective of the work being done at a local level to support our population.

The strategy has been approved by our Partnership Board, which comprises senior officers from health and local authority organisations as well as other key partners. We will be publishing the full strategy and delivery plan in January, alongside a summary version, which will be available on our new website www.msehealthandcarepartnership.co.uk

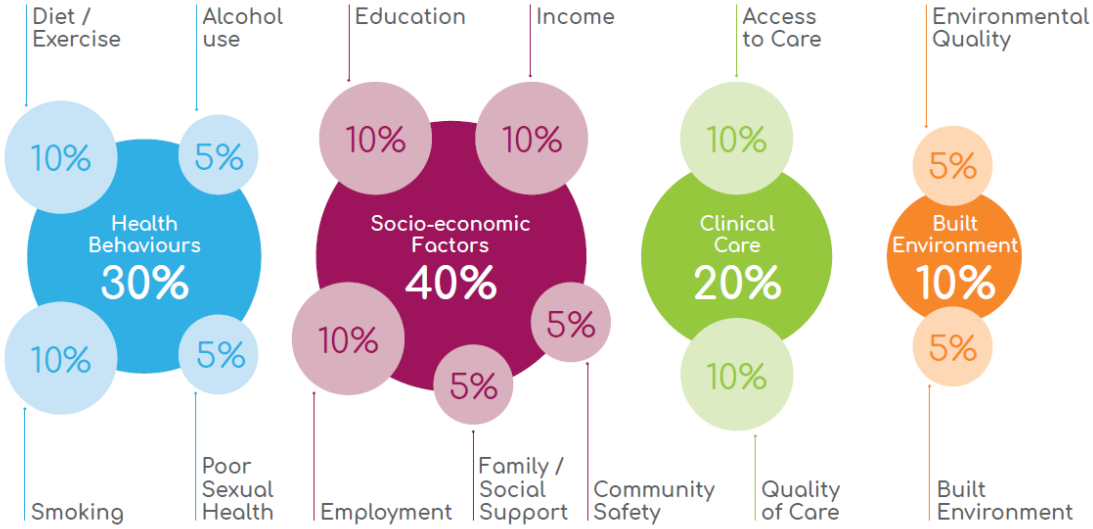
Developing our Strategy

Our strategy was formed around some key concepts:

1. The principle of subsidiarity was central to our strategy - the vast majority of interactions with residents take place locally – and this is where we can have most impact on supporting health and wellbeing. The focus of the strategy is therefore on those local plans that are owned by local people and local partnerships, aligned to the relevant Health and Wellbeing Board. The concept of subsidiarity (to deal with issues at the closest level) is key

2. The recognition that an individual's ability to live a happy and healthy life is heavily impacted by wide-ranging factors such as housing, education and employment, not just the availability of health and care services. Our strategy recognises that it is only by partners working together with communities on the wider determinants of health, that we can hope to positively impact people's lives and reduce demand for services.

The figure below illustrates the relative impact on an individual's wellbeing of the various factors.



3. The experiences of our residents and patients, which we have collected through the engagement activities of individual organisations, and through the wide-scale public consultation held on acute reconfiguration plans, have helped to shape our strategy and delivery plan. We are keen to ensure that people's voices continue to be heard as we move into implementation and we are currently mapping these opportunities to develop an engagement framework across the Partnership.

4. We also took account of the vast amount of data collected on our populations – working with our Public Health teams to develop a profile pack for the mid and south Essex footprint, as well as information on outcomes for common health conditions. These data helped to shape our priorities for action.

Our Vision
The Partnership has agreed the following vision:

"A health and care partnership working for a better quality of life in a thriving Mid and South Essex, with every resident making informed choices in a strengthened health and care system"

We are committed to supporting:

Healthy Start – helping every child to have the best start in life
- supporting parents and carers, early years settings and schools, tackling inequality and raising educational attainment.

Healthy Minds – reducing mental health stigma and suicide.
- supporting people to feel comfortable talking about mental health, reducing stigma and encouraging communities to work together to reduce suicide

Healthy Places – creating environments that support healthy lives.

- creating healthy workplaces and a healthy environment, tackling worklessness, income inequality and poverty, improving housing availability, quality and affordability, and addressing homelessness and rough sleeping.

Healthy Communities – spring from participation
- making sure everyone can participate in community life, empowering people to improve their own and their communities' health and wellbeing, and to tackle loneliness and social isolation

Healthy Living – supporting better lifestyle choices to improve wellbeing and independent lives
- helping everyone to be physically active, making sure they have access to healthy food, and reducing the use of tobacco, illicit drugs, alcohol and gambling.

Healthy Care – joining up our services to deliver the right care, when you need it, closer to home
- from advice and support to keep well, through to life saving treatment, we will provide access to the right care in the best place whether at home, in your community, GP practice, online or in our hospitals.

Our Ambitions
As a Partnership, our overarching ambition is to **reduce inequalities**. We will do this by:

We are currently working to develop an outcome framework that will enable us to track our progress against these ambitions, recognising that some will take several years to show progress.

Our Operating Model

Our strategy is built around the concept of interconnected layers – starting with the individual, their family and social networks, working through neighbourhoods, places and the wider system:

Our Places

Our four emerging places will be the lynchpin of delivering the strategy – they are partnerships of primary care networks, commissioners, providers, local authority and community and voluntary sector partners. The strategy describes the emerging plans of the four Places in mid and south Essex which, over time, will become integrated care partnerships (ICPs):

- Basildon and Brentwood
- Mid-Essex
- South East Essex
- Thurrock

Officers are fully engaged with the three partnerships that exist within ECC boundaries.

Implementation

We have a number of exciting developments happening during 2020/21 that will support implementation of the strategy:

In April 2020, our three acute hospitals, which have been working closely together for some time, will formally merge. We will also see the continued implementation of the changes to hospital services as agreed by the five CCGs. These changes will help us to deliver improvements to our hospital services.

At the same time, our local health and care model will continue to develop – our primary care networks will start to work collaboratively with partners across health and social care to deliver for

patients and the wider community. We will see, through our four places, a real focus on using population health data to design and deliver support for specific community needs.

Early in 2020, we will appoint a Joint Accountable Officer to cover the 5 CCGs – and this person will also become the Executive Lead for the Partnership. The Joint AO/Executive Lead will work with the CCG chairs to develop an application for the CCGs to merge (subject to stakeholder support and NHS England approval) and will work closely with the Independent Chair of the Partnership, Professor Michael Thorne, to achieve Integrated Care System status by April 2021.

In order to achieve ICS status, we have commenced a programme of work to look at our governance, decision-making and financial arrangements,

Our Population Health strategy was approved by the Partnership Board in December 2019, and over the coming months we will develop our approach, with work being led by Thurrock Council public health on behalf of the system. We will also deliver our integrated shared care record to support health and care professionals to work more effectively for people.

Work is underway to develop a joint (health and care) workforce strategy, and there has been good engagement from health and local authority partners to deliver this. Similarly, our approach to estates utilisation has been well supported by partners and we will be taking forward some innovative approaches to making best use of our estates for our population.

We continue to work with residents and patient groups to ensure they have a strong voice in our plans. During 2020, we will launch *Virtual Views*, a demographically representative panel of c1500 residents from across mid and south Essex with whom we can obtain views, test ideas and obtain feedback. This is in addition to the various routes for feedback and engagement that already exist across the system.

Our innovation programme continues to go from strength to strength, we have launched a Quality Improvement Leadership programme across the footprint and have just appointed our second intake of innovation fellows who will receive expert advice and support on bringing new innovations to fruition for the benefit of our residents.

All of this is alongside the work that partners are already engaged in to improve the services and support offered to our local residents.

As a partnership, we have selected two specific areas of focus – cancer, because our outcomes are not where we would want them to be; and the support for older people. We will be holding dedicated summit sessions in the New Year to identify how we can take these areas of work forward in partnership.

Part 2 –Specific queries from the HOSC

Local challenges: *Do you have any unique local challenges and circumstances that have had to be specifically addressed in your latest updated plan? With that in mind, how are you targeting health inequalities in your area?*

We know that there is significant variation in the health outcomes for different populations across the mid and south Essex area. A large proportion of this variance is driven by the levels of deprivation experienced by different communities and results in avoidable inequalities in care and support

experience, morbidity and mortality. The issue of inequalities in health is a complex one, requiring input and action from all system partners to address the many levels of social determinants of health and wellbeing. We are addressing this in a number of ways:

- Commencing with a partnership between ECC and Basildon Hospital, we are looking at the impact our organisations can have as "anchors" in the local community. This work is seeking to address inequalities through encouraging education and employment opportunities in the local community, and specifically supporting people with a learning disability to enter the workforce. We are also looking at procurement policy across our organisations to examine how we might generate growth in the local economy (within existing procurement rules). This work builds on findings from the Health Foundation and its report *Building Healthier Communities; The role of the NHS as an anchor institution*.
- Our population health work will help us to understand the needs of our populations and target clinical and non-clinical interventions to support them. One area of focus will be the capacity and quality of early healthcare intervention once a person is identified as requiring support. The well documented 'inverse care law' (where available good medical and social care is imbalanced with the needs of the population) presents a significant risk to a sustainable system through its contribution to avoidable demand in health and care services. With further work to understand the extent of this phenomenon locally, opportunities to direct resources at the populations with the highest level of health inequity will be provided for health and care partners.
- Partners working across our four Places will be taking forward specific activities aimed at addressing inequalities at a local level.

A major challenge for the system is workforce – we are taking a number of steps to address this in 2020:

- Our primary care networks will utilise additional national funding to support a diversification of the workforce in primary care, including social prescribers/link workers to support people with non-medical needs, as well as clinical pharmacists, physiotherapists and new roles in primary care.
- We have high vacancy rates across the Partnership in the nursing workforce –we are enhancing retention policies, ensuring good career development and support and expanding the preceptorship programme for newly qualified nurses.
- In 2020, we will be launching a virtual "School" for mid and south Essex which will bring together a careers framework, support apprenticeships and cadet schemes, working with Skills for Care, Health Education England and the Essex Skills Board, and will develop a system approach to talent management.
- We will launch a joint health and care workforce strategy and local authority partners are fully engaged in this.

Pan-Essex Approach: *To what extent can you ensure a pan-Essex approach is maintained in the commissioning and delivery of services (as part of ensuring consistency of quality of service) ?*

We are committed to ensuring stability in the commissioning of pan-Essex services and recognise that any changes will require open discussions between partners. Members will be aware that we are seeking to appoint a Joint Accountable Officer to work across the five CCGs in mid and south Essex, and this Joint AO will appoint a single executive team as the CCGs prepare an application to merge, This consistency of leadership will simplify discussions across Essex.

ECC officers are already working in partnership with providers and commissioners across our four Places to design services to meet the needs of local populations and we expect this work to develop further over the coming year.

Children & Early Years: *How have you addressed improving support for Children and Early Years (and school readiness) in your updated plan? What challenges do you see here in your area?*

As part of our overarching vision, we are keen to ensure a healthy start in life for our children. This involves pre-natal care, maternity, and early years health and care support for children and families (including immunisations, parenting support, school readiness, reducing childhood obesity, etc). Work across our four Places will link closely with ECC and the district councils to deliver on this agenda locally. We are fortunate to have the experience from the *A Better Start Southend* work programme, which has been lottery funded; the ABSS team are keen to link with colleagues across Essex to share learning.

Shared Care Records: *How far have you progressed with shared care records and what further steps need to be taken to establish these not only across all health sectors but also comprehensively across social care? Are there issues preventing any of this at present?*

We have a plan to commence implementation of our shared care record during 2020; this will link closely with work undertaken in West Suffolk and use the methodology of the *My Care Record* developed in West Essex. We are keen to ensure consistency of approach with our neighbouring areas, firstly for our residents who may cross the "borders" of our system, and secondly for our health and care professionals who may work across Essex and the wider area. It is expected that our shared care record programme will allow both health and care professionals to access the records of patients and residents to support the delivery of seamless care and support.

Assessing the Impact: *How will you assess the success of your plan? How will you evaluate impact and on what timescale?*

We are keen to measure the progress we are making as a partnership and to not solely measure our success on the basis of meeting NHS standards. We have worked with our three Directors of Public Health to develop an overarching outcomes framework for the Partnership so that we can track progress against our five ambitions (as outlined above) over time. We will shortly finalise the framework and develop a dashboard to enable us to monitor our progress.

Working across Essex: *Please provide examples of where you have worked together with adjoining Essex footprints both in sharing learning but also in developing joint approaches and strategies.*

There are a number of examples where we are ensuring alignment across the Essex footprint, working alongside our neighbouring STP/ICS colleagues in Suffolk and North East Essex, and Hertfordshire and West Essex.

Partnership representatives are active participants in the Local Health & Care Records Board, chaired by Cllr Spence, which aims to join up approaches to digital records across the east region. This work links closely with our digital programme and shared care record implementation,

Similarly, we are joining up approaches on population health, and supporting a joint conference in January of the three STP/ICS partners which will enable us to learn from each other and consider how we might best use our collective resources.

We are committed to working in a collaborative manner at system level, and with wider partners across Essex, where we can add value to local interactions and relationships that are developing through the various places/alliances emerging across the area.

Jo Cripps
Programme Director (interim)
Mid & South Essex Health & Care Partnership
December 2019.

Suffolk and North East ICS Five Year System Strategic Plan

Briefing for Essex Health Overview and Scrutiny Committee - 15 January 2020

1. Introduction

Following publication of the NHS Long Term Plan in January 2019, all systems were expected to develop a five year strategic plan for the period 2019/20 to 2023/24. Although these system plans were required to make a commitment to delivery of the NHS Long Term Plan, there was freedom for each system to locally determine the broader format and content for their plan.

For Suffolk and North East Essex ICS it was agreed early on:

- to develop a whole system plan
- to aim to engage system stakeholders throughout the development of the plan
- to work to a pre-agreed timeline
- to frame the plan around a central conceptual framework that would reflect an Outcome based approach and core concepts in our agreed ICS Governance.

A broad range of stakeholders across the NHS, local government, and the community and voluntary section were engaged in development of content of the plan during August and September 2019. Stakeholders also came together to agree the overall vision for the plan at a system wide event 'Thinking Differently' that took place in September 2019.

An initial draft narrative plan was submitted to NHS England and NHS Improvement on time on Friday 27 September 2019, together with some additional submissions containing activity, finance and workforce information. Feedback from NHS England and NHS Improvement was then delivered through an initial informal and the formal feedback process. This feedback was positive and supportive of the draft plan from Suffolk and North East Essex ICS but required some further work in key areas including in particular the sections around workforce and finance. This additional work is now underway.

In addition to feedback from NHS England and Improvement, the plan was also shared in private with members of the following forums during October and November 2019:

- Suffolk and North East Essex Joint Health Overview and Scrutiny Committee (JHOSC)
- Suffolk Health and Wellbeing Board
- Essex Health and Wellbeing Board
- CCG Boards & NHS Provider Trust Boards
- STP/ICS Chairs Group & STP/ICS Board

Further to these reviews a collective assurance meeting was held on 31 October 2019 involving the chairs of Essex and Suffolk Health and Wellbeing Boards, the JHOSC, Healthwatch, Chair of the STP/ICS Chairs Group, the ICS Independent Chair and NHS England and Improvement. This assurance meeting reviewed the process of engagement and assurance that had been undertaken to develop the plan and agreed that it had adequately met the requirements of each oversight group. This collective assurance approach was positively profiled in a subsequent report by the Kings Fund published in November 2019 about 'Health and wellbeing boards and integrated care systems'.
https://www.kingsfund.org.uk/publications/articles/health-wellbeing-boards-integrated-care-systems

A further draft of the plan has now been approved by NHS England and NHS Improvement. Publication has been delayed due to Purdah but is planned for late January 2020.

2. Key points from our Five Years System Strategic Plan

The following 25 key points highlight the key areas covered in the Suffolk and North East Essex ICS Five Year System Strategic Plan.

WHO WE ARE

1 - We're working together - An Integrated Care System is where the NHS, local government and community organisations work together to improve your health and wellbeing. You've told us how important this is and we are now one the first areas of the country to work together in this way.
2 – Our local plan is ambitious - Every area in the country now has a plan but ours is AMBITIOUS. We want to have the best health and care system in the country. We will do this by helping you to avoid ill health, have access to excellent care when you need it and focussing on our Primary Ambition to reduce the health inequalities caused by deprivation.

WHY WE NEED TO WORK TOGETHER

3 - Our plan is about achieving the best outcomes for everyone - We want you to have as healthy a life as possible. Every child should have the best start in life. We all want a good experience of ageing and at the end of life. None of us can achieve these things alone. This is WHY we need to work together.
4 - We've been listening - You've told us is you want quicker and easier access to GP appointments, hospital, community and mental health services. You want joined up services that are easy to navigate and continuity of care. This is what our plan aims to do.
5 - Our local population is changing - Although it's a good thing that we're all living longer- more of us are living with multiple long term conditions and dementia. Our children do not always have the best start in life with too many experiencing poor mental health and obesity. We are also increasingly affected by deprivation
6 - We're 'Thinking Differently' - New advances in digital and medical technology offer opportunities to radically change the ways we think and work. We can also make a difference by building better networks and relationships, opening access to services and information and developing the potential in our local communities.

WHAT WE PLAN TO DO TOGETHER

7 – Our primary ambition is to reduce the health inequalities caused by deprivation - Some of our local communities are among the most disadvantaged in England. Living in poverty is linked to conditions - including cancer, diabetes and mental illness. It is unacceptable that life expectancy can be as much as 10 years less depending on where you live. This is why tackling the health inequalities caused by deprivation is our 'Primary Ambition'
8 - Our Higher Ambitions - Our plan also includes some wider specific 'Higher Ambitions'. These reflect the priorities in the Suffolk and Essex Joint Health and Wellbeing Strategies. It is by achieving these 'Higher Ambitions' that we intend to not just change, but save the lives of the people that we serve.
9 - Every child should have the best start in life - The best start in life is about good physical and mental health for every child. Our plan will ensure healthy births and healthy growth and development. And one of our 'Higher Ambitions' is to ensure emotional wellbeing for children from the start.
10 - A healthy life for everyone - Whoever you are, a healthy life is important. This means eating and sleeping well, exercise, social connection and avoiding harm from alcohol or cigarettes. A healthy lifestyle not only prevents ill health but can also help if you are unwell. This is why a healthy life for everyone is one of our 'Higher Ambitions'
11 - Mental health is important - We will support you to recover from mental health problems in the right way, in the right place and at the right time - particularly when you need help urgently. It is our 'Higher Ambition' to achieve 'zero suicide' because 'everyone can do something to prevent suicide'.
12 - Best care for major health conditions - Cancer, respiratory disease, musculoskeletal problems, diabetes, stroke and cardiovascular disease affect many of us. We will use new treatments and

technology to ensure fast and effective diagnosis and treatment when you need it. Saving lives through earlier diagnosis and treatment for cancer is one of our 'Higher Ambitions'.
13 - The best quality of life as we grow older - Enabling you to live well as you grow older is a 'Higher Ambition'. This means helping you to maintain your independence and supporting those who care for you. Our plan is also to ensure high quality care through GPs, hospitals and care homes.
14 - The best care at the end of life - At the end of life there are no second chances. People have the right to die in peace, and their loved ones should have the best possible memories. It is our 'Higher Ambition' that people have flexibility, choice and control over their care, and support for those closest to them.
15 - Our workforce is our biggest asset - Strengthening our health and care workforce is a key priority. More than 50,000 people work locally in health and care - they are our biggest asset. We will make health and care the best place to work, attracting high quality staff and leadership, committed to delivering 21st century care.
16 - We plan to make better use of technology - Making better use of technology is easy to say but complex to do. We will have new joined up technology so that staff have the information they need to support you and you can have access to the information that you need about your care.
17 - We want healthy care environments - We know that the environment in which care is delivered and the location of services is important. We have a considerable health and care estate which we will ensure operates as efficiently as possible. We are also investing resources to create new hospital buildings, primary and community services.

HOW WE WILL WORK TOGETHER

18 - We have agreed how we work together as an ICS - We work together in partnership. Not a structure or a hierarchy. Our ICS creates an environment that enables us to work together particularly through our Alliances and neighbourhoods because every local community has different needs.
19 - Our focus is our three Alliances - Our three Alliances bring together local partners in North East Essex, Ipswich and East Suffolk and West Suffolk. They provide a forum for planning and delivering joined up care and services with everyone working together across the NHS, local government and voluntary sector.
20 - Personalised care through population health management - Population health management uses data to plan local services so that they are proactive and provide more personalised care with support closer to your home. This also enables local Primary Care Networks to target resources towards the things that matter to your health.
21 - We're committed to co-production - We know that by involving people in the right way we can deliver what people really want and ensure better outcomes for everyone. We are committed as an ICS to working with you to design, monitor and evaluate the work that we do.
22 - Our plan is to make the best use of resources - We have a public duty to you to ensure that we manage money in the NHS and local government as efficiently as possible. Our plan is to operate within our means so that any new local financial investment can be used to drive further improvements.
23 - An approach that always starts with 'Why?' - To ensure that we are successful we are using a core methodology that maintains a genuine focus on the outcomes that we want to achieve for you. This is a simple, common sense approach that challenges us to ask 'Why?' before we decide 'How?' or 'What?' we do.
24 - This is our first truly integrated plan - This is the first time we have come together to develop a plan for the whole health and care system in Suffolk and North East Essex. It brings together the priorities of our local Health and Wellbeing Boards with the NHS Long Term Plan and the vision of all our partners.
25 - We have the people, the passion…and now a plan! - Although we have made good progress in Suffolk and North East Essex we know there is so much more we can do together. There are three critical elements for this to be successful. We have the PEOPLE, we have the PASSION – this is now our PLAN.

3. Suffolk and North East Essex HOSC Briefing – responses to specific questions

1. Do you have any unique local challenges and circumstances that have had to be specifically addressed in your latest updated plan? With that in mind, how are you targeting health inequalities in your area?

The priorities in our Five Year System Strategic Plan are based on those in the Joint Health and Wellbeing Strategies in Essex and Suffolk. Our final plan features 'Reducing health inequalities' as the primary ambition for our ICS. This is in response to the continuing and increasing challenges of deprivation in North East Essex which include:

- Increases in deprivation, particularly Tendring where 24% of children under 16 live in deprived households, compared with 15% in Colchester
- Low educational attainment and poor social mobility in the most deprived areas, and relatively low pay in Colchester and Tendring compared to most other areas of the ICS (though average pay in Ipswich is lower than both)
- Lower life expectancy in Colchester and Tendring than any other area in our ICS, in Tendring male life expectancy is up to 3.3 years lower than in Colchester, and up to 10 years lower than in Mid Suffolk

These issues strongly impact the health outcomes for the local population and influence their utilisation of local health and care services.

Other key local challenges include

- mental health in children, adults and older people, and relatively high suicide rates in North East Essex;
- the impacts of obesity;
- higher incidences of cancer than the national average and variations in life expectancy depending on where people live ;
- the projected increases in older people in the coming years, which are higher than the national average.

In response to these challenges our plan also includes a further seven 'Higher Ambitions' including zero suicide, a healthy life for all, emotional wellbeing from the start of life, earlier cancer diagnosis and treatment, an effective treatment pathway for obesity, the best quality of life as we grow older and the care and support we need at the end of life.

2. To what extent can you ensure a pan-Essex approach is maintained in the commissioning and delivery of services (as part of ensuring consistency of quality of service)?

The ICS have a key role in enabling joint working across NHS, local authorities and other funding agencies to make shared commissioning decisions with providers, on the design of services and best use of resources to improve population health.

Our system strategy is informed by the population needs in Essex, and underpins joint planning and commissioning of services at local authority level and alliance levels. 'Thinking Differently' involves moving from transactional contracts to commissioning partnerships, and from silos in service delivery to relationships between colleagues, organisations and systems.

Networks at system, alliance and neighbourhood levels will support an integrated approach which will cross system boundaries wherever appropriate – for instance in region-wide digital developments.

We listen to local people to understand their priorities and their views on quality of local services and systems, and this informs both commissioning and monitoring of service quality.

We will learn from best practice elsewhere in Essex, as well as Suffolk, and share this to support improvement of quality of services for everyone.

We will continue to work with Essex County Council to ensure that commissioning and delivery of services helps to fulfil the council's county-wide strategies but also reflects where local variation is needed to meet local population needs. We believe this to be particularly important in North East Essex which faces some particularly deep and significant challenges as already outlined above.

3. How have you addressed improving support for Children and Early Years (and school readiness) in your updated plan? What challenges do you see here in your area?

We take a whole system approach, building on the Essex Joint Health and Wellbeing Strategy, which includes 'laying the foundations for lifelong mental health at school, pre-school and beyond school'.

Specific commitments in our strategic plan include

- Integrated early years support to enable children to be school-ready
- Integrated neighbourhood teams to support children's healthy growth and development
- Identifying need at regular health checks, at A&E, in health and care settings for children with complex needs, and working to secure appropriate services
- Ensuring health visitors and school nurses have the right skills and knowledge to support children and families
- A whole family approach that takes into account children's physical health and mental wellbeing, socio-economic conditions, parental needs and resilience.
- Early diagnosis of learning disabilities and autism to enable access to the right resources and services
- Starting Well Core Initiative to support young children to achieve and maintain good oral health
- Support to parents or other family members who experience socially isolation mental health problems, alcohol and substance misuse and/or domestic abuse to provide a healthy and caring environment in which children can grow and develop.
- Reducing the impacts of deprivation on families including helping people into jobs, early help for vulnerable families, and safeguarding procedures that help families out of deprivation.

4. How far have you progressed with shared care records and what further steps need to be taken to establish these not only across all health sectors but also comprehensively across social care? Are there issues preventing any of this at present?

Suffolk and North East Essex ICS has a leading role in enabling work across the whole of the East of England in the development of local integrated health care records through the regional LHCR board chaired by Cllr. John Spence.

Our five year plan incorporates shared care records, co-produced with people wherever possible, in community-based settings and in hospital-based care, including specifically;

- Planned care, between primary, secondary and tertiary care
- Rolling out the NHS Comprehensive Model of Personalised Care programme for integrated care
- Mental health care, including people at risk of suicide
- Maternity and neonatal care
- Children and adults with disabilities and/or long-term conditions
- SEND
- Between community-based services such as dentists and opticians, and secondary healthcare services
- Older people's advance care planning, power of attorney etc.
- End of life care

Our challenges are to achieve:

- Fit for purpose IT – this challenging as organisations are at different levels of development, and use different databases and systems
- Easy connectivity – this is a challenge for community services, particularly in rural areas
- Alignment of standards – it is a complex process to ensure that common standards meet all organisational and professional requirements, and to ensure standards are robust

We will:

- Develop local health and care records in the next 2 years, drawing on local and national recording systems
- Develop information governance guidance to meet national standards
- We will mitigate risks through new system-wide cyber-security and capabilities such as clinical safety governance, and ethics.
- Support the workforce to become digitally literate to use the digital tools effectively
- Encourage local innovation and integration within standards
- Create a ICS wide secure wireless network, operating model and funding arrangements
- Develop an investment cases for ICS wide capabilities such as Record Locator Service

5. How will you assess the success of your plan? How will you evaluate impact and on what timescale?

We will use an OBA methodology to support performance measurement, which asks, 'How much did we do?', How well did we do it?' and 'Is anyone better off?' In this way we ensure that focus remains on improving the health and wellbeing of the people we serve, rather than simply meeting targets for levels of activity. We will ask people for feedback and build on what works.

We are developing a set of metrics against which we can use to help measure progress against our strategic plan commitments. Some of these metrics will measure shorter term performance in specific areas such as cancer or emergency care, some will identify whether we are beginning to achieve the benefits we aim to achieve in the medium term, and others will be indicators much longer term population outcomes such as healthy life expectancy or mortality from long-term conditions. The impact of our strategic plans will therefore be measured in different ways and across different timeframes, reflecting the scale of the challenges ahead.

Our alliances are developing plans that will deliver, over the next five years, the benefits described in our strategic plan. Through our ICS governance we will monitor progress, and ensure learning and best practice is shared within the ICS and externally, to achieve consistently high-quality services and improve everyone's health and wellbeing.

Population health management tools will help us to identify areas of greatest need, and also to learn where changes have the greatest impact. We also encourage innovation and will evaluate the impacts of what we do, and scale up those changes that work.

6. Please provide examples of where you have worked together with adjoining Essex footprints both in sharing learning but also in developing joint approaches and strategies.

There is regular dialogue and joint working across the three Essex STPs through a variety of local and regional mechanisms. This has recently included peer review of draft five year plans between Suffolk and North East Essex ICS and Mid and South Essex STP, joint presentations to Essex Partnership University NHS Trust and Essex Health and Wellbeing Board. In 2019 Nick Hulme and Susannah Howard from Suffolk and North East Essex ICS were invited to share learning from the development of local system governance with colleagues at West Essex and Hertfordshire STP. In summer 2019 there was collaboration across Suffolk and North East Essex ICS and Mid and South Essex STP around recruitment to ICS Independent Chair roles.

In May 2019 Suffolk and North East Essex ICS working together with colleagues in Mid and South Essex STP were key to the organisation of a regional event for those working across all six STPs in the East of England. A further event is in the early stages of planning for 2020 that is planned to bring together colleagues from across the NHS, LGA, Healthwatch and NCVO at regional level.

In digital, Suffolk and North East Essex ICS leads the East Accord collaboration, which will develop an information sharing environment that improves the loves of people across the East of England. This includes all partners, including pan-Essex, agreeing and adopting standards, developing intuitive and flexible joined up technology, designing safe and secure ways to share information and build trust among partners and people, demonstrating digital leadership to achieve genuine transformation, collaborating to share experiences and capabilities to enable region-wide improvements, and championing best practice.

Suffolk and North East Essex ICS has been a key partner in the organisation of a pan Essex conference on population health management on Tuesday 14 January 2020.

The Regional Cancer Alliance collaborates to reduce variation and improve patient outcomes and experiences across the region. The Essex Network Cancer Group provides a clinical forum for expert scrutiny of patient care and pathways across local footprints.

In workforce, our system will collaborate at a regional level to align our approaches to agency staffing and drive up standards, building on best practice, for example among local authorities in the East of England.

We are actively supporting the national ICS accelerator programme and routinely share our local work through a range of regional and national forums. This has most recently resulted in interest in Essex County Council work with Facebook from another STP in the region. During 2020 we have plans to make available some of the learning from our ICS as a vanguard for integrated care through some new local learning and development opportunities.

Susannah Howard, ICS Programme Director
Sharon Rodie, ICS Programme Manager
Suffolk and North East Essex ICS
January 2020

The Suffolk and North East Essex ICS Five Year System Strategic Plan can be access as on online flipbook via the following link:

https://resources.candohealthandcare.co.uk/flipbooks/fiveyearsystemstrategicplan/

A hard copy of the document will be sent to members of the Essex HOSC once the document is published.

Chairman's Report

Reference Number: HOPSC/02/20

Report title: Chairman's Report	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 15 January 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 usually held in between the formal meetings of the committee.

2. Action required

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

3. Background

3.1 The Chairman, Vice Chairmen and Lead Joint HOSC Members, usually meet monthly in between scheduled meetings of the full Committee to discuss work planning and this often entails talking to ECC and external health officers. This is the latest regular short report of these meetings. 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 last met on 16 December 2019 and the main issues discussed and actions agreed were:

(i) Autism – **agreed** to proceed with planning a joint briefing (with PAF) for Monday 3rd February.
(ii) STP update (January HOSC) – discussed encouraging a collegiate session, and **agreed** representation, format of meeting and set advance questions (questions set out in the papers for the STP update elsewhere in the agenda pack).
(iii) **Agreed**: to start planning a mental health item to challenge how they work with the STPs as well as quality concerns.

5. List of Appendices

None

Member updates

Reference Number: HOPSC/03/20

Report title: Member Updates	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 15 January 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 an opportunity for members to update the Committee (see Background below).

2. Action required

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

3. Background

3.1 The HOSC Chairman and Vice Chairmen have requested that there be a standard agenda item to receive member updates (usually orally but advance briefing papers can be included in agenda packs if preferred)

3.2 All members are encouraged to attend Board and other public meetings of their local health commissioner and providers and report back to the HOSC any issues of interest and/or relevance to the committee. In particular, the HOSC members who serve as ECC representatives observing the following bodies may wish to update on their attendance at any recent meetings:

Councillor Anne Brown (North East Essex CCG)
Councillor Beverley Egan (Castle Point & Rochford CCG);
Councillor Andy Wood (Essex Partnership University Trust)

In addition, issues arising from the work of the Joint HOSCs established with (i) Suffolk and (ii) Southend and Thurrock respectively, should also be highlighted.

4. Update and Next Steps

4.1. Members to provide any oral updates.

5. List of Appendices

Short paper on updated membership of the Joint HOSC with Suffolk - to follow.

Work Programme

Reference Number: HOPSC/04/20

Report title: Work Programme	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 15 January 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

The Committee participates in two Joint Committees with neighbouring authorities as detailed 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 7 January 2020

Date	Theme	Topic	Theme/Focus	Approach and Next steps
15 January 2020	Quality and Transformation of Services	Sustainability and Transformation Partnerships/Integrated Care Systems	Development (and where appropriate implementation) of proposals, partnership working and responses to the NHS England Long-Term Plan.	To be determined at the meeting
5 February 2020	Capacity and financial sustainability	A&E pressures/ seasonal pressures/admissions avoidance – *further follow up*	Relationship between ambulance performance and hospital capacity pressures.	Follow up to November 2018 and July 2019 sessions/review of winter performance. Operational representatives to be present
TBC early 2020	Quality and Transformation of Services/Community healthcare (prevention and early intervention)	Sensory care pathways	Review accessibility to services and system working	
TBC early 2020	Quality and Transformation of Services/Community healthcare (prevention and early intervention)	Primary Care	Dentistry/Opticians/Pharmacist update from NHS England	Introductory formal session – as agreed during previous work planning discussions
TBC early 2020	Quality and Transformation of Services/Community healthcare (prevention and early intervention)	Primary Care – *further follow up*	Contribution to wider system and the STP plans.	To review locality changes from finalised CCG plans and impact of NHSE Long Term Plan.
	Quality and Transformation of Services/Community healthcare (prevention and early intervention)	Primary care – urgent care	Urgent care services update. NHS111 arrangements/out of hours arrangements.	May be picked up during other primary care/STP discussions.
TBC	Capacity and financial sustainability	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.
TBC	Capacity and financial sustainability	Princess Alexandra Hospital sustainability – *follow up*	Initial session in September 2018 looking at plans for capital funding of potential re-build.	Site visit at end of May. Any formal session TBC.
TBC	Community healthcare (prevention and early intervention)	Community providers – *follow up*	Previously looked at the broader role and contribution to wider system. Agreed to review local performance	on hold as may be covered under the discussions on the Long-Term Plan and link with primary care discussions

Essex Health Overview, Policy and Scrutiny Committee
Work Programme as at 7 January 2020

To be programmed:

Date	Theme	Topic	Theme/Focus	Approach and Next steps
TBC	Specialist commissioning issues	Proposals and engagement on relocation of services in London	Details about public consultation launched re: Moorfields eye Hospital was noted at July 2019 HOSC.	Outer North East London JHOSC is monitoring - ECC has representation on that body
TBC	Community healthcare (prevention and early intervention)	North East CCG – community bed	Further update on proposals impacting on Clacton and Harwich Hospitals	TBC
TBC	Quality and Transformation of Services	Hospital mergers	(i) Legal merger process. (ii) clinical services integration	Some work may be undertaken in Joint HOSCs.
TBC	Quality and Transformation of Services/Equity	Mental health – *follow up*	Partnership working, service changes, access to services. Full Committee reviews: Sept 2017 and April 2018.	Next steps tbc
TBC	Quality and Transformation of Services	Patient feedback and concerns	Possibly analyse some complaints data and speak with patient forums and service user groups.	Suggested during work planning discussions as part of Annual review exercise in December 2019 - TBC

Work with the People and Families Policy and Scrutiny Committee (PAF)

Led/hosted by PAF	Community healthcare (prevention and early intervention)	Virgin Care 0-19 contract – *follow-up*	Two sessions held with HOSC representatives also present.	Further session summer 2020.
3 February 2020	Quality and Transformation of Services	Autism services and awareness	Raised separately by both committees.	Joint introductory briefing on health and other support services

Essex Health Overview, Policy and Scrutiny Committee
Work Programme as at 7 January 2020

Sustainability and Transformation Partnerships (STPs) and development of Integrated Care Systems (ICSs)

Full committee

Date	Theme	Topic	Theme/Focus	Approach and Next steps (full committee unless indicated otherwise)
Ongoing	Quality and Transformation of Services	Sustainability and Transformation Partnerships	Seek evidence of joint working across footprints to transform quality of services. Development of Integrated Care Systems.	Joint HOSCs in two footprints continue to look at the detail of proposed service changes. Essex HOSC has high level governance and strategic oversight role.

Joint Health Overview and Scrutiny Committees (JHOSCs)

1. *JHOSC looking at the Mid and South Essex STP (Joint Committee with Southend-on-Sea Borough Council and Thurrock Council)*

   This Joint Committee was established to be the scrutiny consultee for a formal public consultation launched by the STP for various proposed service changes. At the time of this report being written the JHOSC had held four meetings in public and a number of private briefings. Joint HOSC agenda papers
   The JHOSC work programme paused as a result of the STP plans being referred to the Secretary of State by Southend-on-Sea Borough Council and Thurrock Council. The proposals have recently been endorsed by the Secretary of State. Discussions are underway about reconvening the Joint HOSC.

   Essex HOSC nominated JHOSC members: Cllrs Egan (Lead Member), Lumley, vacancy, vacancy (substitutes: Cllrs Chandler, Reeves and Reid).

2. *JHOSC looking at the Suffolk and North East Essex STP (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

   Essex HOSC nominated JHOSC members: Cllrs Brown (Lead Member), Erskine, Harris, Wood (substitute: TBC) – subject to ratification by Essex HOSC.

Hertfordshire and West Essex STP - There are no current joint health scrutiny arrangements with Hertfordshire County Council.