
Minutes of the meeting of the Health Overview and Scrutiny Committee, held in Committee Room 1 County Hall, Chelmsford, Essex on Wednesday, 11 January 2017

Present:

County Councillors present:

J Reeves (Chairman)	K Gibbs
D Blackwell	D Harris (Vice-Chairman)
K Bobbin	R Howard
J Chandler	K Twitchen (substitute)
P Channer	A Wood (Vice-Chairman)
M Fisher	
R Gadsby	

Borough/District Councillors present: M Sismey (Chelmsford City Councillor), W Forman (Harlow District Councillor)

Also in attendance:

County Councillors A Browne (Cabinet Member for Communities and Corporate), M Maddocks (Deputy Cabinet Member for Adults and Children) and C Sargeant David Sollis (Healthwatch Essex observer)
Barbara Herts, Director for Commissioning Mental Health

The following Officers were present in support throughout the meeting:

Graham Hughes, Scrutiny Officer
Fiona Lancaster, Committee Officer

1 Apologies and Substitution Notices

Apologies for absence had been received from County Councillor A Naylor (substituted by Councillor K Twitchen), and Uttlesford District Councillor S Harris.

2 Declarations of Interest

Councillor A Wood declared a personal interest as a Governor of the North Essex Partnership University NHS Foundation Trust (NEPFT).

Harlow District Councillor W Forman declared a personal interest as a Registered Nurse, employed by Princess Alexandra Hospital, Harlow.

Councillor P Channer declared a personal interest as a member of the Maldon Community Services and Community Hospital Project Board.

David Sollis, Healthwatch Essex observer, declared a personal interest in agenda items 5 (Sustainability and Transformation Plans) and 6 (Mental Health) due to Healthwatch Essex involvement with both issues.

3 Minutes

The minutes of the meeting of the Health Overview and Scrutiny Committee held on 9 November 2016 were approved as a correct record and signed by the

Chairman.

4 Questions from the Public

There were no questions.

5 Sustainability and Transformation Plans - Strategic overview

The Committee considered a report (HOSC/01/17) on the responses received from each of the three Sustainability and Transformation Plans (STPs) impacting on Essex in response to questions from the HOSC, and the further development of the STPs.

The following were in attendance to participate in a question and answer session:

- Andrew Pike, NHS England
- Nick Hulme, Suffolk and North East Essex STP Lead
- Dr Anita Donley, Independent Chair, Mid and South Essex STP
- Andrew Vowles, Programme Director, Mid and South Essex STP
- Steve Peacock, Programme Manager, Hertfordshire and West Essex STP
- Andrew Geldard, West Essex CCG

Andrew Pike introduced the item and commented that there was no intention to have any further re-writes of the published STPs. Activity plans had now been agreed with the CCGs and they were ready to start the delivery phase of the plans. Operational plans for 2018/19 were also being drawn up. Members noted that the NHS was setting up a Capital Priority Process to enable a more efficient use of funds.

During the discussion the following was acknowledged, highlighted or questioned:

Finance and Capacity:

- NHS England and NHS Improvement had set budget control totals for 2017/18;
- The significant debts sat in the acute trusts. Deficits were likely to continue for the time being, and the long-term intention was that historic debts would be repaid. Each organisation had a 6% improvement/resource gain target comprising 4% cost improvements and 2% real terms demographic growth;
- Each organisation was responsible for its own resources/financial governance, and funds were intended to be used for Essex residents. There could be some spending across county borders because of the location of the service;
- Planning was based on restricting future demand growth both at A&E and in urgent care to 1% per annum and elective demand growth to 2%. This would be very challenging given the current levels of demand growth;
- Each STP incorporated mental health, but the extra national funding was not ring-fenced within individual CCG budgets. It was envisaged that the planned single commissioning structure for mental health would preserve

- investment in this area;
- NHS England had established a *Parity of Esteem* Programme in order to focus effort and resources on improving clinical services and health outcomes - the organisations all need to meet these requirements;
- Members considered whether the financial plans were achievable and how patient experience improvements would be measured. The three STP Leads indicated that they were confident with their approach to deliver the plans by 2021. Doing nothing was not an option; residents need to be offered alternatives for 'out of hospital' care and there is a new focus on the routes into healthcare to alleviate the day to day pressure on A&E admissions;
- The involvement of Primary Care with the STPs and the shortage of GPs in the country. Members noted that NHS England had additional funds to support a European Induction Scheme which would help address the gap of doctors in the short term;
- Members noted that cost recovery on decisions such as charging for missed appointments were made at a national level;

Joint Working:

- Discussions on issues regarding finance were challenging for the three local STP Leads;
- More dialogue was needed with their wider partners. There was a determination to work more closely with local government and the NHS organisations going forward;
- Financial challenges needed to be addressed at a system rather than organisational level and focus on prevention and early interventions. However, each organisation would retain sovereignty and remain responsible for its own resources;
- A new Board, to be chaired by Dr Anita Donley, would include Chief Executives from local councils. Healthwatch and the local Health and Wellbeing Boards would also be involved;
- Members questioned if, and how, mental health experts would be involved in the STPs;

New Models of Care and Quality of Services:

- Members discussed what would be done to avoid a postcode lottery for the availability of services across the county, and on waiting times to access these;
- The likelihood that residents would have to travel further for care if services were merged, and whether risk assessments on the detrimental impact of travel on patients and staff was being assessed;
- The Leads confirmed that all Consultations would include a risk assessment and the Care Quality Commission would continue with its oversight role. Any reconfiguration of services, and their expected benefits, would need to be evidenced and communicated to residents;
- The continued pressures on A&Es. The potential impact of closing for example the Minor Injury Unit in Tendring on A&E admissions and residents access to care and the need to better signpost patients to the

- most appropriate care;
- The need for the STP Leads to be aware of any other potential changes in services being considered by the CCGs/Commissioners. It was important that individual organisational planning also aligned with the STPs;
- The potential impact of the new Garden Towns had been taken into account;
- Greater collaboration and efficiencies between GP practices;

Engagement and Consultation:

- The different methods used to communicate and engage with residents to enable them to comment on proposals. Members noted that Anglia Ruskin University was now going to be involved;
- The need for consistency on how Consultations were carried out;
- Planned Consultation dates had not yet been set, but a range of planned discussion meetings for the Mid and South Essex could be provided, and they envisaged consulting in the second quarter of 2017. It was expected that the North East and West Essex would be consulting in the autumn;
- Whether the whole STP project was achievable in five years;
- The preference at this point to continue discussions with individual scrutiny committees rather than a joint committee.

The Committee **agreed**:

a) To provide HOSC with the schedule of (pre-consultation) Mid and South Essex discussion meetings (Andrew Pike/Andrew Vowles).

b) To provide HOSC with more information on STP engagement and collaboration (Dr Tom Nutt, Chief Executive, Healthwatch Essex, to attend a future HOSC meeting).

c) Andrew Pike/team to liaise with the Scrutiny Officer to plan attendance at a future HOSC meeting to report on Consultations - avoiding the pre-election period.

6 Mental Health - Lead Commissioning arrangements

The Committee considered a report (HOSC/02/17) from the current Lead Commissioners of mental health services to discuss the future arrangements of commissioning in Essex.

Sam Hepplewhite, Chief Officer, North East Essex Clinical Commissioning Group (CCG), Barbara Herts, Director for Commissioning Mental Health, Essex County Council, and Dr Caroline Dollery, a GP in Danbury Medical Centre and Chairman, NHS Mid Essex Clinical Commissioning Group (CCG), were in attendance to participate in a question and answer session.

During the discussion the following was acknowledged, highlighted or questioned:

- The agreement from the seven CCGs and the three local authorities in

- Essex to commission mental health services on an all age basis, and the commitment to have one integrated provider plan;
- The plan to have joint commissioning posts across health and social care for mental health;
 - The plan to commission services in an integrated way across Essex would be pursued, regardless of the outcome of the proposed merger between the two Mental Health Trusts in Essex;
 - The Mental Health Strategic Forum would enable the best arrangements to be achieved as senior representatives from the seven CCGs and three Essex local authorities were involved;
 - There needed to be a shift in focus to early intervention and prevention support services;
 - Members expressed some concern regarding the number of CCGs involved and the possible breakdown of the approach. In response, the Chief Officer explained that there would be a separation of contracts, whereby the mental health contract would be with NEPFT and the South Essex Partnership University NHS Foundation Trust (SEPT) only. The SEPT provision of community services would be separate;
 - The involvement of the Lead Commissioners with the development of the Mid and South Essex, North East Essex and Suffolk and West Essex and Hertfordshire STPs;
 - How the all age plan would be achieved with the current separate arrangements with children and adult services. A number of models exist on how this could be achieved and which involve patients, families and Healthwatch;
 - The 'lived experience' feedback had helped to shape the direction of the mental health strategy;
 - The involvement and support for Chris Butler, interim Chief Executive of NEPFT, in continuing to help develop the strategy;
 - The opportunities to bid for additional funding for mental health provision could be improved if there was one approach to commissioning.

The report was otherwise **noted**.

The Chairman thanked the contributors for their attendance and input on this item.

7 Suicide Prevention Strategy

The Committee considered a report (HOSC/03/17) on the development of a Suicide Prevention Strategy by Essex County Council's Public Health team.

Maggie Pacini, Public Health Consultant, Essex County Council and Dr Caroline Dollery, a GP in Danbury Medical Centre and Chairman, NHS Mid Essex Clinical Commissioning Group (CCG), were both in attendance to participate in a question and answer session and to seek the Committee's comments on the draft strategy document.

During the discussion the following was acknowledged, highlighted or questioned:

- There had been 394 reported deaths by suicide in the last three years, and the number of incidents in Essex was higher than the regional average. The majority of suicides occurred in people not under the care of local services;
- The Committee noted some of the everyday triggers that can lead to suicide, and the most common means and locations of death;
- Southend, Essex and Thurrock Councils had agreed to take the approach of 'Zero Suicide' as the key driver for transformational change. There was some concern that this approach could be perceived as a performance rather than aspirational target for organisations;
- Six key areas had been identified for action to support the delivery of the approach;
- A stakeholder event would be held in February, and the Public Health team intended to submit a draft strategy to the March meeting of the Essex Health and Wellbeing Board;
- Due to the complexity of the suicide prevention agenda across Essex and of partner agencies the setting up of a Prevention Group was not recommended;
- In response to a question on how the implementation of the strategy would be monitored, the Committee noted that actions would be owned by the responsible organisations and a nominated champion for each group, with annual oversight by the Essex Health and Wellbeing Board. There would not be a specific project or prevention Board - instead it was proposed to use existing forums;
- The challenge of preventing suicides if unable to identify those at risk;
- The role schools, employers, job centres and GPs for example have to play in helping with individuals wellbeing;
- The negative effect of debt on people's wellbeing and the help available at Citizens Advice Bureau;
- Members questioned how those who are unable to cope know where to find help, and expressed concern about how suicide is reported in the media. A range of solutions was needed to publicise the range of help available, and Cambridge and Peterborough Councils were leading on some positive work in this area;
- How suicides were recorded by the Coroner's Office and whether the data has been underestimated;
- How to tackle social isolation and other vulnerable groups such as the homeless. There could also be links between autism and suicidal tendencies.

The report was otherwise **noted**.

The Chairman thanked the contributors for their attendance and they left the meeting at this point.

8 North Essex Partnership University NHS Foundation Trust (NEPFT) - Care Quality Commission Inspection report

The Committee **noted** a report (HOSC/04/17) from the Scrutiny Officer which provided an update on the latest Care Quality Commission (CQC) Inspection

report for the North Essex Partnership Trust stating that the Trust overall *required improvement*.

The Committee **agreed** that the report would be considered at its next meeting, as senior NEPFT representatives were already due to attend to update the Committee on the Essex Mental Health Trust merger plans.

9 Mid Essex Hospital Trust - Care Quality Commission Inspection report

The Committee **noted** a report (HOSC/05/17) from the Scrutiny Officer which provided an update on the latest Care Quality Commission (CQC) inspection report on Broomfield Hospital, published on 1 December 2016.

The Committee welcomed the improvement in rating for the Mid Essex Hospital Trust.

10 General update

The Committee **noted** a report (HOSC/06/17) from the Scrutiny Officer outlining updates on local health news, primary care service changes and variations, and forthcoming meeting dates for 2017 public meetings.

Councillor Wood undertook to update the Committee at the next meeting on his continuing discussions with Colchester Hospital regarding its decision to stop providing birthing services at the Fryatt Hospital, Harwich, from 1 April 2017.

11 Work programme

The Committee considered a report (HOSC/07/17) from the Scrutiny Officer setting out the Committee's work programme scheduled for the remainder of the 2016/17 municipal year.

The Scrutiny Officer advised the Committee that due to the high volume of business it was likely that an all day meeting would be needed on 8 February.

The Committee **agreed** that the Consultation relating to Minor Injury services in North East Essex would be included in the 2017/18 work programme.

The report was otherwise **noted**.

12 Date of Next Meeting

The Committee **noted** that the next meeting would take place at **10.30 am on Wednesday 8 February 2017**, in Committee Room 1 at County Hall (preceded by a private pre-meeting for Members only at 9.30 am). Members were advised that this would be an all day meeting. **[Afternote: the February meeting will now start at 11.00 am].**

The Scrutiny Officer confirmed that the joint Essex and Hertfordshire HOSC site visit to the Princess Alexandra Hospital was taking place on Monday 16 January

2017, and that he would be confirming the arrangements shortly.

A list of proposed meeting dates for the 2017-18 municipal year had been circulated in advance of the meeting by email and was received by the Committee.

HOSC meeting dates 2017-18:

- Wednesday 7 June 2017
- Wednesday 5 July 2017
- Wednesday 26 July 2017
- Wednesday 13 September 2017
- Wednesday 11 October 2017
- Wednesday 8 November 2017
- Wednesday 13 December 2017
- Wednesday 10 January 2018
- Wednesday 7 February 2018
- Wednesday 7 March 2018
- Wednesday 18 April 2018

There being no further business the meeting closed at 13.56 pm.

Chairman