

**Minutes of the meeting of the joint Health Overview Policy and Scrutiny Committee and People and Families Policy and Scrutiny Committee, held in County Hall, Chelmsford on Wednesday 27 July 2022 at 10:30am**

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**Present**

Cllr Jeff Henry (Chairman)	Cllr Dave Harris (Vice-Chairman)
Cllr Susan Barker	Cllr Bob Massey
Cllr David Carter (Co-opted)	Cllr Peter May
Cllr Paul Gadd	Cllr Carlie Mayes (Co-opted)
Cllr Marie Goldman	Cllr Richard Moore
Cllr Ray Gooding	Cllr Laureen Shaw
Cllr Ian Grundy	Cllr Clive Souter (Vice-Chairman)

**Apologies**

Cllr Martin Foley	Cllr Lynda McWilliams (Co-opted)
Cllr Carlo Guglielmi	Cllr Wendy Stamp
Cllr June Lumley	Sharon Westfield-de-Cortez (HealthWatch)
Cllr Aidan McGurran	

**Remote Attendees**

Cllr Martin Foley	Cllr Lynda McWilliams
Sharon Westfield-de-Cortez	Cllr Wendy Stamp
Cllr June Lumley	Cllr Carlo Guglielmi

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The following officers were supporting the meeting:

- Richard Buttress, Democratic Services Manager
- Freddey Ayres, Democratic Services Officer

**1. Membership, apologies and declarations**

Apologies were received Cllr Foley, Cllr Guglielmi, Cllr Lumley, Cllr McGurran, Cllr McWilliams, Cllr Stamp and Sharon Westfield-de-Cortez.

**2. Minutes of previous meeting**

The minutes of the meeting held on Thursday 7 July 2022 were approved as an accurate record and signed by the Chairman.

Cllr Gadd raised concern that his comments made at previous meetings had not been recorded, in particular that he still has not received satisfactory information

around the HOSC's remit and is concerned that the committee is not fulfilling its remit as set out in The Constitution. Reported that he has been raising this for six months.

The Chairman advised that a meeting has been arranged with himself, Cllr Gadd and officers on 9 August 2022 to discuss and resolve this matter.

### **3. Questions from the public**

No questions from members of the public were received.

### **4. Integrated Care System (ICS) Update**

The Chairman welcomed the following to the meeting:

- Claire Hankey, Mid and South Essex ICS
- Ed Garrett, Suffolk and North East Essex ICS
- Emma Nicol, Hertfordshire and West Essex ICS

The Committee received the following update covering the following key issues:

- Background to recent changes is important – they are moving from an era for competition to an area of collaboration
- Challenge previously had been divisive and allowed acute hospitals to increase its revenue
- NHS will now work as an equal partner alongside local government and voluntary sector and improve services for communities
- Two aspects to ICS's – ICB's replace CCG's and have partners from around the system including ECC, voluntary sector, GPs and mental health trusts which enables joined up conversation. ICP's bring together wide range of stakeholders to look at strategic solution and partners include local authorities and local councillors
- The three ICSs in Essex have similar strategies
- Challenges around waiting lists, GP access, mental health services. Suicide has increased over the past 18 months
- Good outcomes can be achieved if the focus is on place and work is carried out collaboratively
- ICS's will be developing its strategies between now and Christmas which will be presented to the committee when complete
- Aim is to have more care closer to home within local communities
- Community diagnostic centres are a forward step and brings care closer to home
- There is an opportunity to work on prevention and listen to local communities
- Culture of the NHS will take time to change, and the ICS strategies will help change this message
- Staff prefer working in an integrated team as it is easier to get things done
- Reducing life expectancy gap can only be achieved by working in collaboration
- Place based working will listen to the public which will improve services
- The NHS app has been revolutionary in enabling people to access GP appointments and make bookings
- Suicide is a real concern, particularly in men ages 45 – 54 in Essex

- School have reported a number of suicide attempts in Colchester and Tendring
- The ICS's five-year strategies and progress against them will be scrutinised by HOSC and PAF
- MDT approach needed around discharge from hospitals and needs lateral thinking
- Recruitment to midwifery services is difficult and recruitment should be emphasised in all three ICS strategies. Working with local colleges to improve employment opportunities
- Working with the voluntary sector to look at one off personal budgets for people
- Previous set up of payment by results for hospitals was not helpful. With ICS's, a new upfront block contract has been agreed which has unlocked a shift to move to talk about what can be done for residents rather than focussing on finance
- At times it is felt that the ambulance service has sat outside of the health service although not public perception
- GP services performance is variable as they are run privately
- Biggest challenges for ICS's are around building trust and relationships with services and communities, planning for winter and improving access to dentistry
- Increase in demand on mental health services and cannot assume EPUT alone are going to solve this issue. A lot more work needs to be done with schools and young people. Only 50% of schools have access to mental health support
- A preventative approach to mental health is needed
- Some schools are not keen to take up mental health support, but they are being shown examples of good practice elsewhere to encourage this
- It is pleasing to see there is emphasis on SEND services
- Acknowledgment that CCGs were difficult, particularly around getting EHCP's in place in a timely way
- Previously there was not a joint commission approach for SEND
- There is a focus on achieving shared care record
- Working with the public to develop behaviour changes and to understand costs involved for missing appointments
- Life expectancy is determined by how quickly someone is diagnosed. Strategy development is a fraction of the work and ICS's will be measured on performance
- Would like to have more positive stories communicated to the public
- Public were engaged with in the creating of the ICS's and will help inform the strategies. Also engaging with patient participation groups and the voluntary sector
- ICB's need to produce a strategy on how they will work with communities
- There is a good understanding of population health of children and young people.

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

- i) Once developed, the three ICS strategies will be presented to the HOSC

## **5. Mental Health Services for Young People**

The following members were appointed to the Task and Finish Group:

- Cllr June Lumley
- Cllr Marie Goldman
- Cllr Carlie Mayes
- Cllr Carlo Guglielmi
- Cllr Lynette Bowers-Flint
- Cllr Dave Harris
- Cllr Paul Gadd
- Cllr Martin Foley
- Cllr Ray Gooding.

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

- i) The Task and Finish Group's final report will be presented at Full Council on Tuesday 13 December 2022
- ii) The Task and Finish Group's will be mainly held remotely
- iii) Cllr Guglielmi will be the lead member of the Task and Finish Group

## **6. Chairman's Report**

The Committee noted the information update within the Chairman's report.

## **7. Member Updates**

Members noted the report.

Joint Health Scrutiny Committee with Suffolk – Cllr Harris informed the committee that a meeting is being arranged and will provide a further update once the meeting has taken place.

## **8. Work Programme**

The Committee noted the current work programme.

Members were informed that the update on the Lighthouse Paediatric Centre item has been pushed back to its October 2022 meeting.

## **9. Date of next meeting**

To note that the next committee meeting is scheduled to take place on Thursday 1 September 2022 at 10:30am in the Committee Room 1.

## **10. Urgent business**

No urgent business received.

## **11. Urgent exempt business**

No urgent exempt business received.

The meeting closed at 12:26pm.

**Chairman**