



Essex County Council

Health Overview Policy and Scrutiny Committee

10:30	Thursday, 04 April 2024	Committee Room 1 County Hall, Chelmsford, CM1 1QH
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For information about the meeting please ask for:

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		Pages
**	Private pre-meeting For committee members only, at 9:30am in Committee Room 1.	
1	Apologies, Substitutions and Declarations of Interest To be reported by Emma Hunter, Senior Democratic Services Officer.	5 - 5
2	Minutes of previous meeting To approve the minutes of the meeting held on Thursday 7 March 2024.	6 - 11
3	Questions from the public A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. No statement or question shall be longer than three minutes and speakers will be timed.	

On arrival, and before the start of the meeting, please register with the Democratic Services Officer.

- | | | |
|-----------|---|----------------|
| 4 | East of England Ambulance Service NHS Trust - Overview and Performance Report
Update to be presented by Tom Abell, Chief Executive, EEAST. | 12 - 20 |
| 5 | Mid and South Essex NHS Foundation Trust update
To receive a monthly update from MSEFT. | 21 - 25 |
| 6 | Mid and South Essex NHS Foundation Trust operational update
To receive a monthly operational update from MSEFT. | 26 - 31 |
| 7 | Chairman's Report - April 2024
To note the Chairman's Report. | 32 - 33 |
| 8 | Member Updates - April 2024
To note any updates of the committee. | 34 - 34 |
| 9 | Work Programme - April 2024
To note the committee's current Work Programme. | 35 - 39 |
| 10 | Date of next meeting
To note that the next meeting will be held on Wednesday 8 May 2025 at 10:30am. | |
| 11 | 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.

Agenda Item 1

Report title: Membership, Apologies, Substitutions and Declarations of Interest	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 4 April 2024	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Emma Hunter, Senior Democratic Services Officer – emma.hunter@essex.gov.uk	
County Divisions affected: Not applicable	

Recommendations:

To note:

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

Membership

(Quorum: 4)

Councillor Jeff Henry	Chairman
Councillor Martin Foley	
Councillor Paul Gadd	
Councillor Ian Grundy	
Councillor Dave Harris	Vice-Chairman
Councillor Daniel Land	
Councillor June Lumley	
Councillor Anthony McQuiggan	
Councillor Richard Moore	
Councillor Stephen Robinson	
Councillor Mike Steptoe	Vice-Chairman

Co-opted Non-Voting Membership

Councillor Stacy Seales	Harlow Council
Councillor Paula Spenceley	Maldon District Council

**Minutes of the meeting of the Health Overview Policy and Scrutiny Committee,
held in Committee Room 1, County Hall, Chelmsford on Thursday 7 March
2024 at 10:30am**

Present

Cllr Jeff Henry (Chairman)

Cllr Richard Moore

Cllr Dave Harris (Vice-Chairman)

Cllr Stephen Robinson

Cllr Paul Gadd

Cllr Paula Spenceley

Cllr Eddie Johnson

Cllr Mike Steptoe (Vice-Chairman)

Cllr June Lumley

Sharon Westfield-de-Cortez

Cllr Anthony McQuiggan

Apologies

Cllr Ian Grundy

Cllr Daniel Land

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 from Cllr Grundy and Cllr Land.

Cllr Henry declared that he was an ECC (Essex County Council) appointed governor at Mid and South Essex NHS Foundation Trust.

2. Minutes of the Previous Meeting

The minutes of the meeting held on Thursday 1 February 2024 were approved and signed as an accurate record.

3. Questions from the public

No questions from the public were received.

4. EPUT (Essex Partnership University Foundation Trust) Adult Mental Health Services

The Chairman welcomed to the meeting:

- Paul Scott, Chief Executive
- Alex Green, Chief Operating Officer.

The committee received the following update and responses to their questions:

- Reduction in vacancies through targeted recruitment campaign
- Safety first, safety always strategy ending. Results published later in the year

- Being replaced with Quality-of-Care Framework, being launched in April 2024
- Continuing to prepare for the Lampard Inquiry, making sure staff are supported to come forward
- CQC (Care Quality Commission) identified 73 must do actions and 275 sub-actions following inspection and report
- Introduced a new approach to responding to CQC inspections, with actions agreed locally and owned by staff
- 6% of must do actions completed so far (as of 5/3/2024)
- 69% of should do actions have been completed so far
- EPUT will not sign off until the CQC action has been imbedded into practice
- Most important actions have been addressed first and are on track with the action plan
- Number of upcoming inquests as a cluster because of Covid-19
- Making good progress on out of area placements. Currently 24 people placed out of area
- Rise in demand from older adults, and longer length of stays for those older adults. Working with local authority partners to address this
- Continue to innovate services. Always reviewing patient feedback
- Embedded 24/7 mental health care department at Basildon Hospital
- Joint mental health response vehicles across Mid and South ICB (Integrated Care Boards) and the Hertfordshire and West Essex ICB
- Rough sleeper programmes in each area
- Staff have reported they feel more supported and safer in delivering care
- Enabling visitor access 24/7, appreciating that not everyone works between 9 and 5
- Positive feedback received from patients, including from those at the Linden Centre
- Focussing on regularity of staff on inpatients wards
- Welcomed 1700 new members of staff last year, including 220 from overseas
- Turnover rate is back to pre-pandemic levels and overall vacancy rate is currently at 8%
- New working in partnership with People and Communities strategy, which was agreed by the Board in November 2023
- EPUT provides diverse range of services across the Essex footprint, and beyond
- Therapeutic education department at the St Aubyn Centre Child and Adolescent Mental Health Unit in Colchester was recently rated Outstanding following an Ofsted inspection
- Celebrated National Apprenticeship Week in early February
- An EPUT healthcare assistant has been shortlisted in the national Health Hero Awards for work to tackle elder abuse
- Harlow College have a ward simulation area that students can use
- EPUT employment service has some of the best performance rates in the country
- Essex Mental Health Family Group Conferencing Service supports adults aged 18 to 65 who use secondary mental health services to build trusted support networks
- CQC are unlikely to visit again until all the actions on the action plan have been completed

- Recruitment strategy includes attracting students from local universities, a targeted recruitment campaign of people living locally and overseas recruitment (one-off approach)
- Apprentices are offered a substantive role upon completion of their qualification
- Have a good staff experience offer. Conscious during times of sustained pressure and scrutiny. Staff morale is improving, in part to improved vacancy rates
- Leadership visibility has increased and improved on inpatient wards
- Staff retention has improved
- Healthy partnership with Essex Police, working closely on right care, right place
- Obtain direct, in the moment feedback from patient's families.

Following discussion, the committee **resolved** the following actions:

- CQC action plan completion date to confirmed in writing
- Provide more detail on apprenticeship schemes, broken down into age range, job role and qualifications obtained.

5. Southend Neonatal Unit designation – Mid and South Essex NHS Foundation Trust

The Chairman welcomed to the meeting:

- Nicki Abbott, Interim Managing Director, Care Group 5 (women and children's services).

The committee received the following update and responses to their questions:

- Demand for neonatal capacity falls short of the resource available currently
- Proposal has been supported by all MSEFT meetings and board
- Difference between the levels is below:
 - Level 3 neonatal – most sick, premature babies born before 27 weeks or needing surgery
 - Level 2 neonatal – care for babies born above 27 weeks or not needing invasive care
 - Level 1 neonatal – care for babies born above 32 weeks not needing special care
- All neonatal units across MSE footprint are currently level 2
- Proposing to redesignate Southend neonatal unit to level 1
- Have determined pros and cons across all services to decide which unit they redesignate
- Informal feedback from families have been collected which was positive
- Believe it will enable the trust to provide safer care, and have engaged with stakeholders who are supportive of this change
- Will be seeking support from Southend City Council's People Scrutiny Committee next week
- Change has been in place for a year so there will not be a further review.

Following discussion, the committee **resolved** the following actions:

- The committee unanimously **resolved** to approve the redesignation of the Southend Neonatal unit as a level 1 SCBU (Special Care Baby Unit), with effect from 1 April 2024.

6. Mid and South Essex NHS Foundation Trust Monthly Update

The Chairman welcomed to the meeting:

- Nicki Abbott, Interim Managing Director, Care Group 5 (women and children's services)

The committee received the following update and responses to their questions:

- Trust plans to have no more than 475 patients waiting over 62 days to start to receive treatment by the end of March 2024. At the end of January there were 747 patients waiting more than 62 days, down from 826 in December, which is 229 above the original 2023/24 plan
- National staff survey results have been received today which are positive in terms of staff retention.

Following discussion, the committee **resolved** the following actions:

- MSEFT vacancy rate data to be provided
- More detail on the issues around recruiting oncology consultants specifically at Southend hospital

7. Joint Health Overview Policy and Scrutiny Committee (JHOSC) - Essex, Southend, and Thurrock – Terms of Reference and Supplementary Guidance

Members endorsed the Terms of Reference. Cllr Henry **proposed**, and Cllr Harris **seconded** the following members to represent ECC on the JHOSC:

- Cllr Anthony McQuiggan
- Cllr Mike Steptoe
- Cllr June Lumley
- Cllr Jeff Henry

Cllr Dave Harris and Cllr Ian Grundy were nominated as substitutes.

8. Chairman's Report – March 2024

Members noted the report.

Cllr Harris informed the committee that the planned visit to the Elective Care Unit at Colchester Hospital is taking place on Wednesday 13 March 2024.

9. Member Updates – March 2024

Members noted the report.

Cllr Steptoe provided an update to the Committee on the S106 Working Group.
The groups final report will now be presented at the HOSC's April 2024 meeting.

10. Work Programme – March 2024

The committee noted the current work programme.

11. Date of Next Meeting

To note that the next meeting will be held on Thursday 4 April 2024 at 10:30am in Committee Room 1, County Hall.

12. Urgent Business

No urgent business has been received.

13. Urgent Exempt Business

No urgent exempt business has been received.

The meeting closed at 12:15pm.

Chairman

Health Overview Policy and Scrutiny Committee – Matters Arising as of 25 March 2024

Date	Agenda Item	Action	Status
March 2024	EPUT Adult Mental Health Services	Confirmation of CQC Action Plan completion date to be confirmed	Officers will follow up with EPUT
March 2024	EPUT Adult Mental Health Services	Provide more detail on apprenticeship schemes, broken down into age range, job role and qualifications obtained	Officers will follow up with EPUT
March 2024	Mid and South Essex NHS Foundation Trust	Vacancy rate data specifically or MSEFT to be provided	Officers will follow up with MSEFT
March 2024	Mid and South Essex NHS Foundation Trust	More detail on the issues around recruiting oncology consultants specifically at Southend hospital	Officers will follow up with MSEFT

Report title: East of England Ambulance Service NHS Trust – overview and performance update	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: East of England Ambulance Service NHS Trust	
Date: 4 April 2024	For: Discussion
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Emma Hunter, Senior Democratic Services Officer (emma.hunter@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 The Health Overview Policy and Scrutiny Committee (HOSC) receives regular updates from the East of England Ambulance Service NHS Trust.
- 1.2 These updates usually take the form of a general performance overview, as well as including progress updates against the CQC's recommendations.

2. Action required

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

3. List of Appendices

App A: EEAST Overview and Performance

Appendix A



EEAST OVERVIEW AND PERFORMANCE

Date of Report: 21 March 2024

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Purpose of Report

The purpose of this report is to provide the Committee with information regarding the performance of the East of England Ambulance Service NHS Trust (EEAST) in Essex.

Summary

- Response times in Essex for our most serious incidents, Category 1, improved in 2023 with an average response time of 8 minutes 40 seconds.
- Response times for C2 category patients including chest pains and strokes have also improved with an average response time of 42 minutes and 49 seconds.
- NHS England has removed EEAST from the National Recovery Support Programme in recognition of the significant improvements we have made. The programme was formerly known as Special Measures.

Response Times

Essex is served by three sectors with devolved leadership that mirror the ICS footprints – mid and south Essex, Suffolk and north east Essex, and Hertfordshire and west Essex. There has been a year-on-year improvement in response times in each ICS area. Mid and south Essex has shown the biggest improvement.

Data range: 1st April to 31st January	2022	2023	Year on Year Improvement		2022	2023	Year on Year Improvement	
Suffolk and North East Essex	C1 Mean	C1 Mean	Absolute	%	C2 Mean	C2 Mean	Absolute	%
East Suffolk	00:11:08	00:10:02	00:01:06	10%	01:08:04	00:48:46	00:19:18	28%
West Suffolk	00:12:49	00:11:16	00:01:33	12%	01:06:09	00:45:06	00:21:03	32%
North Essex	00:09:56	00:08:23	00:01:33	16%	01:13:58	00:44:52	00:29:06	39%
Data range: 1st April to 31st January	2022	2023	Year on Year Improvement		2022	2023	Year on Year Improvement	
Mid and South Essex	C1 Mean	C1 Mean	Absolute	%	C2 Mean	C2 Mean	Absolute	%
Mid Essex	00:11:12	00:09:24	00:01:48	16%	01:18:46	00:40:46	00:38:00	48%
South East Essex	00:09:29	00:07:05	00:02:24	25%	01:33:50	00:37:36	00:56:14	60%
South West Essex	00:10:39	00:08:18	00:02:21	22%	01:30:11	00:39:28	00:50:43	56%
Data range: 1st April to 31st January	2022	2023	Year on Year Improvement		2022	2023	Year on Year Improvement	
Hertfordshire and West Essex	C1 Mean	C1 Mean	Absolute	%	C2 Mean	C2 Mean	Absolute	%
North East Hertfordshire	00:10:23	00:09:14	00:01:09	11%	01:10:45	00:50:37	00:20:08	28%
Mid Hertfordshire	00:09:46	00:08:37	00:01:09	12%	01:00:24	00:47:03	00:13:21	22%
South Hertfordshire	00:09:25	00:08:03	00:01:22	15%	00:55:04	00:42:13	00:12:51	23%
West Essex	00:12:07	00:10:53	00:01:14	10%	01:23:18	00:54:32	00:28:46	35%

We have seen the longest sustained reduction in variance from national response time averages as a Trust for many years, however we recognise that these are still not as good as they need to be in all areas and there is more to do to further improve response times across our region. We are looking at ways in which we can improve our response times and increase our resources, which include:

- Increasing frontline clinician numbers by 300, delivering a 10% increase in ambulance hours.

- Increasing clinical cover within our control rooms, so we are able to triage all appropriate calls to improve patient safety and maximise the use of alternative services which are available within communities.
- Completing our roll out of advanced practice cars in both urgent and critical care in each county, who will be able to provide more specialist clinical care and support in patients' homes.
- Increasing Hear and Treat rates to 13% through Clinical Assessment Service (CAS) expansion. CAS allows more patients to be treated over the phone rather than needing an ambulance response.
- Segmenting category 2 calls by clinical need. This new system allows a conversation between the patient and the clinician in the control room where together they can decide whether an ambulance is the best response or if they would be better cared for in the community.
- Collaborating with Fire and Rescue services across the region. In Essex we are working with Essex Fire and Rescue Service on a falls pilot. The new partnership aims to free up ambulance crews to attend the most seriously ill people and this new programme aims to send a Community Wellbeing Officer within an hour of the call if someone has fallen.
- Increasing the use of Community First Responders (CFR) to assist with patients that have fallen. They can be dispatched to falls where the patient is uninjured or where a clinician has deemed the incident appropriate for a CFR, they can also be used as a resource for trust staff to use as a backup option to support them on scene with a lift.

System Working

In terms of our work with the wider system, we continue to make substantial progress to increase the use of alternative pathways through the utilisation of 'Access to the Stack.' Access to the stack allows community urgent care providers to access calls from the 999 stack that would be better suited to receive care in the community, freeing up ambulances for people with an emergency need.

The number of calls referred to alternative urgent care services in December were:

- **Mid and south Essex**
686 calls with a 74% acceptance rate.
- **Suffolk and north east Essex**
721 calls with a 79% acceptance rate.
- **Hertfordshire and west Essex**
1038 calls with a 67% acceptance rate

Within each ICS area, an unscheduled care co-ordination hub has been established to support those calls categorised as C3 - C5. This will reduce unnecessary ambulance trips to hospital emergency departments. The hubs will ensure that alternative care is available for patients in line with their needs. Currently these hubs have structured but individual operating hours, and the ambition is for each hub to move to a 24/7 operation.

The unscheduled care co-ordination hubs receive calls from 111, other healthcare professionals and low acuity cases that we receive via digital enablers and automated technology. The hubs are staffed by local clinicians and social care colleagues, working as part of a multi-disciplinary team, to manage the referrals from EEAST and to coordinate local care for local patients. It will direct patients to the most appropriate primary care,

community, or mental health services to support their individual clinical needs.

The unscheduled care coordination hub in mid and south Essex (UCCH) with call before you convey, is operating Mon – Fri, 08:00-20:00 and Weekends: 08:00 – 18:00.

The unscheduled care coordination hubs covering west Essex and north Essex with call before you convey, are operating 12 hours a day, seven days a week.

Call before you convey provides ambulance crews with a single phone number within their ICS to call and either gain clinical advice from the system or to access prompt referrals into alternative care pathways such as frailty assessment, virtual wards, and same day emergency care services.

Call pick up

Since January 2023 we have seen increasing call volumes. Despite the increase in calls we consistently have one of the lowest call answer times in the country. The Trust is continuing its plan to reach 330 call handlers to ensure we sustain call pick up times.

The average call pick up time for 2023 was 6 seconds.

Hospital Handovers

We continue to collaborate with partners across the system to try to minimise the turnaround times at hospitals. This includes Hospital Admissions Liaison Officers (HALOs) at acute trusts to facilitate smoother and faster handovers. These have been successful and are now a permanent position within the Trust.

However, Hospital Handovers remain a significant issue which affects EEAST's performance. Handover times are split into 2 main categories, arrival to handover and handover to clear. Primarily, arrival to handover is hospital controlled and handover to clear is ambulance controlled.

The national mandate for arrival to handover is 15 minutes, however, this is a target that is rarely being achieved. These delays are reducing the number of ambulances in operation and are significantly affecting our ability to respond to waiting 999 patients.

1 April 2022 – 31 January 2023 handover times at Essex hospitals:

Basildon

33% of ambulances were able to handover their patients within 15 minutes.

The average arrival to handover time was 27 minutes.

Broomfield

40% of ambulances were able to handover their patients within 15 minutes.

The average arrival to handover time was 25 minutes.

Colchester

17% of ambulances were able to handover their patients within 15 minutes.

The average arrival to handover time was 29 minutes.

Princess Alexandra

17% of ambulances were able to handover their patients within 15 minutes.

The average arrival to handover time was 57 minutes.

Southend

28% of ambulances were able to handover their patients within 15 minutes.

The average arrival to handover time was 31 minutes.

To support the national Urgent and Emergency Care recovery plan of C2 performance to 30 minutes in 2023/24, the maximum weekly ambulance hours lost to handover delays has been independently modelled by NHSE and agreed at 1,500 Trust wide (this is approximately 125 ambulances). These levels have never been reached. We are committed to understanding the impact we play in handover delays and are identifying patients with a non-critical emergency and patients that are transported to A&E departments due to a failed referral so that we can work with system partners to find alternative services to reduce demand on our hospitals.

The MSE Operational team have developed an initiative that has been implemented Trust Wide to support the improvement of handover to clear times with the aims of:

- Improving the handover to clear (H2C) times which will increase patient facing staff hours (PFSH) providing more time for focussed patient care.
- Improving response times in line with national standards
- Reducing mental load on staff allowing them to focus on other tasks following a clinical handover of care of a patient.
- Reducing time spent at hospital can improve emergency department (ED) flow by reducing queues and demonstrates that EEAST are committed to reducing delays within the wider system.

Staff will receive reminder messages on their radio handsets and Mobile Data Terminal (MDT) screens to alert them if they are about to breach the times in line with national standards.

EEAST Clinical Strategy

Our clinical strategy marks a significant step forward in our mission to improve the way we care for our communities.

At the core of this new strategy is people and collaboration, be that providing more patient centric care through supporting the development of our people, or by collaborating with partner organisations to make better use of other services.

The strategy sets out the different approaches that will be taken, based on the differing categories of call that we receive. From ensuring we can provide a consistently rapid response to the most serious calls, to enabling patients to be cared for in their home where possible and avoiding unnecessary hospital stays, the strategy provides the flexibility needed to personalise treatment and triage care more effectively.

To ensure that we can provide a better and more clinically accurate response for patients we have changed the way we manage category 2 emergency calls. This category is now broken down – or segmented by clinical need.

These segments are:

- Clinical Navigation: The call will be assessed by a Clinician to ensure that an ambulance response is appropriate. If an ambulance response is not needed, patients will be directed to alternative care pathways.
- Immediate Dispatch: An ambulance will be dispatched as soon as a resource is available.

This new system allows a conversation between the patient and the clinician in the control room where together they can decide whether an ambulance is the best response or if they'd be better cared for in the community.

This allows ambulances to be dispatched as soon as possible for patients in the greatest need. Crucially, the process does not mean anyone loses their position in the queue for a response, but it does allow more individualised care for people.

CQC Update

NHS England has removed EEAST from the National Recovery Support Programme in recognition of the significant improvements we have made. The programme was formerly known as Special Measures.

Our latest CQC report, published in July 2022, showed significant improvements on long-standing cultural issues. The report recognised our efforts to improve leadership, culture, and safety for staff.

Since February 2023, the CQC has also lifted four conditions on our license. There are three remaining. Work is underway to provide the evidence for the remaining conditions to be lifted.

Community First Responders

Across the three ICS footprints that cover Essex there are 103 Community First Responder Groups with 540 volunteers who gave over 10,500 covers to EEAST in February this year. We always need more active volunteers to help us save lives as they can often reach patients in the vital minutes before an ambulance crew arrives.

If members of this committee know of anyone interested in becoming a Community First Responder please point them towards our website, where anyone can sign-up to volunteer and undertake the necessary training. The website address:

<https://www.eastamb.nhs.uk/join-the-team>

Conclusion

We consistently have one of the lowest call answer times in the country and have seen the longest sustained reduction in variance from national response time averages as a Trust for many years. However we recognise that these are still not as good as they need to be and there remains more to do to further improve response times across our region. We are looking at ways in which we can improve our response times and increase our resources, which include:

- Increasing frontline clinician numbers by 300, delivering a 10% increase in ambulance hours.
- Increasing clinical cover within our control rooms, so we be able to triage all appropriate calls to improve patient safety and maximise the use of alternative services which are available within communities.
- Completing our roll out of advanced practice cars in both urgent and critical care in each county, who will be able to provide more specialist clinical care and support in patients' homes.
- Collaborating with Fire and Rescue services across the region.

We would like to extend an offer to committee members to join our crews on a ride out or to spend time in our emergency operations centre to experience firsthand the excellent work our people do. If you would be interested in taking up this offer, please email publicaffairs@eastamb.nhs.uk

Report title: Mid and South Essex NHS Foundation Trust update	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Selina Dundas, Mid and South Essex NHS Foundation Trust	
Date: 4 April 2024	For: Discussion
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Emma Hunter, Senior Democratic Services Officer (emma.hunter@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

Mid and South Essex NHS Foundation Trust has three strategic goals, focused on quality of care, equity for our population and opportunities for our people. We consider our annual objectives against this strategy in the context of the needs of the mid and south Essex population, and the integrated care strategy of our system partners.

In this report to the Committee, the Trust presents updates on its recruitment and retention, including:

- 1) Recruitment and retention improvement journey in numbers: turnover and vacancies
- 2) Actions the Trust has taken to improve retention mapped against the NHS People Promise
- 3) The Trust's priorities over the next 12 months: Valuing Our People programme

There is also an update in response to a query at the previous meeting about oncology staffing at Southend Hospital

2. Action required

To note the contents of the report.

3. Recruitment and retention

3.1 Recruitment and retention improvement journey in numbers

- Vacancies have been reducing from a significant high in July 2022 of 15.6% to 8.9% in February 2024.
- In February 2024, nursing and midwifery vacancies were at 8.5% and medical vacancies were at 7.6%.

3.1.2 Activity and initiatives

- The Trust has been running international nursing recruitment programmes, with 360 placed in 2023, while continuing to recruit newly qualified nurses and midwives from mid and south Essex.
- The Trust continues to promote staff within the organisation in roles including healthcare assistants (HCAs) and training nurse associates via its nursing apprenticeship route.
- For the employees on the Registered Nurse Degree Apprenticeship (top up), 29 qualified as registered nurses in October 2023. There are 29 due to qualify in September/October 2024 and 27 due to qualify in October 2025. There are ten staff who are due to qualify as a registered nurse in August 2025 from the Registered Nurse Degree Apprenticeship (a four-year course).
- 99 healthcare assistants are currently on their trainee nursing associate apprenticeship to become a nursing associate once they complete the two-year course.

- There is now a dedicated recruitment and retention project for HCAs, with bulk recruitment events run every month. This has been supported by the Prince's Trust and the Trust's Anchor Programme to encourage members of the community to embark on a career within its hospitals. The new Jackson training suite opened in the Autumn to offer state-of-the-art dedicated training and induction. Over 90% of recruits are new to healthcare.
- The Trust runs regular events to fill estates and facilities vacancies which have had the highest vacancy rates for the past few years, again supported by the Prince's Trust and the Anchor Programme. A streamlined recruitment process has been brought in to speed up onboarding.
- A dedicated task force has been in place to recruit into medical vacancies with dedicated marketing and attraction tools to focus on hard-to-recruit areas. The recruitment team has been working with services to ensure that it creates attractive and appealing job design, and marketing the unique selling points of coming to live and work in Basildon, Broomfield and Southend.
- The Trust holds regular events to offer and encourage bank staff to join the organisation as a permanent member of staff.

3.2 Retention and turnover

- Turnover is showing a consistent downward trend from its high of 15.6% in July 2022 to 11.1% in February 2024.
- Between July 2022 and February 2024, turnover for midwifery fell from 19.1% to 7.9%, medical and dental fell from 17.5% to 13.1%, and nursing turnover fell to 8.8%.
- Medical and dental turnover remains above target and so is a priority for the Trust.

3.2.1 Retention initiatives and actions to enhance staff engagement

- The NHS Staff Survey carried out in October 2023 has shown some significant increases in engagement scores since the previous survey in October 2022. The Trust has moved from 41st most improved Trust in 2022 to 7th in 2023.
- Key areas of improvement included:
 - Enough staff at the organisation to do my job properly (up to 27% from 19%)
 - Achieve a good balance between work and home life (up to 53% from 46%)
 - Organisation is committed to helping balance work and home life (up to 42% from 36%)
 - Satisfied with level of pay (up to 24% from 18%)
 - Organisation takes positive action on health and well-being (up to 48% from 43%)
- Key areas of focus remain similar to the lower performing scores from last year:
 - If friend/relative needed treatment would be happy with standard of care provided by organisation
 - Would recommend organisation as place to work
 - Care of patients/service users is organisation's top priority
 - Feel organisation would address any concerns I raised
 - Teams within the organisation work well together to achieve objectives
- Medical staff are the most disengaged staff group, and so a dedicated programme is being designed to address this, and a specific medical engagement survey was commissioned.
- The Valuing Our People programme has been running for the past year and will continue into its second year. This was developed in direct response to the main issues raised by staff via listening events after the Staff Survey.
- A new Leadership and Management behaviours framework was launched in February 2024.
- The Trust continues with its strategy and plan to deliver the NHS People Promise.

3.3 Actions taken to improve retention mapped against the NHS People Promise

We are compassionate and inclusive:

- Five-year equality, diversity and inclusion (EDI) strategy in place

- Established Diversity Partners supporting recruitment panels for bands 7 and above
- Reciprocal mentoring programme completed with review of scope for its second year
- Theme of belonging captured in the Trust induction programme as well as patient stories
- Reviewed the Compassionate Leadership Programme against activities completed as part of the merger, integrating elements into the Team Health programme such as goals and performance, and compassionate leadership as part of leadership development, appraisal and the Just and Restorative Culture which was launched in October 2023
- The team is launching its Civility and Zero Tolerance to Bullying, Harassment and Discrimination programme, focusing on behaviours, civility and kindness

We are recognised and rewarded:

- Increased recognition through Monthly Values Awards to recognise teams and more individuals
- Harmonised long-service recognition and long service events held hosted by the Executive and Senior Leadership Team
- Pensions awareness sessions – partnered with Affinity Connect as the Trust's pension training provider. The team promotes the NHS offer on pensions alongside the Affinity information to give staff choice in provision and options for training and awareness
- Thank-you card packs for line managers launched in January 2024.

We work flexibly:

- Flexible working group established, with a dedicated intranet page, executive sponsor in place. Work has also started to review job designs in therapies and radiology to promote flexible working tools
- Safer rostering programme now underway led by senior nursing staff

We are always learning:

- Increased opportunities for development
- Launched a new online career centre providing access to thousands of courses and development resources
- Began the Always Learning Scholarship, allowing colleagues to apply for up to £3,000 for training and education
- Expanded the Trust's leadership and management training and apprenticeship offer and made it simpler to move between jobs within the Trust.

We each have a voice that counts:

- Monthly PULSE survey established, with over 1,500 responses since June 2023. The data forms part of the Trust's Team Health Key Lines of Enquiry for Trust Accountability Meetings. PULSE includes qualitative feedback on what is working well and what would make staff's experience even better
- Quarterly on-site listening stations
- Stay and Exit interviews
- Breakfast with the executives, meeting-free Fridays, drop-in sessions with the CEO, and senior managers' briefings
- Enhanced promotion of freedom to speak up.

We are a team:

- Team Health Faculty established – multi-disciplinary team approach to supporting teams and leadership capacity and capability to manage team health
- Team Health Hub established as part of Brilliant Teams improvement sprint
- Integration of Team Health Model into induction
- Medical engagement scale survey.

We are safe and healthy:

- Expanded the psychological support and resources for staff and enhanced promotion of the employee assistance programme and psychological support services
- Increased the wellbeing offer to include community pantries at each of the main hospital sites – staff have picked up more than 2,000 free food and toiletry products
- Introduced free tea and coffee for all teams, provided free emergency period products
- Issued more than 300 emergency financial support vouchers
- Launched My Lifestyle, a new staff benefits platform offering discounts at a wide range of stores including supermarkets
- Introduced a Trust-wide monthly Wellbeing Wednesday to encourage an ongoing focus on health and wellbeing across the organisation. On the third Wednesday of every month staff hear from a range of specialists on topics such as sleep, mental health, and menopause. They are able to participate in activities such as yoga, pet therapy and access our Wellbeing Wednesday podcast on a range of health topics.
- Refreshed the Trust's menopause programme and signed up for Henpicked accreditation.

3.4 The Trust's priorities over the next 12 months

- The Trust has made seven commitments to its staff:
 1. Embedding zero tolerance to bullying, harassment and discrimination
 2. Reducing pay errors and inequity
 3. Improving the working environment
 4. Prioritising wellbeing and development
 5. Improving communication and engagement
 6. Increasing recognition and organisational pride
 7. Improving leadership visibility

3.5 Oncology recruitment at Mid and South Essex NHS Foundation Trust

- The Trust currently employs 20 consultant roles in oncology across mid and south Essex, with 18 in post and two vacancies.
- Despite the national shortage of Consultant Oncologists, in the last 12 months the Trust has successfully recruited two Consultant posts to Southend, these have been previous registrars who live locally and returned to the Trust.
- In terms of pipelines for the two existing vacancies (Of which one is in colorectal cancer with a clinic at Southend and Broomfield, and one in lung cancer at Broomfield), a recruitment campaign is in place with the use of agency (BDI and Remedium to support with headhunting) however there have been multiple rounds of advertising, without success. One post (lung) is now being redesigned as a 70/ 30 university split post.
- In the meantime the gaps have been covered by bank locums and existing consultants working additional sessions, including weekend working.
- For 2024/25 the Trust has funded the equivalent of two additional consultant posts to support with capacity and long-term workforce planning (these have been worked as additional sessions by consultants to date as a cost pressure).
- Due to the ongoing shortage of medical workforce, the workforce skill mix is being reviewed for further alternatives to support consultants, including:
 - Three posts for overseas doctors (MTI) have been recruited and are due to start in April. These posts will support with some work to offset consultant workload, including radiotherapy planning
 - Clinical Nurse Specialist and Advance Care Practitioner roles are being reviewed to support with medical capacity, such as follow-up clinics
 - The department is currently reviewing suitably trained staff to release from current establishments to train and would then backfill. Funding to train staff is being reviewed.
 - Opportunity for a joint consultant post with a London trust
 - Previously used British Association of Physicians of Indian Origin, which can be explored further.

- A strategy session is being held with the oncology consultants to review the oncology strategy and in line with this design the workforce plan and skill mix for 2024/25 to ensure supply of staff and longer term resilience.
- In addition the capacity and demand model has been reviewed which indicates that a further four to six consultants are needed to meet new patient demand. This is subject to funding and in line with the shortage occupation and would need further consideration as part of the workforce plan.

A Southend Hospital colorectal consultant is on maternity leave until November 2024, and a registrar locum has been recruited to start in May to offset the gap partially.

Report title: Mid and South Essex NHS Foundation Trust operational update	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Mid and South Essex NHS Foundation Trust	
Date: 4 April 2024	For: Discussion
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Emma Hunter, Senior Democratic Services Officer (emma.hunter@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

Mid and South Essex NHS Foundation Trust has three strategic goals, focused on quality of care, equity for our population and opportunities for our people. We consider our annual objectives against this strategy in the context of the needs of the mid and south Essex population, and the integrated care strategy of our system partners.

In this report to the Committee, the Trust presents updates on planned improvements and operational data, as well as additional information about improvements to its cancer performance and waiting lists.

2. Action required

To note the contents of the report.

3. Operational update from the Trust

3.1 Urgent and emergency care

Across the Trust's three emergency departments (EDs), performance against the four-hour standard in February was 68.1%, as of 25 March it stands at 71%.

- Achieving 76% performance remains a priority, and we are planning to deliver 77% four-hour performance in 2024/25.
- The Trust has undertaken a number of schemes to improve urgent and emergency care delivery. These include:
 - Initiatives at Basildon Hospital to direct trauma and orthopaedics cases to the fracture clinic, provide early access for stable early pregnancy, and make the referral process for surgery smoother
 - Work in progress at Broomfield Hospital to improve processes for non-admitted patients in ED, with an aim to discharge 90% of non-admitted patients in four hours
 - At Southend Hospital, the Trust has increased triage capacity, opened a six-chair Clinical Decision Unit for non-admitted patients, and on 28 March will open the 16-bed medical referral unit on Dowsett ward, the first part of the £8million redevelopment of the ED. This will allow GP referrals to be immediately referred away from ED, avoiding admissions and ensuring that all admitted patients receive a full assessment

- The Trust is also reforming medical staffing in its hospitals to support capacity and flow, involving the recruitment of 101 medical doctors across the Trust for the new medical model which will better match demand with workload and substantially reduce expenditure on agency staff
- Work is underway across the Integrated Care System to reduce ambulance arrivals through Unplanned Care Coordination Hubs.

3.2 Ambulance handovers

- The Trust continues to receive a very high number of patients at its three EDs.
- Performance improved in February. 83.2% of the ambulances were handed over in under 30 minutes, up from 77% in January; and 41.9% handed over in under 15 minutes, up from 38.2% in December. This has continued to improve, and as of 25 March the Trust has achieved the target of 90% handed over within 30 minutes.
- The Trust is performing well compared regionally. In February, the average handover time at the Trust was 24 minutes, compared to 37 minutes in the east of England and 49 minutes in the Midlands. Ambulance demand is up 18% since April 2022, and 30% up at Southend Hospital.
- Work has started to standardise rapid assessment, treatment and ambulance handovers processes, including by close working with system partners.

3.3 Discharges from hospital

- The Trust remains in a good position both regionally and nationally for the numbers of patients waiting to be discharged from its hospitals. 47.8% of patients are in hospital for at least seven days, and of those over seven days 26.2% stay for over 14 days, performing better than the regional performance in both aspects.
- This year the Trust and system have a priority to further reduce length of stay to improve flow and increase discharges to community capacity, including intermediate care beds and virtual wards.
- Throughout 2023/24 the Trust-wide length of stay has improved by 1.2 days.
- The Trust's Integrated Discharge team works closely with community and social care partners to maintain good discharge. Currently there are an average of 150 patients awaiting discharge or medically fit, and the plan is to reduce this further in 2024/25.

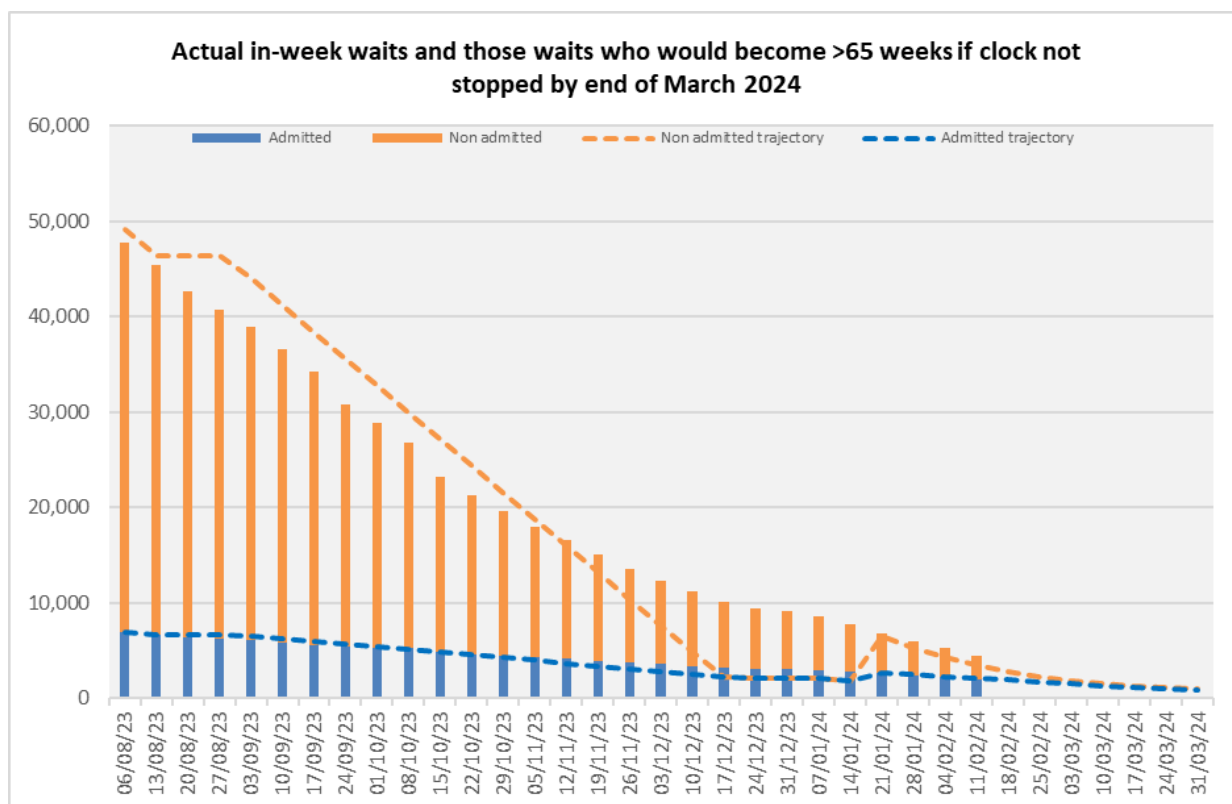
3.4 Cancer performance

- The Trust continues to work on improving cancer performance.
- The Trust has a target that 75% of people are given their cancer diagnosis within 28 days by March 2024 – the faster diagnosis standard (FDS). Performance was 57.9% in January, down from 62.2% in December. Both Christmas holidays and the January strikes affected this. The performance for March is expected to be 71% which is behind the target.
- Colorectal cancer and dermatology FDS have improved, but breast cancer has not met the expected 92% performance which would have allowed the Trust to meet the overall 75% standard. This was a combination of increased referrals in south-west Essex and limited one-stop clinic capacity. A full action plan will be implemented including improved triage pathways, as less than 5% of 1,300 referrals per month have cancer, and an increase in one-stop capacity. The 77% diagnostic standard will be met in 2024.
- The Trust plans to have no more than 475 patients waiting over 62 days to start to receive treatment by the end of March 2024. As of 18 March this number was at 495 patients.
- Specific measures to improve performance include:

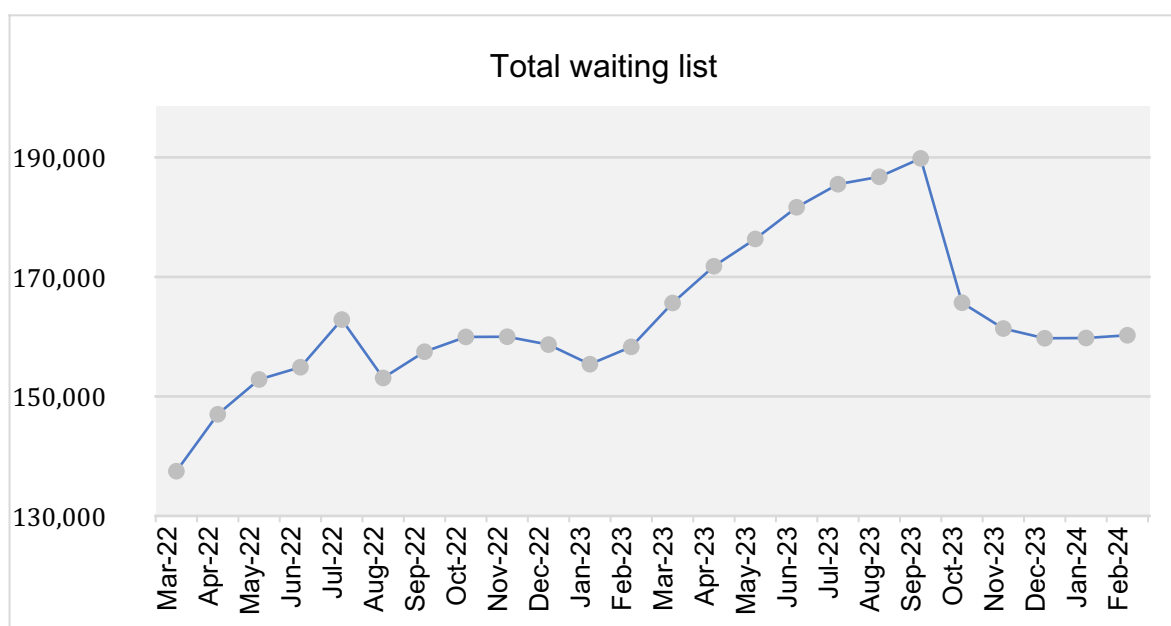
- Urology: a rapid access clinic for outpatient services will be offered in Broomfield Hospital, mirroring the service in Southend. Clinical Nurse Specialists can now carry out triage of patients in Basildon and Southend hospitals, with this due to be cascaded into Broomfield Hospital as well. Additional clinics were created in March.
- Skin: community-based tele-dermatology continues to reduce referrals coming into the Trust, additional clinics are being put on in Broomfield and Basildon hospitals so that more patients can be seen.
- Gynaecology: additional clinics are being put on, a one-stop clinic has been introduced at Broomfield Hospital where women can be seen and have scans in one session. An improved triage process has been introduced at all three hospitals.
- Breast: capacity has been brought to Basildon Hospital from elsewhere in the Trust as it is the most challenged site. This is bringing in 75 additional clinic slots per month. Across all three hospitals, additional capacity from outside the Trust has been brought in, providing 325 additional slots to reduce the backlog of patients.

3.5 Elective care and actions to reduce waiting times

- We have contacted 8,000 patients waiting over 40 weeks, offering the option to receive care at another trust as part of a national programme.
- Future plans include the development of the new surgical day unit at Southend Hospital which will see over 5,000 additional surgeries undertaken when opened. From December until this opens, the Trust will use its existing capacity at weekends to start treating additional patients, with 1,200 operations planned by March 2025.
- The Trust's theatres are now more efficient, with 2,000 more cases done in 2023/24 in the same theatres compared to 2022/23, and capped utilisation of theatres is expected to be 85% from April which has allowed the average number of cases per theatre to increase.
- Braintree Community Hospital is now an accredited elective centre for orthopaedics, and an additional day case theatre procedure room is being constructed. This year the Trust has undertaken 1,856 cases to date, and in 2024/25 will undertake 3,560.
- We have installed new facilities, which over the past year include a new cardiac catheter lab at the Essex Cardiothoracic Centre and a second surgical robot at Southend Hospital allowing urological cancer surgery to increase.
- Through our outpatient transformation programme, we are developing new models of care in a range of specialties. These include referring patients directly for a test, triaging more patients before their appointment, and expanded use of patient-initiated follow up.
- Recognising the need to reduce the backlog of new and follow-up ophthalmology appointments, the Trust will open two Ophthalmology Diagnostic hubs. The first hub opened in mid-March at Orsett Hospital, and the second is planned for mid Essex later in the year. This will see an additional 20,000 outpatients per year.
- The Trust is planning to deliver 108% activity of the 2019/20 baseline year in 2024/25. This will allow – subject to strikes – the Trust to deliver the 65-week target by September 2024. This is not including the additional surgical expansion due to the Southend 23-hour day stay facility.



- The Trust is forecast to have around 100 patients waiting over 78 weeks by the end of March. The patients that are likely to breach are 18 breast reconstruction and plastic surgery procedures, oral surgery, and a small number of other specialities due to complexity of treatment, delays for diagnostics with other providers and patient decisions to defer treatment.
- The Trust expects the total waiting list to sustain or fall due to additional treatments planned and the increased validation of the waiting list. This data validation led to the list's large fall in September.



3.6 Discharges from hospital

- The Trust remains in a good position both regionally and nationally for the numbers of patients waiting to be discharged from its hospitals. 47.8% of patients are in hospital for at least seven

days, and of those over seven days 26.2% stay for over 14 days, performing better than the regional performance in both aspects.

- This year the Trust and system have a priority to further reduce length of stay to improve flow and increase discharges to community capacity, including intermediate care beds and virtual wards.
- Throughout 2023/24 the Trust-wide length of stay has improved by 1.2 days.
- The Trust's Integrated Discharge team works closely with community and social care partners to maintain good discharge. Currently there are an average of 150 patients awaiting discharge or medically fit, and the plan is to reduce this further in 2024/25.

3.7 Diagnostics

- Providing faster diagnostics is crucial for reducing wait times for cancer or routine care. The Trust is working to ensure patients receive tests within six weeks and achieved this for 66.9% of patients in February.
- There has been considerable improvement in audiology, neurophysiology, cystoscopy and urodynamics in February, while services including respiratory physiology and colonoscopy faced challenges due to increased demand and vacancies.
- The demand for MRI scans continues to be higher than expected, increasing the backlog. Additional CT, MRI and ultrasound capacity has been sourced, with support for gynaecology, prostate and colorectal patients.
- Interventional radiology waiting times have been higher due to demand, vacancies and industrial action, although recruitment has been successful.
- Temporary additional endoscopy facilities are now available at Orsett Hospital.

4 Financial Plan 2024/25

We have been working to reduce our financial deficit against a challenging backdrop for some time. As a system we spend £2.1billion each year and run one of the largest acute hospital trusts in the country.

Despite making savings of £28million across the organisation this year, we are still forecasting an overall deficit of £29.7million (after using £89million of non-recurrent funding during 23/24). In the absence of non-recurrent funding we anticipate the deficit rising to around £102million at the end of 2024/25, after the delivery of further stretching saving opportunities.

Each organisation within the wider mid and south Essex system is continuing to develop detailed plans to improve value, building on existing programmes of work. But we recognise we need to go further and faster than we have before to significantly improve our financial position over the next 12 months.

The Trust is looking at more radical changes to deliver an affordable plan that improves performance and ensures we are spending taxpayers' money responsibly and effectively. As well as on-going work to reduce length of stay and temporary staffing costs – which we know are key drivers of the deficit – we are also working up a raft of other schemes.

We know that working more efficiently also leads to better patient care, and any action we take will need to be sustainable and drive improvement clinically – not just financially.

Our plans for financial recovery are wide-ranging, and we will be working as a healthcare system to deliver them.

5 News and developments

- The Trust is undertaking a ten-year (2025-35) strategy development programme with an aim for its new strategy to be published in early 2025. It is starting engagement with partners to help feed their and views from local communities into this work over the rest of 2024. Please contribute when the team reaches out over the next two-three months.
- A student midwife at Southend Hospital has been nominated for a national award for the compassionate care she provided to women and birthing people during her work placement. Jacqueline Gray, who is in the third year of her midwifery training at Southend Hospital and Anglia Ruskin University, has been shortlisted for this year's Student Nursing Times Awards. The awards recognise rising stars in the midwifery and nursing profession and Jacqueline is one of just ten student midwives in the country to be shortlisted – a remarkable achievement.
- The NHS Clinical Entrepreneur Programme (CEP), delivered by Anglia Ruskin in partnership with the Trust, has won Best Educational Programme for the NHS at the HSJ Partnership Awards 2024. This prestigious prize, which recognises initiatives that improve the knowledge and skills of NHS staff, was presented at a ceremony in London on 21 March. Judges awarded the top "Gold" prize to the NHS Clinical entrepreneur Programme, recognising how this forward-thinking education initiative transforms healthcare through innovation, by accelerating the introduction of ground-breaking treatments and diagnostics.

Report title: Chairman's Report	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 4 April 2024	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Emma Hunter, Senior Democratic Services Officer – emma.hunter@essex.gov.uk	
County Divisions affected: Not applicable	

1. Introduction

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

2. Action required

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

3. Background

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

4. Update and Next Steps

- 4.1 Please find update below covering the period since the last HOSC meeting on 7 March 2024.

Transfer North-East Essex Community Services

We have been notified of a small subcontract change taking place in the North-East Essex Community Services division at East Suffolk and North Essex NHS Foundation Trust. HOSC is being informed as the transfer will be to a non-NHS provider.

From 2 April 2024, the North-East Essex Community Services community nursing night service will be provided by St. Helena Hospice instead of ESNEFT. This community service includes support for blocked catheters and end of life care.

Both ESNEFT and St Helena Hospice have been delivering for some time and this transition will help to reduce duplication of care. The three nursing roles will transition from ESNEFT to the St Helena Hospice team. This will mean that there is one contact point and one team for patients which will improve access to night services.

Management teams are working together to ensure that the transfer happens smoothly, and patients will not see any change to how they are treated.

The transfer is taking place under Transfer of Undertakings (Protection of Employment) known as TUPE regulations. TUPE ensures that no staff will be made redundant because of this transfer, and their terms and conditions of employment will remain.

Public consultation on community-based health services

We have received notification from the Mid and South Essex ICS that they are planning to extend the public consultation on community-based health services. The consultation will now conclude on 4 April 2024 instead of 21 March 2024.

Members will note that we have set up a joint HOSC with Southend in relation to this and we are currently clarifying whether the proposed meeting dates are affected by this change.

5. List of Appendices - none

Report title: Member Updates	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 4 April 2024	For: Discussion
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Emma Hunter, Senior Democratic Services Officer – emma.hunter@essex.gov.uk	
County Divisions affected: Not applicable	

1. Introduction

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

2. Action required

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

3. Background

- 3.1 The Chairman and Vice Chairman have requested a standard agenda item to receive updates from members (usually oral but written reports can be provided ahead of time for inclusion in the published agenda if preferred).
- 3.2 All members are encouraged to attend meetings of their local health commissioners and providers and report back any information and issues of interest and/or relevant to the Committee. In particular, HOSC members who serve as County Council representatives observing the following bodies may wish to provide an update.

4. Update and Next Steps

Oral updates to be given.

5. List of Appendices – none

Report title: Work Programme	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 4 April 2024	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Emma Hunter, Senior Democratic Services Officer – emma.hunter@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.

4. Update and Next Steps

See Appendix.

5. List of Appendices - Work Programme overleaf

Health Overview Policy and Scrutiny Committee Work Programme – April 2024

Date	Topic Title	Lead Contact/Cabinet Member	Purpose and Target Outcomes	Cross Committee Work Identified (where applicable)
April 2024				
April 2024	East of England Ambulance Service Trust	Tom Abell, Chief Executive	To receive an update from EEAST on its general operations	
April 2024	Mid and South Essex NHS Foundation Trust	Matthew Hopkins, Chief Executive	To receive the Trust's monthly update	
May 2024				
May 2024	Healthy Weight Strategy	Adrian Coggins, Head of Wellbeing and Public Health	To consider the Healthy Weight Strategy	
May 2024	Maternity Services Update	Mid and South Essex NHS Foundation Trust, East Suffolk and North-East Essex NHS Foundation Trust, Princess Alexandra Hospital NHS Trust	A general update and overview of maternity services covering the Essex footprint	
May 2024	Princess Alexandra Hospital Redevelopment	<ul style="list-style-type: none"> ▪ Lance McCarthy, Chief Executive, PAH 	To receive written update on the new hospital development, including: <ul style="list-style-type: none"> ▪ Sharing detailed plans of new hospital site ▪ Confirmation of date for planning application submission 	
May 2024				

	Mid and South Essex NHS Foundation Trust Monthly Update	Matthew Hopkins, Chief Executive	To receive a monthly update.	
May 2024	Health Service Section 106 Working Group	Cllr Mike Steptoe, Lead Member of the Working Group	To receive the groups final report	
June 2024				
June 2024	POD: Pharmacy Optometry Dentistry (NHS England)	TBC	Number of private/NHS dentists Availability issues/solutions Delivering services in different ways How are allocations of services determined	
June 2024	Mid and South Essex NHS Foundation Trust Monthly Update	Matthew Hopkins, Chief Executive	To receive a monthly update.	

Items to be programmed				
Date	Topic Title	Lead Contact/Cabinet Member	Purpose and Target Outcomes	Cross Committee Work Identified (where applicable)
TBC	Hospital Discharges and Adult Social Care	TBC	To receive an update on considered current trends and update on previous matters arising.	People and Families Policy and Scrutiny Committee
TBC	Autism Services		To provide a further update on Autism Services, both from an ECC and NHS perspective	
TBC				

	Linden Centre Inquiry – Essex Partnership University Foundation Trust	<ul style="list-style-type: none"> Paul Scott, Chief Executive, EPUT Cllr John Spence, Cabinet Member for Adult Social Care and Health Nick Presmeg, Executive Director for Adult Social Care 	To review appropriate scrutiny once the inquiry has concluded.	
TBC	NHS 111	TBC	To receive an update to include the impact of residents that are being referred to this service by GP practices	
TBC	Digitalisation of access to health	TBC	<p>What are possibilities</p> <p>How will it move health service forward</p> <p>Capturing patients who aren't digital yet</p> <p>Pros and cons</p> <p>Patient feedback – Healthwatch</p>	
TBC	Hospital Waiting Times	<ul style="list-style-type: none"> Jane Halpin, Chief Executive, Hertfordshire and West Essex ICB Ed Garratt, Chief Executive, Suffolk and North-East Essex ICB 	<p>Ambulance Waiting Times</p> <p>A&E</p> <p>Elective surgeries (pre and post Covid)</p> <p>Referral delays</p> <p>Cancer services</p>	
TBC	Mid and South Essex NHS Foundation Trust	<ul style="list-style-type: none"> Matthew Hopkins, Chief 	To consider the KPI's used by the Trust and if these	

		Executive	were fit for purpose	
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