



Essex County Council

Health Overview Policy and Scrutiny Committee

10:30	Wednesday, 27 July 2022	Council Chamber County Hall, Chelmsford, CM1 1QH
--------------	------------------------------------	---

For information about the meeting please ask for:

Richard Buttress, Democratic Services Manager

Telephone: 07809 314835

Email: democratic.services@essex.gov.uk

Essex County Council and Committees Information

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

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

ECC Guest Wifi

For members of the public, you can now access free wifi in County Hall.

- Please log in to 'ECC Guest'
- Follow the instructions on your web browser

Attendance at meetings

Most meetings are held at County Hall, Chelmsford, CM1 1LX. [A map and directions to County Hall can be found on our website.](#)

Access to the meeting and reasonable adjustments

County Hall is accessible via ramped access to the building for people with physical disabilities. The Council Chamber is accessible by lift located on the first and second floors of County Hall.

Induction loop facilities are available in most Meeting Rooms. If the meeting is taking place in Committee Room 1 you will need to download the **Sennheiser MobileConnect App** from your mobile phones app store in order to access a sound

enhancement service for the hard of hearing. You will need to bring headphones or earbuds to the meeting with you. Please speak with a member of the Democratic Services team before the start of the meeting for assistance in using this service

Online:

You will need to visit the ECC Democracy YouTube Channel <https://tinyurl.com/yynr2tpd> where you will be able watch live or view the meeting at a later date. If you want to ask a question at the meeting, please email democratic.services@essex.gov.uk by noon on the day before the meeting. Please note that your question must relate to an item on the agenda for the meeting.

Accessing Documents

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

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

		Pages
**	Private pre-meeting For committee members only, starting at 9:30am in the Council Chamber.	
1	Membership, Apologies, Substitutions and Declarations of Interest To be reported by the Democratic Services Manager.	5 - 5
2	Minutes of previous meeting To approve the minutes of the meeting held on Thursday 7 July 2022.	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 | Update from Integrated Care Systems
Committee to receive a briefing from all three ICS's within Essex. | 12 - 24 |
| 5 | Mental Health Services for Young People
Committee are asked to nominate members to sit on the Task and Finish Group looking at Mental Health Services for Young People following a motion received at Full Council. | 25 - 31 |
| 6 | Chairman's Report - July 2022
To note the latest update on discussions at HOSC Chairman's Forum meeting (Chairman, Vice-Chairman, Healthwatch Essex). | 32 - 32 |
| 7 | Member Updates - July 2022
To note any updates of the committee. | 33 - 33 |
| 8 | Work Programme - July 2022
To note the committee's current work programme. | 34 - 37 |
| 9 | Date of next meeting
To note that the date of the next meeting is scheduled to take place on Thursday 1 September 2022. | |
| 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.

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: 27 July 2022	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@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 Dave Harris	Vice-Chairman
Councillor June Lumley	
Councillor Bob Massey	
Councillor Jaymey McIvor	
Councillor Anthony McQuiggan	
Councillor Richard Moore	
Councillor Stephen Robinson	
Councillor Clive Souter	Vice-Chairman
Councillor Mike Steptoe	

Co-opted Non-Voting Membership

Councillor David Carter	Harlow District Council
Councillor Carlie Mayes	Maldon District Council
Councillor Lynda McWilliams	Tendring District Council

**Minutes of the meeting of the Health Overview Policy and Scrutiny Committee,
held in County Hall, Chelmsford on Thursday 7 July 2022 at 10:30am**

Present

Cllr Jeff Henry (Chairman)	Cllr Anthony McQuiggan
Cllr Paul Gadd	Cllr Richard Moore
Cllr Dave Harris	Cllr Clive Souter
Cllr Bob Massey	Cllr Mike Steptoe
Cllr Jaymey McIvor	Sharon Westfield-de-Cortez

Apologies

Cllr David Carter (Co-opted)	Cllr Lynda McWilliams (Co-opted)
Cllr Carlie Mayes (Co-opted)	

Remote Attendees

Cllr June Lumley

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 Carter, Cllr Mayes and Cllr McWilliams. Cllr Lumley joined the meeting remotely.

2. Minutes of previous meeting

Pending two alterations, the minutes of the meeting held on Thursday 9 June 2022 were approved by the Committee as an accurate record.

3. Questions from the public

No questions from members of the public were received.

4. Community Inpatient Beds – Mid and South Essex

The Chairman welcomed the following to the meeting:

- Claire Hankey, Director of Communications and Engagement
- James Wilson, Transformation Director
- Andy Vowles, Programme Director.

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

- Historically NHS community beds were on six main sites across Mid and South Essex

- Urgent changes made in 2020 in response to Covid-19 – beds were consolidated in Brentwood, ceased providing beds in Halstead and small number of beds were moved from Basildon to Brentwood
- Programme to agree future configuration ensuring consistent model for intermediate care and improve community stroke rehabilitation
- Working to identify potential configuration options including analysis of projected future bed numbers, travel time, condition of current estate and proposed staffing models
- Independent clinical review of proposed pathways was completed in April 2022
- Panel considers proposals for intermediate care, stroke and sub-acute frailty
- The panel were broadly supportive of proposals
- There were nine recommendations for improvement and full report is due to be published later in 2022
- Planned engagement was delayed by Omicron and was completed between January 2022 – April 2022
- Qualitative interviews held with public and stakeholders, staff and patients
- The 'home first' approach was widely seen to be best where relevant skills and capacity were available
- Community beds provide an opportunity for more holistic personalised care
- Pre-consultation engagement implications identified were:
 - Home first but community beds highly valuable
 - Ease of access for patients and carers
 - Care tailored to each person's individual need
 - Vital to match workforce numbers and skills to patient need
- Next steps are to finalise configuration options taking on board the feedback
- Complete pre-consultation business case and complete NHS England assurance
- Need to agree approach to public consultation/engagement.

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

- i) Further update to be provided to the committee in Autumn 2022

5. East of England Ambulance Service Trust

The Chairman welcomed Tom Abell, Chief Executive of the East of England Ambulance Service Trust (EEAST) to the meeting.

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

- Significant increase in emergency care demand nationally which has impacted response times locally
- Private ambulances put into place to cope with spike in demand. 30% improvement in C1 response time (life threatening matters) and 50% improvement in C2 response times
- Launched significant recruitment programme which is working well
- Working on improving handover delays
- Trust has had significant levels of regulatory escalation. Continuing to make good progress on CQC actions and most are now complete

- Further inspection completed by CQC, and report is expected to be completed next week
- All apprenticeship programmes have been moved to a new training provider – it is likely that EEAST will not take back control of this
- Further work still to be done on culture – starting to narrow down on key hotspots in the Trust rather than it being endemic across the whole service
- Small improvement in the reduction of bullying/harassment from managers. New managers training launched to help them understand what supportive line management is and what is effective performance line management
- Challenges around making sure they have sufficient high-quality placements and lower paid apprenticeships
- Community engagement team are now getting out to schools to talk about careers in the ambulance service, and partnering with police and fire around community days
- EEAST are working hard to make sure its dispatch system is up to date as possible when new housing developments are built. Map updates come from Ordnance Survey, and it is important developers and local authorities update this when new houses and roads are built
- Trust adopted new type of ambulance a few years ago, in line with national specification. Trust is finding difficulties for certain members of staff in terms of height, and they have retained a few of its previous fleet for those individuals affected to continue their work
- Trust has delayed buying any new vehicles to keep the existing vehicles in service
- EEAST undertake routine compliance visits of its sites so they can understand any issues developing
- All the executive team have coaches/mentors to help support them.

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

- i) Committee to receive a further update in 6 – 8 months' time

6. Chairman's Report

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

7. Member Updates

Members noted the report.

8. Work Programme

The Committee noted the current work programme, and the following comments were made:

- Committee invited ECC's Public Health team to its September 2022 meeting to provide an update on the current situation with Covid-19
- Committee asked for a list of all CQC reports for providers in Essex that have been assessed as either inadequate or requires improvement.
- Work to be undertaken on Section 106 monies in the health service and update provided back to the committee
- HOSC to draft letter to appropriate officers to clarify who is responsible for requesting drawdowns of Section 106 monies relating to the health service

9. Date of next meeting

To note that the next committee meeting is scheduled to take place on Thursday 27 July 2022 at 10:30am in the Council Chamber.

10. Urgent business

No urgent business received.

11. Urgent exempt business

No urgent exempt business received.

The meeting closed at 11:50am.

Chairman

Health Overview Policy and Scrutiny Committee – Matters Arising as of 7 July 2022

Date	Agenda Item	Action	Status
6 January 2022	East of England Ambulance Service Trust	Provide a further update on the progress being made against CQC recommendations in six months' time	Item added to Committee's Work Programme
		Update on performance to be provided in six months' time	Item added to Committee's Work Programme
9 February 2022	Community Children's Services – South East Essex	Provide an update following the transfer of the Lighthouse Child Development Centre to EPUT	Item added to Committee's Work Programme
9 February 2022	A&E Seasonal Pressures	Standing item on the Work Programme. Update to be provided in November 2022 from the acute hospital trusts	Item added to Committee's Work Programme
3 March 2022	Maternity Services at East Suffolk and North Essex Foundation Trust (ESNEFT)	Provide a further update in six months' time on how the Trust is progressing against CQC recommendations	Item added to Committee's Work Programme
7 April 2022	Hospital redevelopment at Princess Alexandra Hospital	Committee to be provided with date for submission of formal planning application	Item added to Committee's Work Programme
		To receive a further update once the business case process is complete,	Item added to Committee's Work Programme

		including whether 2028 delivery date is achievable	
		Sharing detailed plans of new hospital site	Item added to Committee's Work Programme
9 June 2022	GP Provision in Essex	Updated position to be presented to the Committee in 6 – 8 months' time	Item added to Committee's Work Programme
		Committee asked for data on the number of people who attended A&E that could have been seen by a GP across Essex	Request sent to officers
7 July 2022	East of England Ambulance Service Trust	Updated position to be presented to the Committee in 6 – 8 months' time	Item added to Committee's Work Programme
7 July 2022	Mid and South Essex Community Beds programme	Updated position to be presented to the Committee in 6 – 8 months' time	Item added to Committee's Work Programme
7 July 2022	Covid 19 – Public Health	Committee requested an update from ECC's Public Health team on the latest situation with Covid-19	Item added to Committee's Work Programme
7 July 2022	CQC reports	Committee requested a list of all CQC reports that were assessed as inadequate or requires improvement for all providers in Essex	Request being formulated by support officer

Report title: Update from Integrated Care Systems	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Hertfordshire and West Essex ICS, Mid and South Essex ICS, Suffolk and North East Essex ICS	
Date: 27 July 2022	For: Discussion
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Freddey Ayres, Democratic Services Officer (freddey.ayres2@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

1.1 After receiving a number of internal briefings on the newly created Integrated Care Systems (ICS), both committees formally invited senior officers from each of the three ICS's to its July meeting to brief them on a number of topics identified by members.

1.2 It is anticipated further updates will be presented to both committees over the coming months, both on an individual and joint basis.

2. Action required

2.1 Members are asked to note the content of the report and scrutinise accordingly.

3. Background

3.1 This paper has been prepared jointly by the three ICS's that partner with Essex County Council and answers specific questions outline by HOSC and PAF members.

4. List of Appendices

App A: ICS report

Essex County Council HOSC Update from Integrated Care Systems

Introduction

This paper has been prepared jointly by the three integrated care systems (ICS) that partner with Essex County Council:

- Hertfordshire and West Essex ICS
- Mid and South Essex ICS
- Suffolk and North East Essex ICS

The paper answers specific questions outlined by the HOSC chair and is provided for information. Officers from the three ICSs will be in attendance at the HOSC.

Background

Integrated Care Systems have existed for some time (although not on a formal, statutory basis). Essex County Council elected members and senior officers have been fully involved in the development of the three ICSs, including the development of 5-year strategies at the end of 2019.

The Health and Care Act 2022 enacted the government's judgement on ICS configuration and placed integrated care systems (ICS) on a statutory footing. Locally and nationally, ICSs bring together NHS, local authority and third sector bodies with the explicit aim of supporting communities and delivering better, more integrated care.

On 1 July 2022, 42 ICSs were formally established across England. Each ICS now includes two new statutory elements:

- An NHS ICB (Integrated Care Board): responsible for NHS services, funding, commissioning, and workforce planning across the ICS area
- An ICP (Integrated Care Partnership): drawing together a broad range of partners concerned with improving the care, health and wellbeing of the population. ICPs are jointly convened by upper tier local authorities and the NHS ICB. Partners include upper tier local authorities, district, city and borough councils, VCSE partners, Healthwatch, higher education partners, police, and NHS organisations. Each ICP has a formal responsibility to develop a single Integrated Care Strategy for its population, drawing on resources and strategies of Health and Wellbeing Boards and other partners. The ICB will need to have regard to this integrated care strategy in its conduct of business. This presents a real opportunity to ensure that the NHS is more outward facing and cognisant of its wider responsibilities for population health and wellbeing.

Place based delivery is also vital to the success of the ICSs in supporting local communities. Across Essex, the following Alliances (or place-based partnerships) exist to bring together more local partners (including, but not limited to district, city, and borough councils, VCSE partners, NHS organisations, primary care networks, local delivery pilots, businesses, education, and others), to support the delivery of health and care services locally. These are:

Hertfordshire & West Essex	Mid & South Essex	Suffolk & North East Essex
East & North Hertfordshire Health and Care Partnership	Basildon & Brentwood	North East Essex
	Mid-Essex	
South & West Hertfordshire Health and Care Partnership	South East Essex	
West Essex Health and Care Partnership	Thurrock	

Questions posed by HOSC

What are the priorities of the ICSs?

In response to the NHS Long Term Plan, each ICS established its 5-year strategy in 2019. Each strategy was developed in partnership with ECC (and wider partners); they therefore have much in common, but reflect the particular needs of different places. The three separate documents were discussed with the Essex Health and Wellbeing Board. The key shared ambitions of the 5-year strategies are summarised below (links to the full documents can be found at the end of this document):

Herts & West Essex ICS	Mid & South Essex ICS	Suffolk & North East Essex ICS
<p>-Meeting people's health and social care needs in a joined-up way in their local neighbourhoods, whenever that's in their best interests</p> <p>-Adopting a shared approach to treating people when they are ill and prioritising those with the highest levels of need, reducing the variations in care which currently exist.</p> <p>-Placing equal value and emphasis on people's mental and physical health and wellbeing</p> <p>-Driving the cultural and behavioural change necessary to achieve the improvements we need.</p> <p>-Ensuring that we have the workforce, technology, contracting and payment mechanisms in place to support our strategy, delivering health and care</p>	<p>Reduce health inequalities by:</p> <ul style="list-style-type: none"> - Creating opportunities - education, employment, housing, socioeconomic growth - Supporting health and wellbeing - with a focus on prevention, self-care and early intervention - Bringing care closer to home – where safe and possible - Improving and transforming our service – to deliver the best outcomes for our residents 	<p>A primary ambition to reduce the health inequalities caused by deprivation.</p> <p>Other Higher Ambitions:</p> <ul style="list-style-type: none"> - Every child to have the best start in life - A health life for everyone - Earlier diagnosis and treatment for cancer - Support for those living with obesity - Zero suicide - The best quality of life as we grow older - The support and compassion we deserve at the end of life

support efficiently, effectively and across organisational boundaries		
---	--	--

What is the NHS commitment and focus to the wider determinants of health - levelling up, deprivation indices etc? If there was a more systemic commitment then perhaps even better outcomes could be achieved?

Integrated Care Systems have been established with four core purposes:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS to support broader social and economic development

The final bullet point could be perceived as a relatively new concept for the NHS, however, we have had anchor programmes running for a considerable period – recognising that, as major employers and contributors to the local economy, we all have a part to play in supporting socioeconomic growth and the levelling up agenda.

In Mid and South Essex, partners have been working together across Essex on anchor-related work including successful partnership work between ECC and MSEFT to bring employment opportunities to local residents, including internships for young people with learning disabilities in Mid and South Essex. All partners have signed up to an ICS Anchor Charter.

Similarly, Herts & West Essex has formed a West Essex Anchors Group with local partners, including colleges, and also leads the Essex-wide workstream on *Employability* in the public sector. [

Suffolk and North East Essex ICS has brought partners together through an ICS Anchors Programme. The Anchor Programme Board, chaired by Helen Taylor, Chair of East Suffolk and North Essex NHS Foundation Trust (ESNEFT), comprises stakeholders from organisations, Alliances, and a variety of ICS groups and forums to provide strategic oversight and to ensure an effective, joined-up whole system approach aligned to our Primary Ambition of 'enable health equality for everyone'. NHS and wider health and care organisations have signed up to an ICS Anchor Charter that underlines their commitment and a dashboard to monitor progress is being developed. NHS England and NHS Improvement has identified the ICS as a new National Accelerator site and we are committed to sharing our learning with other systems through local, regional and national networks through an online Community of Practice containing information, case studies and links to other reading materials.

Also in Suffolk and North East Essex ICS, the Clacton Place programme seeks to improve health outcomes through employment and skills, in recognition that good employment and having the right skills to find work are the most effective way to turn back the tide on the long-term decline in living standards and health inequalities. The

project is also considered by NHS England to be a national exemplar. [NHS England » Reducing health inequalities in Clacton-on-Sea](#)

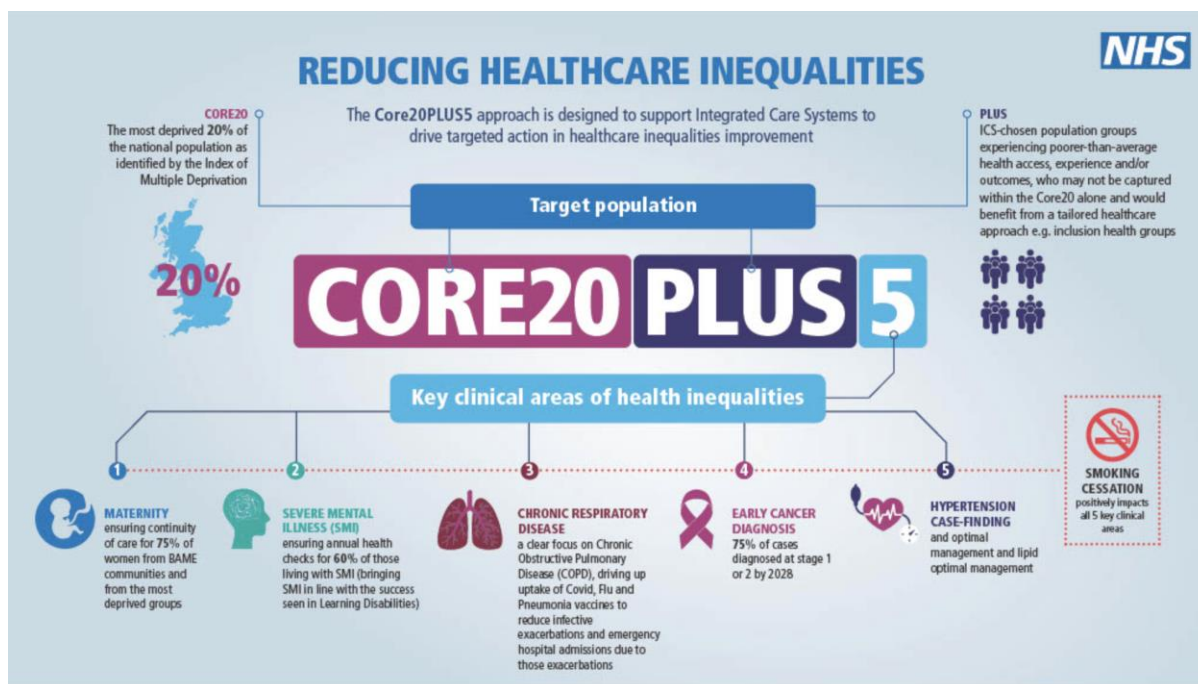
All of this activity is reported through the Anchor Network, chaired by Cllr Ian Davidson.

In addition, the NHS has a programme aimed at supporting the reduction of health inequalities at national and system level – called ‘Core20PLUS5’, the approach defines target populations as:

- The **‘core’ 20% most deprived populations**, as identified by the national index of multiple deprivation.
- **‘Plus’** populations where we would expect to see health inequity – these include ethnic minority communities; people with learning disabilities and/or autism; coastal communities with pockets of deprivation hidden amongst relative affluence; people with multi-morbidities; protected characteristic groups; and inclusion health groups (including people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups)
- **Five** clinical areas of focus. These are
 1. Maternity: ensuring continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the most deprived groups.
 2. Severe mental illness (SMI): ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in learning disabilities).
 3. Chronic respiratory disease: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.
 4. Early cancer diagnosis: 75% of cases diagnosed at stage 1 or 2 by 2028.
 5. Hypertension case-finding and optimal management and lipid optimal management: to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.

The framework is now underpinned with activities to encourage smoking cessation – this is described in the illustration, below.

All ICSs have a range of activities on-going around the CORE20+5 framework, and these involve local authority partners.



All three ICSs work closely with local authority Public Health Directors and have agreed population health management (PHM) programmes in place. Along with the relevant JSNAs, these PHM programmes provide the 'engine room' to enable ICSs, alliances and other partners to understand and address the needs of the populations they serve in terms of deprivation, health inequality and burden of disease, enabling ICSs to target their resources effectively to increase health equity and wellbeing. There are many examples of how ICSs are focussed on reducing health inequalities – a selection of which is given below:

Herts & West Essex:

- The HWE ICB West Essex team is targeting health inequalities, working closely with local partners as part of the West Essex Health & Care Partnership. Mirroring the Essex HWB strategy of adopting the Robert Wood Johnson model the partnership is actively involved in a range of short and longer-term initiatives across these pillars. The HWE team have also arranged two west Essex summits to consider the potential impact of the cost of living on people's health, sparking joint action between partners on priorities such as income maximisation and debt management support, as well as better intelligence and information sharing between service providers. The summits have also strengthened support for further development of community hubs.
- HWE ICS is playing a leading role with Harlow District Council in initiating work around the Levelling Up agenda. A workshop was held on 21 July to map the many different schemes and activities underway in the town and bring them together.

Mid & South Essex:

- Mid and South Essex is using NHS funding targeted at health inequalities (c£3m for 2022/23) to work with our Alliances, using health inequality information provided through the population health programme, to target investment in local communities where it will have most impact for deprived communities. This will be led through Alliances and include the provision of 'microgrants' to support grassroots community led support.
- MSE ICS has been awarded funding for a Community Connectors programme, based in the most deprived wards of Southend and focussed on individuals living with, or at risk of developing COPD.
- Mid and South Essex pioneered the Vaccination Van, in a partnership with Fords, to bring vaccination opportunities to seldom heard communities and enabling targeting towards communities with low take-up. This has now been repurposed to support spirometry in the community.

Suffolk and North East Essex ICS:

- Comprehensive Equalities and Health Inequalities Impact Assessments (EHIIAs) have been undertaken for all our major programmes including elective care, maternity, mental health, COPD, cancer and hypertension. These assessments include an action plan with identified mitigations and prioritises these. The approach builds on learning from the Covid19 Vaccination programme. Resources have been shared on the ICS website [Covid-19 Vaccine Programme - Suffolk & North East Essex Integrated Care System \(sneeics.org.uk\)](https://sneeics.org.uk)
- The ICS has a mature digital, data & technology strategy and delivery plan, operating across the whole system. Following rapid adoption of Video Consultation, Remote Care, Virtual Wards, Care Tech, Apps, Channels and Portals in the first wave of Covid we worked with Healthwatch Suffolk & Healthwatch Essex to create the exclusion. This work has allowed assessments of many of our current capabilities. Key findings are:
 - o Digital First not Digital Only – all services are offered as face to face also
 - o Data collected around people and access – usage / utilisation (particularly by pseudonymised people / by characteristics) is hard to get to, siloed and often incomplete. Would be useful for trend against outcome, and with more timely data we could consider where we were 'turning the curve'
 - o Most systems capture people's communication preferences, but these aren't shared
- The ICS has recently been awarded funding to develop CORE20PLUS Community Connectors. Working in partnership with African Families in the UK the ICS is utilising their established Community Ambassador model to recruit and develop volunteers, initially in Colchester and later rolled out across the ICS. This is enabling ways in which Connectors can have their voice heard at PCN, Alliance and system levels of the ICS.
- The [Community Ambition](#) programme has invested funding from NHS Charities Together in projects led by grassroots minority ethnic organisations co-producing new solutions to addressing inequalities. Areas include understanding community health needs, culturally competent maternity and

mental health services, and healthy lifestyles. Linking these communities to statutory services and strategic forums has enabled these groups' voices to be heard across our system.

- [Health Equity](#) workshops have been delivered to over 200 people in our system who have then been supported to undertake an ICS 100-day health equity challenge.

How are the ICSs intending to deliver the priorities within the Health and Wellbeing strategy approved by the Health and Wellbeing Board?

HOSC members will be familiar with the illustration below, from the Robert Wood Johnson Institute, demonstrating the impact on the overall health and wellbeing of individuals across various aspects of wider determinants. ICSs all recognise that access to, and quality of, healthcare contributes a very small proportion towards overall health and wellbeing - it is only by partners working together that we can hope to address the wider determinants of health.



SOURCE: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status

HOSC members will see that the key ambitions of the ICS 5-year strategies, as outlined above, are entirely coherent with the ECC Health and Wellbeing Board strategy and the strategies of partner County and upper tier local authorities across each ICS.

As described above, each ICP will have responsibility to develop a single integrated care strategy for the population of the ICS – these will be built from the priorities identified in the health and wellbeing strategies of our local authorities.

Suffolk and North East Essex ICS has adopted consistent Outcome Based Approaches across the ICS, training in excess of 700 people. This approach will inform the way that the ICP will monitor progress at system and place in delivery against the JSNAs/JHWS in both Essex and Suffolk.

Also in Suffolk and North East Essex ICS progress on VCSE development has been identified as a national area of good practice. Key developments include plans for a VCSE Assembly and Chair, development of a VCSE Resilience Charter, and a VCSE Workforce review. The Secretary of State for Health held a roundtable with local VCSE leaders in Clacton on 14 February 2022 to hear about this work.

How do you co-ordinate work across the 3 ICSs and on what?

ICB chief executives and local authority officers work closely and regularly together on a range of cross-ICS activities both formally and informally. These include:

- At regional level – to coordinate across the three ICSs covering Essex and with ICSs across the east of England region – for example on critical care networks, regional social care fora.
- At a greater Essex level – for example:
 - o The SEND agenda
 - o Developing an all-age mental health strategy and developing the mental health collaborative
 - o Children and Young People's work
 - o The Newton Connect programme
 - o Planning for the Better Care Fund
 - o The Essex Resilience Forum, which has demonstrated, through the Covid pandemic, joined up strategic oversight and operational delivery
 - o The 'Community Flow' forum convened to align approaches to the delivery of health and social care both strategically and operationally.
- At a more local level – for example through our Alliances sharing resources and learning together.

There are a range of ICS specific programmes of work in which Essex County Council colleagues (elected members and officers) are fully involved, and thus able to bring perspectives of ECC and share learning with Council colleagues – these include:

- ECC as a 'partner member' on each of the Integrated Care Boards of the three ICSs.
- Health and Wellbeing Board Chairs, Directors of Adult Social Services and Children's Services, as well as Public Health colleagues, being members of the three ICPs
- Officers being part of key ICS programmes including data and digital, workforce, anchor, estates, urgent care, and PHM
- ECC officers forming part of senior leadership groups across individual ICSs where there are regular meetings and interactions.

What do you think should be co-ordinated across the three ICS areas?

The ICSs are committed to coordinating work at a strategic level where this adds value and is meaningful for our residents.

We are all committed to the principle of subsidiarity – and so place-based autonomy is a vital aspect in our collective success. By continuing to ensure we work in partnership with local communities, we would expect to see different approaches being adopted across our Alliances while managing to ensure the respective statutory duties of partners are delivered.

The three Integrated Care systems are also currently exploring a joint approach to developing an integrated whole system approach to the health and care needs of veterans- working closely with Essex Healthwatch.

What are your major challenges and are you working across the three ICSs on them?

Covid has exacerbated the already significant health inequalities that we see across the population. We therefore consider the reduction of health inequality as a major priority across all three ICSs. Addressing this issue will involve a variety of national, regional, pan-Essex and local approaches.

Residents from across the county experience delays in accessing and receiving care – be that in terms of accessing a GP, waiting for planned hospital treatment or requiring urgent or emergency care. The NHS has various programmes on-going that seek to address these significant issues, many of which are in partnership with local authority colleagues.

One area where we all share concern is on social care, and the poorer outcomes our residents experience through delays in receiving care and support. The Connect programme has shown significant improvements in some areas, but there is more to do. There is work underway through a pan-Essex 'home first' programme, but there is no doubt that there are significant underlying problems, including a lack of funding, a destabilised market and unprecedented demand.

What service changes have been/are being planned that will affect residents?

Each ICS will wish to engage with HOSC on specific programmes.

What do you think still needs to be done as regards service delivery and accessibility and reconfigurations?

There is much work to do to continue to improve services across health and care. Primary care access remains a concern and each ICS has work underway to address this. Covid has exacerbated already long waiting lists across the region for both elective care and access to mental health services. Our acute partners are working to improve pathways and waiting times. The mental health collaborative will be seeking to address mental health service improvements working alongside ECC partners.

Herts & West Essex, together with partners, are keen to see further development of community hubs, both fixed and mobile, as a means of improving access to local services generally, including primary. This includes using social prescribers to help

with hospital discharge, for instance, and agencies such as Citizens Advice, MIND and DWP having a presence in health centres. The ICB is also exploring a *One Public Estate* approach with Uttlesford District Council and the development of key worker housing across Essex.

In Mid and South Essex, the implementation of acute reconfiguration proposals from 2018 has been delayed by referrals to the secretary of state and then a lack of access to the earmarked capital funding to enable the changes to take place. Progress is being made to access capital funding.

New research in June 2022 from Carnall Farrar demonstrates strong progress across all three Alliances in Suffolk and North East Essex ICS. To enable ICSs to reflect on their level of integration, Carnall Farrar developed an ICS Insight & Collaboration Engine (ICE), with the Institute of Public Policy Research (IPPR), which considers the level of service integration and outcomes across the three key areas in the NHS Long Term Plan: physical and mental health, community-based care and hospital-based care and health and social care. It does this by taking 40 selected indicators and creating an overall index based on equal weighting. The indicators were selected in collaborative work with IPPR and CF as good composite markers of service integration on the one hand and outcomes on the other. The data used was sourced from Public Health England and NHS Digital and has been ingested, cleansed and indexed in a format that can be updated routinely and is able to drill down to more granular level. Suffolk and North East Essex ICS was rated the second highest in the country on the integration index with North East Essex Alliance in particular bucking a national trend in the relationship of the individual metrics with deprivation. Further information is available online here: [Exploring the relationship between deprivation and integration in ICSs - CF \(carnallfarrar.com\)](https://carnallfarrar.com/exploring-the-relationship-between-deprivation-and-integration-in-ics/)

What do you perceive as the future role of the community hospital sites?

This will be different for each ICS.

Hertfordshire and West Essex ICB is continuing to develop its approach to the use of public estate including community hospital facilities, to support its population to receive health and care services including in bedded provision, outpatients, assessments and diagnostics in community rather than hospital-based settings. The work is a key part of the interim West Essex place-based strategy. We would be happy to update the committee further at a later date

Mid and South Essex have completed some engagement with communities about the future provision of bedded capacity in the community – and this needs to be considered alongside emerging ‘virtual ward’ arrangements, urgent care response teams and the Connect programme. Further discussions will be sought with the HOSC as we develop proposals further. The introduction of new community diagnostic centres, a new national programme in the NHS, will bring diagnostic capacity closer to communities and be very much linked with primary care networks and Alliances. The detail of wider centres (locations, clinical models) is currently being worked through.

In Suffolk and North East Essex ICS, a new £22million diagnostics centre at Clacton Hospital will help tackle the Covid-19 waiting-list backlog by enabling people living in Clacton to access diagnostic tests more locally without travelling to Colchester. X-rays, MRI and CT scans ultrasound scans, blood tests, physiological measurements, pathology, and an endoscopy service are available. The hub will lead to earlier diagnoses for patients through easier, faster, and more direct access to a full range of diagnostic tests needed to understand patients' symptoms including breathlessness, cancer and ophthalmology.

The Fryatt Community Hospital has been the main site for delivery of the Covid-19 Vaccination Programme to the local community in Harwich and surrounding areas. Supported by an extraordinary team of local volunteers co-ordinated by CVS Tending the vaccination programme in Harwich was one of the fastest in the country.

ICSs will, of course, wish to discuss these future arrangements with the HOSC.

What will ICS approach to a scrutiny session be?

As ICS we respect the statutory role of overview and scrutiny functions and the democratic accountability of our local authorities. ICS intend to fully engage with HOSCs. As ICSs are partnership arrangements, we expect that the views of our local authorities and residents to be well represented as we develop plans together.

Links to ICS strategies

Herts & West Essex:

<https://www.healthierfuture.org.uk/publications/2019/july/our-integrated-health-and-social-care-strategy-2019>

Mid & South Essex:

<https://www.midandsouthessex.ics.nhs.uk/publications/3268/>

Suffolk & North East Essex:

<https://www.sneeics.org.uk/resources/flipbooks/fiveyearsystemstrategicplan/8/>

Report title: Mental Health Services for Young People	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 27 July 2022	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 At Essex County Council's (ECC) Full Council meeting on 10 May 2022, a motion was carried with regard Mental Health Services for Young People.
- 1.2 The motion (appendix A) stated that a referral be made to ECC's Health Overview Policy and Scrutiny Committee (HOSC) and People and Families Policy and Scrutiny Committee (PAF) to undertake a joint review with a request that they report back to Council by the end of December 2022.

2. Action Required

- 2.1 Members are asked to consider who should be nominated to the Task and Finish Group
- 2.2 Members are asked to note for information the draft Task and Finish Group scoping document. This will be formally approved once the group membership has been established and approved.

3. Background

- 3.1 The HOSC Chairman's Forum, which is made up of the committee's Chairman, Vice-Chairman, and a representative from Healthwatch Essex, met on 22 June 2022 with ECC officers from the Children and Families commissioning service to discuss issues and topics that the Task and Finish Group may wish to explore further, and this has been recorded and detailed in the draft Task and Finish Group scoping document (appendix B).
- 3.2 The group will made up of an equal split of HOSC and PAF members, with meetings dates and times to be confirmed in the next couple of weeks. The group final report will be received by Council no later than Tuesday 13 December 2022.

4. Update and Next Steps

- 4.1 Once membership of the Task and Finish Group has been confirmed, those

members will be asked to meet initially to approve the scoping document and to agree its meeting dates.

- 4.2 Regular updates will be provided to both HOSC and PAF as and when appropriate, with a copy of the final report being shared prior to it being presented at Full Council.

5. List of Appendices

Appendix A: Full Council Motion

Appendix B: Draft Task and Finish Group scoping document

Motion

1. Mental Health Services for Young People

Moved by Councillor Foley and seconded by Councillor Gadd

‘Council gratefully recognises the work of schools, charities, mental health professionals and our own officers, and notes the important role they play in the lives of young people.

Council however acknowledges there has been an increase in the number of mental health problems and illness including self-harm in some of our schools...despite the Everyone’s Essex aspiration, demand for mental health support services for this age group now greatly exceeds supply.

Council therefore:

- Calls on the Government to increase funding to local government and health services for young people's issues
- Asks Cabinet to review available budgets and wherever possible to redistribute funds to provide the support needed
- Refers this subject formally to the People and Families Policy and Scrutiny Committee and the Health Overview Policy and Scrutiny Committee with a request they conduct an urgent review of mental health services for young people and report back during 2022.’

It was moved by Councillor Ball and seconded by Councillor Spence that the motion be amended to read as follows:

‘This Council gratefully recognises the work of schools, charities, mental health professionals, social workers, family support workers and our own officers and notes the important role they play in the lives of children and young people.

This Council acknowledges there has been an increase in the number of mental health problems and illness including self-harm in some of our schools and demand for mental health support services for this age group is now placing a great deal of strain on current capacity.

This Council also acknowledges that this is a complex issue with no single solution and therefore formally refers it to the relevant Cabinet Members as well as to the Scrutiny Board so that arrangements for a joint review by the People and Families Policy and Scrutiny Committee & the Health Overview Policy and Scrutiny Committee can be arranged with a request that they report back to this Council by the end of the calendar year with their recommendations to address this issue.’

The amendment moved by Councillor Ball and seconded by Councillor Spence was put to the meeting and was carried and became the substantive motion.

Having been put to the meeting the motion was carried.

<p align="center">Essex County Council Health Overview Policy & Scrutiny Committee (HOSC) and People and Families Policy and Scrutiny Committee (PAF)</p>
--

This form is a tool that should be compiled at the start of each inquiry to set out clearly the aims and objectives of the committee's involvement in a particular matter and will be completed at the end of the inquiry to confirm what has been achieved. It is an iterative form; and also acts as an audit trail for a review.

WHAT ARE WE LOOKING AT?

Review Topic	Mental Health Services for Young People
Type of Review	Joint Task and Finish Group

WHY ARE WE LOOKING AT THIS?

Rationale for the Review	<p>At its meeting of 10 May 2022, Full Council passed a motion to ask the relevant scrutiny committees to undertake a review of mental health services for young people.</p> <p>This matter falls under the remit of the Health Overview Policy and Scrutiny Committee (HOSC) and the People and Families Policy and Scrutiny Committee (PAF). This review will lead by HOSC, and a report will be provided back to Council by the end of 2022.</p> <p>This area links to <i>Everyone's Essex – Our Plan for Levelling Up the County: 2021 – 2025, including Children and Families and Promoting health, care, and wellbeing for all ages.</i></p>
---------------------------------	--

WHAT DO WE HOPE TO ACHIEVE?

Indicators of success	<p>What would you wish to see happen as a result of the review?</p> <p>Scrutiny to report back recommendations on how they feel this issue could be addressed.</p> <p>What value can scrutiny bring to the review?</p> <p>Scrutiny can draw on the experience, knowledge, and insight of councillors. Scrutiny can bring a fresh perspective to the issue and take time to consider the services available for young people needing mental health support.</p> <p>Why do you think the desired outcome is achievable?</p> <p>The review is being properly scoped and is supported by the Cabinet Member and key officers.</p>
------------------------------	--

HOW LONG IS IT GOING TO TAKE?

Timescales	Review to be completed by and reported back to Full Council by the end of 2022
-------------------	--

Provisional Timetable	July 2022 – December 2022
WHAT INFORMATION DO WE NEED?	
Terms of Reference	To review: Mental health services for young people
Key Lines of Enquiry	<p>Understanding the current situation</p> <ul style="list-style-type: none"> • To identify what services are currently available in Essex relating to mental health support for young people • Identify the services that are currently commissioned by Essex County Council • Whether there is anybody being left behind and what is being done to address this <p>Referral Pathways</p> <ul style="list-style-type: none"> • The referral pathways currently available and how service users navigate the system and whether there are any pinch points within these <p>Outcomes</p> <ul style="list-style-type: none"> • Identify how outcomes and successes are measured and whether there is any follow-up to these <p>Healthwatch Essex</p> <ul style="list-style-type: none"> • Understand how Healthwatch Essex are engaging with Youth Ambassadors
What primary/new evidence is needed?	TBC
What secondary/ existing information is needed?	What have other councils done? Is there any good practice to draw on from elsewhere?
What briefings and site visits might be relevant?	TBC
Other work being undertaken/Relevant Corporate Links	TBC
What is inside the scope of the review?	North-East London NHS Foundation Trust (NELFT) Essex County Council Healthwatch Essex

What is outside the scope of the review?	TBC
WHO DO WE NEED TO CONTRIBUTE/CONSULT? (INITIAL MEETING TO ESTABLISH THIS)	
Relevant Portfolio Holder(s) and other Member involvement	Cllr John Spence, Cabinet Member for Health and Adult Social Care Cllr Beverley Egan, Cabinet Member for Children Services and Early Years
Key Officers	Chris Martin, Director of Strategic Commissioning and Policy (C&F) Emily Oliver, Head of Strategic Commissioning and Policy
Partners and service users	North-East London NHS Foundation Trust (NELFT) Healthwatch Essex
WHAT RESOURCES DO WE NEED?	
Lead Member and Membership	
Co-optees/Other Invites (if any)	
Lead Scrutiny Officer/Other	Richard Buttress, Democratic Services Manager
Expected Member commitment	To be concluded by the end of December 2022
WHAT ARE THE RISKS/CONSTRAINTS?	
Risk analysis (site visits etc.)	Risk management form to be completed if any site visits are included as part of the review
Possible constraints	To be determined, if any
WHAT WILL BE REQUIRED FROM STAKEHOLDERS?	
Internal stakeholders	Their time to attend Task and Finish Group meetings Information and advice Communications for any potential press release following the review
External stakeholders	Potential time commitment of co-optee Their time to attend Task and Finish Group evidence sessions
WHO ARE WE DIRECTING ANY RECOMMENDATIONS AND ACTIONS TO?	
Recommendations to (key decision makers):	This to be compiled during, and following the review
Reporting arrangements	Task and Finish Group final report to be presented to Full Council by the end of December 2022
Follow-up arrangements	Outcomes to also be monitored by the Scrutiny Board.
ADDITIONAL INFORMATION/NOTES	
Meeting dates (provisional)	TBC

LESSONS LEARNT/SCRUTINY EVALUATION

To be completed in an end of review Workshop* (align to findings of Scrutiny Survey to be attached as an annex). This form should be used in the evaluation of the process adopted by the Scrutiny review Committee/Task and Finish Group and will be used to inform future Scrutiny Reviews.

**Evaluation workshop at the end of the review will typically involve Committee Chairman/T&F chairman, other T&F group members, scrutiny officer, topic proposer and key stakeholders (if applicable)*

DATE OF REVIEW EVALUATION:	
1. Organisation & Planning	
What could have gone better?	Recommendations for future reviews
What were the strengths and weaknesses of the approach used? Proposed and actual start/completion dates: Was the time allocated adequate?	
2. Resourcing	
What could have gone better?	Recommendations for future reviews
Was officer time/resource adequate for this review?	
3. Evidence sessions/site visits	
What could have gone better?	Recommendations for future reviews
4. Stakeholder and Communications	
What could have gone better?	Recommendations for future reviews
5. Report and Recommendations	
What could have gone better?	Recommendations for future reviews
Was the purpose of the review achieved? Has there/is there likely to be any influence on service delivery as a consequence of the review?	

Report title: Chairman's Report	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 27 July 2022	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@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. Due to the short amount between the previous HOSC meeting and this one, the Chairman's Forum did not meet.

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: 27 July 2022	For: Discussion
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@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: 27 July 2022	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@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

**Prove Health Overview Policy and Scrutiny Committee
Work Programme – 27 July 2022**

Date	Topic	Theme/Focus	Approach and next steps
July 2022			
July 2022	Integrated Care Services (ICS)	Committee to receive an update on the progress being made against CQC recommendations	
September 2022			
September 2022	South-East Essex Community Children's Services – Lighthouse Child Development Centre	Committee to receive an update following the transfer of the Lighthouse Child Development Centre to EPUT	
September 2022	Winter Flu	Committee to receive a report on preparations for the Winter period	
September 2022	Mental Health Services	Committee to receive a further update on the mental health response to the pandemic and future service planning for changes in demand.	
September 2022	Covid-19	Committee to receive an update on the current position with Covid-19, including specifically around the rollout of the fourth booster vaccine	
October 2022			
October 2022	Maternity Services at East Suffolk and North Essex Foundation Trust (ESNEFT)	Committee to receive a further update on how ESNEFT is progressing against CQC recommendations	

October 2022	Princess Alexandra Hospital – new hospital update	Committee to receive further update on the new hospital development, including: - Sharing detailed plans of new hospital site - Confirmation of date for planning application submission	
October 2022	Mid and South Essex Community Beds programme	Committee to receive briefing following completion of engagement process	
November 2022			
November 2022	A&E Seasonal Pressures	Committee to receive updates from the hospital trusts on their preparations for Winter	
November 2022	East of England Ambulance Service Trust	Further update to be provided on progress against CQC recommendations and also an update on their preparations for the Winter season	
November 2022	Mental Health Services for Young People	Final report to be presented to committee prior to publication at Full Council	
December 2022			
December 2022	GP Provision in Essex	Committee to receive further update on current position following previous briefing in June 2022	
January 2023			
Autism Strategy	Autism Strategy	Committee to receive an update on Autism Services following initial report in	

		<p>January 2021. Scope set out as below:</p> <ul style="list-style-type: none"> ▪ Referral and diagnosis times ▪ Transitions between children and adult services ▪ The number of people across Essex affected by Autism <p>The impact of Covid-19 on Children's Autism services.</p>	
--	--	---	--

Items to be programmed	Topic	Theme/Focus	Approach and next steps
TBC	New NHS Hubs	Further scoping required	
TBC	Essex Partnership University Foundation Trust (EPUT Linden Centre review	Further scoping required	
TBC	Hospital waiting times – overview of all Essex hospitals	Further scoping required	
TBC	NHS 111 – impact of GP's directing people to that service	Further scoping required	
TBC	Section 106 monies within the NHS	Further scoping required	
TBC	Digitalisation of access to health	Further scoping required	