Essex County Council

# Health Overview Policy and Scrutiny Committee

| | | |
|---|---|---|
| **10:30** | **Wednesday, 24 July 2019** | **Committee Room 1, County Hall, Chelmsford, CM1 1QH** |

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

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| **7** | **Quality Accounts update** | **67 - 72** |
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**11 Date of Next Meeting**

To note that the next committee activity day is scheduled for 09:30am on Wednesday 4 September 2019, in Committee Room 6, County Hall. Scheduled activity dates may be a private committee session, meeting in public, briefing, site visit, etc. - format and timing to be confirmed nearer the time.

**12 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.**

**13 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.

## 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. If there is exempted business, it will be clearly marked as an Exempt Item on the agenda and members of the public and any representatives of the media will be asked to leave the meeting room for that item.

The agenda is available on the Essex County Council website and by then following the links from Running the Council or you can go directly to the Meetings Calendar to see what is happening this month.

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With sufficient notice, documents can be made available in alternative formats, for further information about this or about the meeting in general please contact the named officer on the agenda pack or email democratic.services@essex.gov.uk

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**Agenda item 2**

**Committee:** Health Overview Policy and Scrutiny Committee

**Enquiries to:** Graham Hughes, Senior Democratic Services Officer

**Membership, Apologies, Substitutions and Declarations of Interest**

**Recommendations:**

To note

1. Membership as shown below
2. Apologies and substitutions
3. Declarations of interest to be made by Members in accordance with the Members' Code of Conduct
4. The Liberal democrats nomination has changed from Councillor Robinson to Councillor A Wood.

**Membership**
(Quorum: 4)

| | |
|---|---|
| Councillor A Brown | |
| Councillor J Chandler | |
| Councillor B Egan | Vice-Chairman |
| Councillor R Gadsby | |
| Councillor D Harris | |
| Councillor J Lumley | |
| Councillor B Massey | |
| Councillor M McEwen | |
| Councillor J Moran | |
| Councillor J Reeves | Chairman |
| Councillor A Wood | |
| Councillor C Sargeant | Vice-Chairman |

**Co-opted Non-voting members (max 4):**

Invitations have been issued to nominate co-opted non-voting members for HOPSC. To date: a nomination from Harlow has been received. Councillor T Edwards.

# Minutes of the meeting of the Health Overview Policy and Scrutiny Committee held in Committee Room 1, County Hall, Chelmsford, CM1 1QH at 10.30am on Wednesday 12 June 2019

**Present:**

**County Councillors**

| | |
|---|---|
| Councillor Reeves (Chairman) | Councillor Massey |
| Councillor Brown | Councillor McEwan |
| Councillor Chandler | Councillor Moran |
| Councillor Egan | Councillor Robinson |
| Councillor Lumley | Councillor Sargeant |

Graham Hughes - Senior Democratic Services Officer, Richard Buttress, Democratic Services Manager, and Hannah Fletcher from Healthwatch Essex were also present throughout the meeting.

## 1. Membership, Apologies, Substitutions and Declarations of Interest

Apologies had been received from Councillors Gadsby and Harris.

The following Councillors declared an interest:

Councillor Egan – Code interest. Her cousin is Managing Director of Basildon and Thurrock University Hospital Trust – however, she believed that this did not prejudice her consideration of the public interest and that she was able to speak and vote on the matters on the agenda.

## 2. Minutes

The Minutes of the meeting of the Health Overview Policy and Scrutiny Committee (HOPSC) held on 22 May 2019 were approved as a correct record and signed by the Chairman.

## 3. Questions from the Public

There were no questions from the public

## 4. Appointment of second Vice-Chairman

Councillor Sargeant was nominated by Councillor Egan and seconded by Councillor Chandler. As there were no further nominations, by general consent his appointment was agreed.

## 5. Primary Care Update

The Committee considered report HOPSC/18/19. The following joined the meeting and, at the invitation of the Chairman, introduced the item.

Dr Anna Davey – Chair, Mid Essex CCG and elected GP

William Guy – Director of Strategy and Transformation, Basildon & Brentwood CCG

Lisa Llewellyn, Director of Nursing and Clinical Quality, North East Essex CCG

Caroline Rassell, Accountable Officer – Mid Essex CCG

Jennifer Speller – Associate Director Primary Care, Castle Point & Rochford CCG

Peter Wightman, Director of Primary Care and Localities, West Essex CCG.

Since October 2018 NHS England had published the Long-Term Plan and a five year reform programme for the GP contract. The witnesses introduced some of the challenges and issues arising from these publications as they related to primary care and the current local planning for GP services in Essex.

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

Primary Care Networks (PCNs)

(i) PCNs were being established to cover all areas. It was expected that, by being part of a PCN, that GP practices could work more closely together, sharing some functions (especially non-clinical back-office) and provide a wider support network for each other;

(ii) Participation in a PCN would be embedded in GP contracts and would be fundamental to the future viability of Primary Care. Further funding would probably be refocussed to come through PCNs. It was acknowledged that a GP practice could opt-out of being in a PCN agreement but all patients, in any case would need to be covered by a PCN. To date only a handful of GP practices in Essex had decided not to opt in to a PCN.

(iii) Dr Davey suggested GPs in Mid Essex were beginning to feel more supported and becoming more resilient through greater collaborative working between GP practices.

Care navigation

(iv) Care navigators and advance nurse practitioners were increasingly being used.

(v) Good robust training of care navigators was required to ensure signposting to services was appropriate and safe. In Basildon &Brentwood CCG consultants had been appointed to further develop such training. The training would use algorithms and red flag prompts to refer to specialists in certain circumstances.

(vi) It was stressed that each CCG was piloting different care navigation approaches which could be applied more widely if they were then evaluated to be working well.

(vii) Members challenged the witnesses to ensure that adequate audit processes were in place to evaluate care navigation.

Access and sustainability

(viii) North East Essex CCG were looking at digital solutions and working with local councils to improve on-line access (e.g. utilising libraries as well) and with pharmacists for repeat prescriptions. Members encouraged other CCGs to look into this as well.

(ix) The development of PCNs was designed to protect the continuation of smaller GP practices by recognising that they would be more resilient as part of a support network with other practices.

Staffing

(x) In terms of recruitment, some GP practices managed to recruit more easily than others.

(xi) Some additional roles were being introduced into primary care to supplement the GP and nurse workforce.

(xii) Incentivising staff to upskill would be the responsibility of each individual practice. Some upskilled roles may need relabelling. In some practices the care navigators were working as part of the clinical team and this could be part of the wider rebranding of the role.

(xiii) Some GPs preferred to work within a salaried model but it was hoped that the development of collaborative and supportive PCNs might encourage more GPs to take on the responsibility of partnerships. Good leadership training would need to be available.

(xiv) Offering portfolio job roles across more than just primary care could be possible in future with ongoing discussions between health and local government.

(xv) Encouraging the establishment and use of more advanced clinical pharmacists was part of the development of PCNs. It was

acknowledged that more clinical pharmacists were needed in community pharmacists so that they could also examine, advise and prescribe.

Joint working

(xvi) Members queried how much local government had been included in the development of PCNs. In West Essex there was beginning to be the joint appointment of some operational staff.

(xvii) Members challenged how health bodies were linking with the County Council's community agents who were already promoting social prescribing. In some instances, a link was already there through the joint commissioning of social prescribing.

Patient experience and communication

(xviii) Members sought examples of patient experience being sought and acted upon. As a result of feedback in West Essex, a pilot had enabled patients to be referred direct to a physiotherapist as a first point of contact rather than after a diagnostic test first. As a result of feedback in Mid Essex a pilot allowed GPs to have a longer appointment slots to enable a more comprehensive conversation about holistic care and not just a specific treatment. North East Essex had increased support to dementia carers as a result of feedback.

(xix) Members asked commissioners to encourage dementia friendly layouts at GP practices. North East Essex confirmed that they were already working with the Alzheimers Society.

(xx) There needed to be more communication with the public about the development of PCNs and commissioners were looking to see how more digital tools could be used to help people recognise the changes. Members encouraged also working with Parish Councils and community magazines.

Conclusion:

The Chairman thanked the witnesses for attending and supporting the discussion.

It was **agreed** that a further update on the implementation of changes currently being introduced would be required in the autumn.

[The meeting briefly adjourned at 12.02 and reconvened at 12.10pm]

**6. Princess Alexandra Hospital**

The Committee considered and noted the report on the site visit of Harlow Hospital by some Committee members the previous Friday. It was **agreed** that similar visits to other acute trusts should be arranged.

**7. Chairman's Report**

The report (HOPSC/20/19) was noted, there were no questions.

**8. Member Updates**

Councillor Brown advised that she had been invited to meet the new Chairman of the East Suffolk and North East Essex Foundation Trust and would report back on that at a future meeting. Councillor Egan referred to CCGs in the area being requested to help 'bail-out' a financial deficit in an adjoining CCG. There were no other updates.

**9. Work Programme**

The committee noted and considered report (HOPSC/22/19).

**10. Date of next meeting**

The committee noted that the next committee activity day was scheduled for 09:30 on Wednesday 24 July 2019.

**11. Urgent Business**

There being no further business the meeting closed at 12.18pm.

**Chairman**

AGENDA ITEM 5

**HOPSC/23/19**

**Committee** Health Overview Policy and Scrutiny

**Date** 24 July 2019

## A&E AND SEASONAL PRESSURES PLANNING AND ADMISSIONS AVOIDANCE

Report by Graham Hughes, Senior Democratic Services Officer
Contact details: graham.hughes@essex.gov.uk Tel: 03301 34574

**Recommendation:**

(i) To discuss the updates given by representatives from the East of England Ambulance Service, the acute trusts in Essex and from Essex County Council.
(ii) To consider any follow-up work or investigation as identified during the discussion.

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**Background**

The Committee last considered this issue at its November 2018 meeting. A link to the meeting papers for that discussion is here – HOSC November 2018 meeting papers and final minutes of the discussion are loaded further down the web page after the meeting papers.

A scoping for this item was agreed with the Chairman/Vice Chairmen and JHOSC Lead Members and is reproduced below. Each of the invited attendees has been asked to respond to the relevant parts of it within their advance briefing reports:

Topic: A&E pressures, winter pressures planning and admission avoidance:

Attendees: Operational Director (or equivalent) from Acute Trusts, Operational reps from Ambulance Service, Essex County Council representative.

Lines of enquiry:
To understand the pressures faced in A&E and emergency departments during the winter of 2019/20;
To assess the success of the advance planning undertaken and lessons learnt.
To assess the extent of partnership working in continuing to address pressures (including admission avoidance).
To understand if the pressures are no longer specific to winter and any need for contingency planning at other times of the year.

Information requested from attendees (not all question/points are relevant for all the attendees – for example, the ambulance service was specifically asked those points starred):

Review of the advance winter planning, predicted demand and expectations and what actually happened*
What worked well and what did not*
Provide examples of partnership working – i.e. with acute trusts and County Councils.*
To what extent are there changing demands on the ambulance service with the development of acute hub and spoke models.*
Describe any admission avoidance work being undertaken with and without partners [it is planned to have someone from ECC at the meeting so will also hear what work the county council is doing on this].*
Describe the discharge planning/process undertaken and what still are the key challenges with this.
Provide information on reasons for Delayed Transfers of Care (to include a breakdown of non-social care delays as well as those attributable to social care) and indicate any trends.
Provide information on the numbers of inappropriate A&E presentations with a further breakdown of how many are delivered by ambulance and indicate any trends.
Provide information on re-admissions – how classified and calculated and indicate any trends.
Provide commentary on to what extent are pressures no longer just seen in winter – or are there different pressures.*
Any significant change in recruitment and vacancy rates/issues in A&E and Emergency Care since the November HOSC discussion and the success of actions being taken to address shortfalls and skill mix. [* recruitment update also required from EEAS]
Handover times and delays at A&E*

With Broomfield, Basildon and Southend Hospitals now operating under a single senior management structure in advance of a formal legal merger anticipated next year there is one joint report submitted for those three Trusts.

**Information provided**

Attachments:

1. Colchester Hospital update.
2. MSB Group (incorporating Mid Essex Hospitals, Southend and Basildon Hospitals) update **[paper to follow].**
3. Princess Alexandra Hospital (Harlow).
4. East of England Ambulance Trust
5. Essex County Council

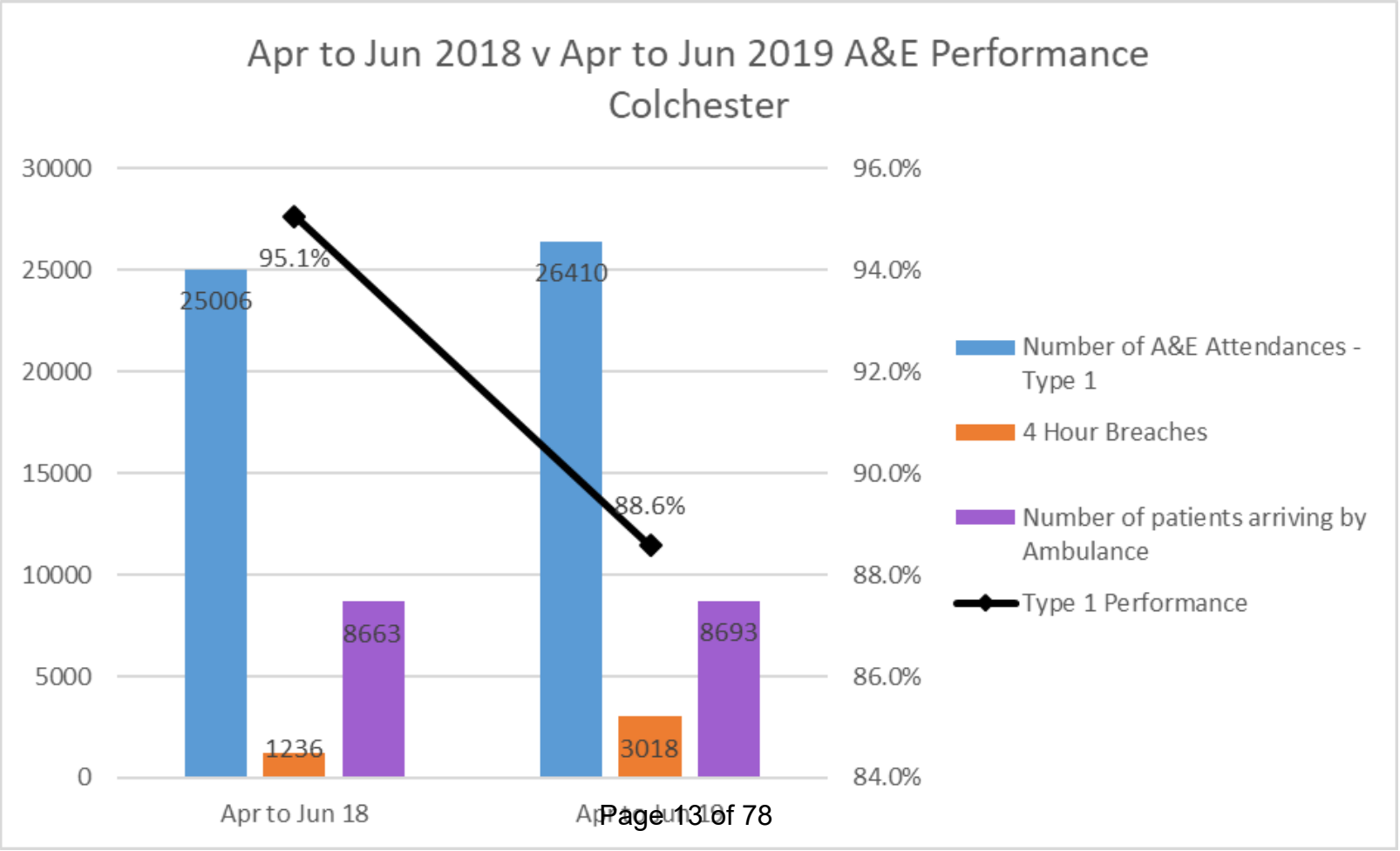
# Emergency Department

## *East Suffolk & North Essex Foundation Trust (ESNEFT)*

## *Site – Colchester General Hospital*

## July 2019 Update

# Changing nature of A&E performance
# Colchester Hospital



# Current Challenges

| Challenges | Mitigating Action |
|---|---|
| Recruitment of Multi Disciplinary Team (MDT) roles within ED | • Continuing in line with NHS England 5 year forward view – looking at other roles to support recruitment, moving away from traditional medical / nursing roles.<br>  • Recruitment of Physician Associates<br>  • Ongoing recruitment of ACPs. Severe shortage of fully trained ACPs in the region, therefore focussing on 'growing our own' from our existing nursing workforce. Three trainee ACPs have started since June with advert out for 1 more. Several retirements expected in the near future so it is essential to have a good pipeline of trainees<br>  • Ongoing international recruitment campaign for consultants and clinical fellows. Initial campaign to India resulting in growing-relationships with the Apollo group of hospitals |
| Ambulance conveyancing to hospital continues to rise as does re-conveyances | • Undertaken an audit to understand reasons contributing to these increases. Mitigating action will be to implement a 'high intensity user' process within the ED<br>• CCG have funded two Early Intervention Vehicles (falls and advanced paramedic) which are having a positive effect |
| Seasonal capacity and flow | • Move away from winter planning to an annual seasonal plan with alliance approach<br>• CCG funding a number of resilience schemes impacting on patient flow<br>• Red to green embedded<br>• Contingency area in place for ambulance handovers within A&E |
| Majors continues to increase (attendances up by 29.2% year on year) | • 24/7 Hospital Ambulance Liaison Officer (HALO) now funded for a further two years. This role 'streams' across the emergency floor and works with system-wide partners to support admission avoidance – Alliance Workshop on Ambulance Handover and Attendance Avoidance |

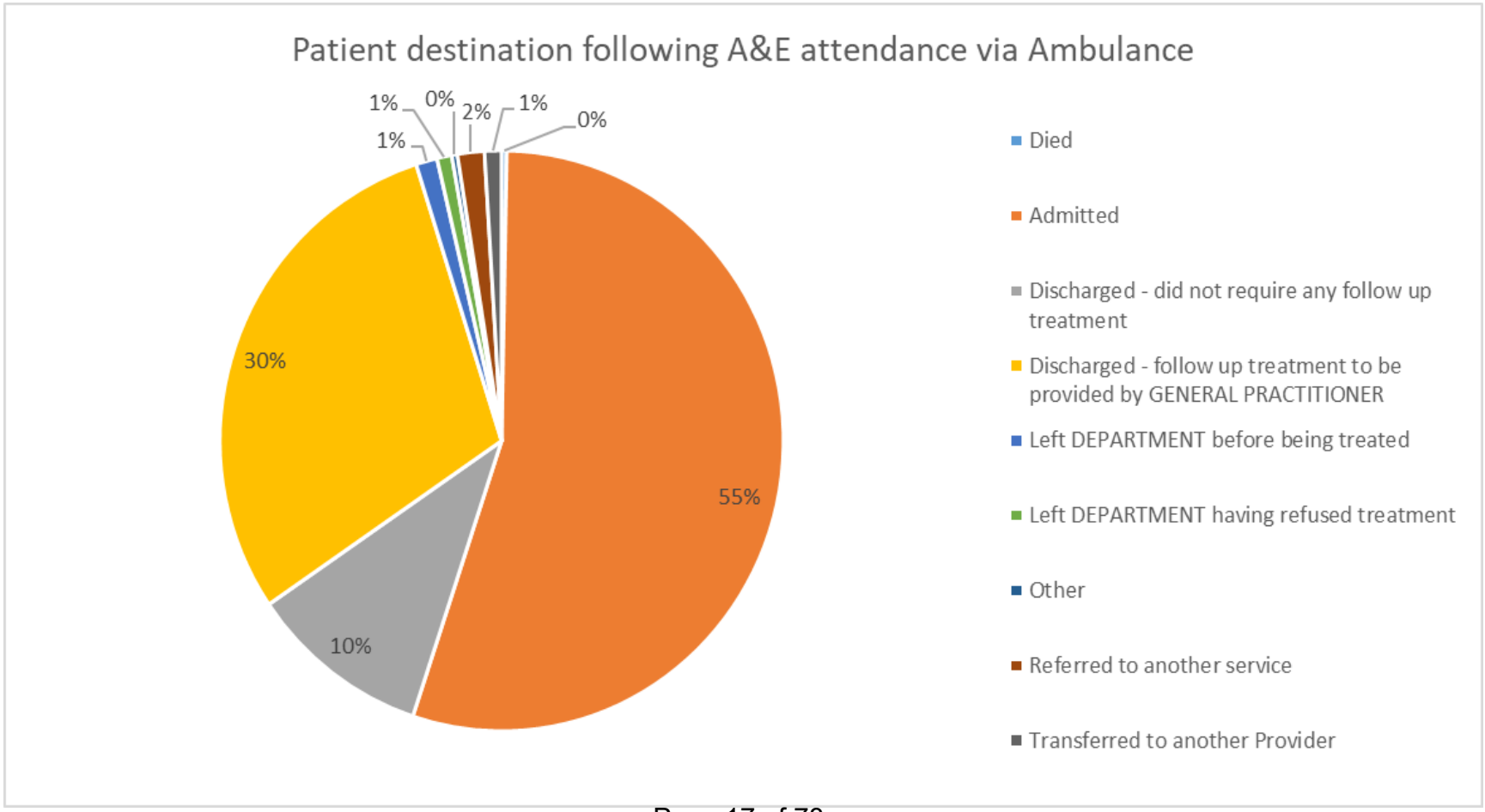
# Current Challenges

| Challenges | Mitigating Action |
|---|---|
| How we manage our low level minors and further utilise GP streaming | • Revised GP Streaming model to utilise wider workforce in conjunction with UTC Configuration Plan, including Advanced Nurse Practitioners (ANPs) |
| Mental Health presentations continue to increase | • Pilot of a mental health nurse within the ED for the month of July at weekend twilight shifts<br>• Crisis Café in development<br>• UTC expected to help with reducing presentations to ED<br>• Planning mental health Early Intervention Vehicle<br>• Planning direct pathways to the SOS bus – working with EPUT on improve pathways |
| We have the most deprived neighbourhood in England (Tendring). Higher levels of mortality relating to preventable conditions, obesity, alcohol, suicide, diabetes, cardiac, respiratory and high levels of GP vacancies | • Formation of North East Essex Health & Wellbeing Alliance<br>• The Alliance have identified four main priorities (Resilience, Community Model, Prevention and System Enablers) across the local health economy which will work to address these issues |

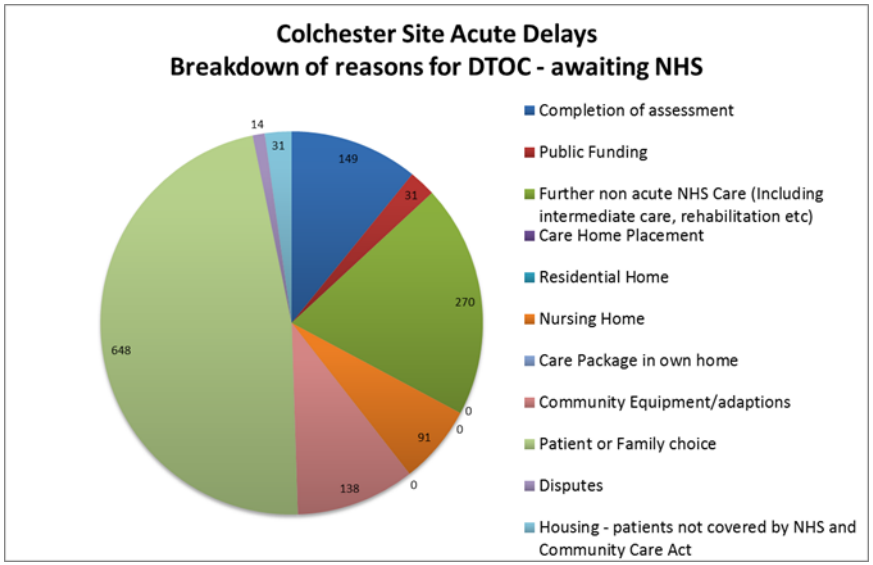
# Recruitment & Vacancy – Medical and Nursing

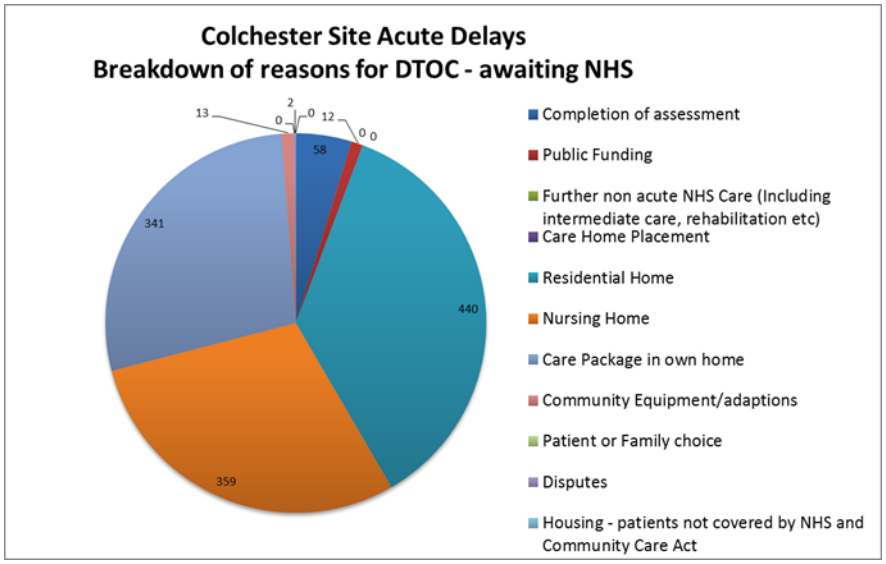
| Establishment | Current | Actions |
|---|---|---|
| **Medical Workforce - ED** | | |
| 12 WTE Consultants | 8 WTE substantive consultants | • Rolling advert on nhsjobs<br>• 1 x WTE scheduled for AAC interview in October |
| **Nursing Workforce - ED** | | |
| Band 7 | 9.08 WTE substantive | • No vacancies |
| Band 6 | 17.82 WTE substantive | • No vacancies |
| Band 5 | 47.55 WTE substantiv3 | • 1 WTE vacancy due to a newly qualified nurse withdrawing. Advert live on nhsjobs |
| Band 4 | 4.92 substantive | • No vacancies |
| Advanced Nurse Practitioners | 0.5 WTE | • 1 vacancy currently out to expression of interest internally |
| **Medical Workforce – Emergency Assessment Unit (EAU)** | | |
| 8.2 WTE Consultants | 5.0 substantive consultants | • Rolling advert on nhsjobs |
| **Nursing Workforce – Emergency Assessment Unit** | | |
| Band 7 | 7.53 WTE | • Over-established |
| Band 6 | 12.71 WTE<br>3.5 WTE vacancies | • Using to mitigate over-established Band 7 |
| Band 5 | 31.54 WTE<br>4.6 WTE vacancies | • Advert live on nhsjobs |

# Review – Ambulance Conveyances

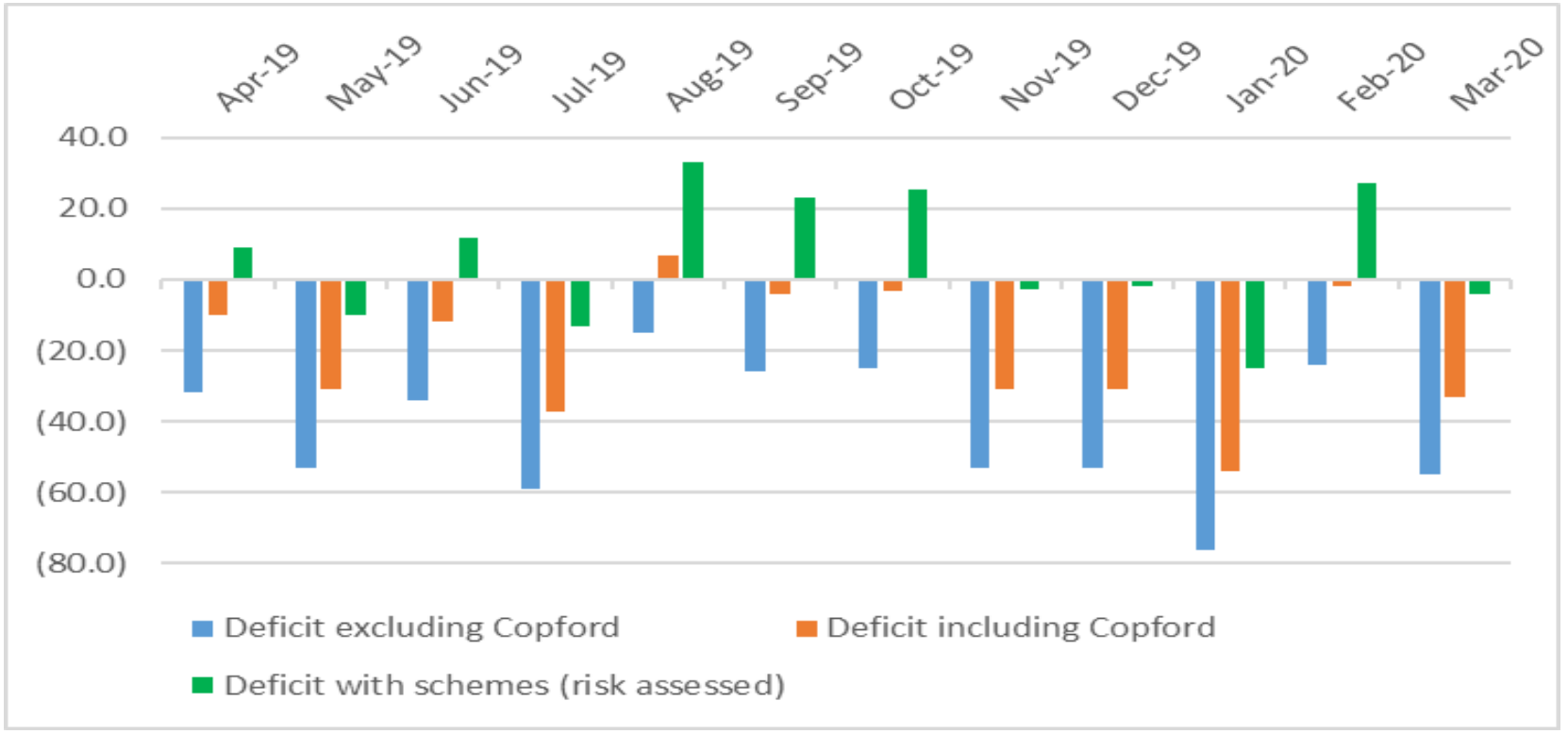


# Delayed Transfers of Care (DToC)
# Colchester Site - Breakdown of Reason for Acute Delays
# (Dec 18 to May 19)



# Bed Deficit to meet 92% Occupancy




- Total bed deficit required to meet 92% occupancy calculated using activity to the end of December 2018
- The baseline bed deficit excludes funded contingency
- Schemes for 2019/20 are savings over and above what was already implemented last year. Therefore ongoing schemes are using as a baseline the delivery as at the end of 2018 calendar year
- A 30% risk has been applied to the total bed savings

# Bed Saving Schemes to Mitigate 92% Occupancy Demand

| | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bed Deficit (Adult) | (32.0) | (53.0) | (34.0) | (59.0) | (15.0) | (26.0) | (25.0) | (53.0) | (53.0) | (76.0) | (24.0) | (55.0) |
| Super stranded | 10.0 | 10.0 | 10.0 | 10.0 | 10.0 | 10.0 | 10.0 | 10.0 | 10.0 | 10.0 | 10.0 | 10.0 |
| Stranded (14 to 20 days) | 1.0 | 1.0 | 2.0 | 2.0 | 3.0 | 3.0 | 4.0 | 4.0 | 5.0 | 5.0 | 5.0 | 5.0 |
| D2A P1 & P2 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 |
| OPAT | 0.0 | 0.0 | 3.0 | 3.0 | 5.0 | 5.0 | 6.0 | 6.0 | 6.0 | 6.0 | 6.0 | 6.0 |
| Enhanced Front Door | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 |
| REACT RIV | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| Falls Intervention | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| Self Funders | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 |
| DTOX | 0.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 |
| Care Homes NEL Admissions | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| Community Service @ Night | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 |
| Total Saving | 27.0 | 30.0 | 34.0 | 34.0 | 37.0 | 38.5 | 40.5 | 40.5 | 41.5 | 41.5 | 41.5 | 41.5 |
| Risk (-30%) | (8.1) | (9.0) | (10.2) | (10.2) | (11.1) | (11.6) | (12.2) | (12.2) | (12.5) | (12.5) | (12.5) | (12.5) |
| Funded Contingency | 22.0 | 22.0 | 22.0 | 22.0 | 22.0 | 22.0 | 22.0 | 22.0 | 22.0 | 22.0 | 22.0 | 22.0 |
| Net Effect | 8.9 | (10.0) | 11.8 | (13.2) | 32.9 | 23.0 | 25.4 | (2.7) | (2.0) | (25.0) | 27.1 | (4.0) |

# A&E Pressure and Service Development

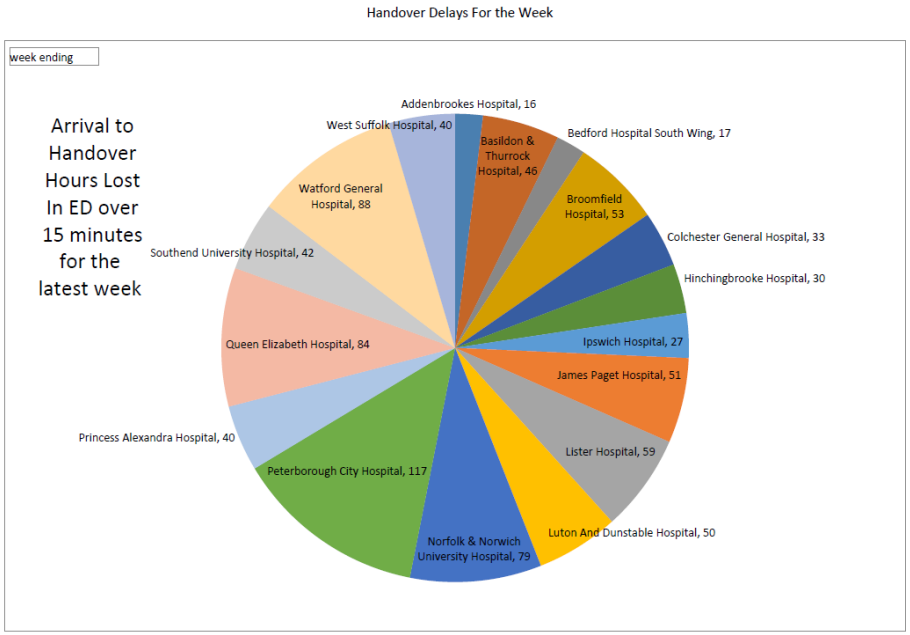
**Stephanie Lawton**
*Chief Operating Officer*

- Current challenges and action being taken
- Inappropriate A&E Presentations
- Recruitment in A&E
- Urgent Treatment Centre and Primary Care
- Discharge Planning
- Delayed Transfers of Care

# Current performance challenges

The Princess Alexandra Hospital NHS Trust

- Performance against the Four Hour Standard has been historically poor with only two months in the last twelve seeing and treating more than 80% of patients within four hours
- Our performance for July to date for type 1 activity (not including minor illness units) is 80%.
- For the 7 months up to the end of May we saw an 8% increase on the corresponding period 12 months previously, whilst this did not happen in June, it has continued in July
- Our ambulance conveyance lost hours is one of the best in the region




| ED Attendance Change | | | | | |
|---|---|---|---|---|---|
| | | 17/18 | 18/19 | Diff | % |
| Total | Nov | 8767 | 9297 | 530 | 6.05% |
| | Dec | 8584 | 9175 | 591 | 6.88% |
| | Jan | 8423 | 9166 | 743 | 8.82% |
| | Feb | 7586 | 8479 | 893 | 11.77% |
| | Mar | 8549 | 9373 | 824 | 9.64% |
| | Apr | 8193 | 9002 | 809 | 9.87% |
| | May | 8830 | 9153 | 323 | 3.66% |
| | **Total** | **58932** | **63645** | **4713** | **8.00%** |
| | | | | | |
| | | **17/18** | **18/19** | **Diff** | **%** |
| Major | Nov | 3295 | 3464 | 169 | 5.13% |
| | Dec | 3275 | 3367 | 92 | 2.81% |
| | Jan | 3190 | 3239 | 49 | 1.54% |
| | Feb | 2756 | 3045 | 289 | 10.49% |
| | Mar | 3076 | 3284 | 208 | 6.76% |
| | Apr | 2835 | 3154 | 319 | 11.25% |
| | May | 3168 | 3327 | 159 | 5.02% |
| | **Total** | **21595** | **22880** | **1285** | **5.95%** |
| | | | | | |
| | | **17/18** | **18/19** | **Diff** | **%** |
| Minor | Nov | 5472 | 5833 | 361 | 6.60% |
| | Dec | 5309 | 5808 | 499 | 9.40% |
| | Jan | 5233 | 5924 | 691 | 13.20% |
| | Feb | 4827 | 5443 | 616 | 12.76% |
| | Mar | 5473 | 6079 | 606 | 11.07% |
| | Apr | 5074 | 5472 | 398 | 7.84% |
| | May | 5662 | 5826 | 164 | 2.90% |
| | **Total** | **37050** | **40385** | **3335** | **9.00%** |



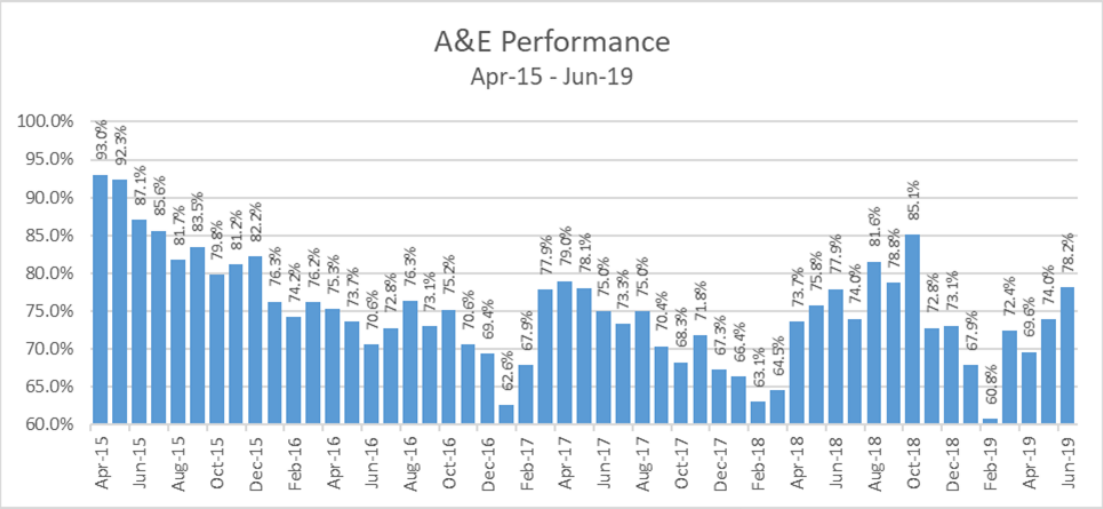
Your future | Our hospital

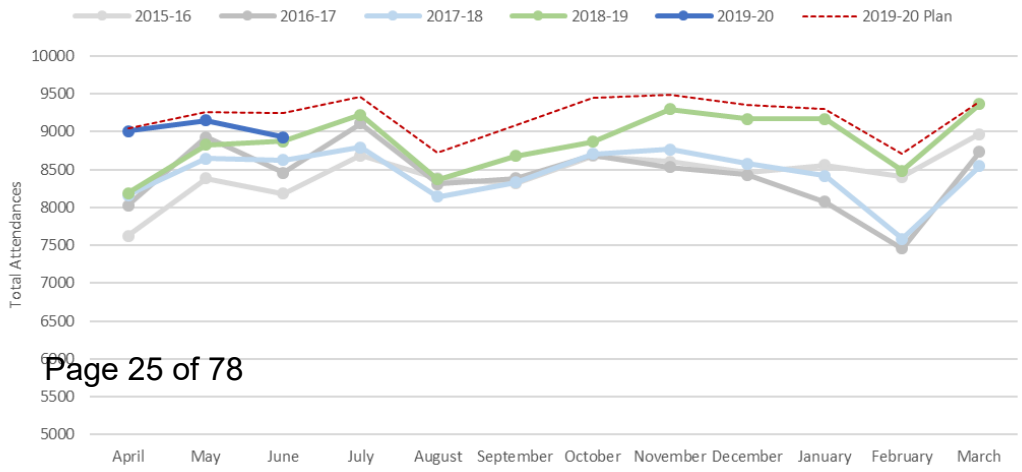
Actions that we have taken

- Increased A&E Medical Rota
- Increased opening time of Frailty Assessment Service
- Introduced new rapid assessment and treatment process into A&E to improve decision making and ambulance handover
- Increased operational weekend support

# A&E Attendances

The Princess Alexandra Hospital NHS Trust

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# ED Staffing and Recruitment

The Princess Alexandra Hospital NHS Trust

- We have successfully recruited a new Associate Medical Director, who starts in September
- We are currently recruiting to our vacant Consultant posts, and interviewing two candidates next week
- We are actively recruiting into our vacant Middle Grade and SHO posts

# Primary Care and Urgent Treatment Centre

The Princess Alexandra Hospital NHS Trust

In December we are required to implement a new Urgent Treatment Centre, some of the standards that are required are:

- Support for both walk-ins and pre-bookable appointments
- must operate for minimum of 12 hours per day, 7 days a week and support all ages
- All patients presenting at UTC must be assessed within 15
- The service model must be GP led to encourage community facing responses
- Must have access to a patients electronic care plan and must be able to issue electronic prescriptions

To begin this work we have engaged with a new primary care provider for an interim period to allow us to develop the new model

# Primary Care Streaming

The Princess Alexandra Hospital NHS Trust

| | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total A&E Attendances | 8875 | 9226 | 8373 | 8678 | 8868 | 9296 | 9173 | 9168 | 8487 | 9368 | 9008 | 9152 | 8932 |
| Patients Streamed (away from A&E) | 1232 | 1242 | 1134 | 1089 | 998 | 945 | 952 | 1102 | 1003 | 1060 | 946 | 709 | 761 |
| Percentage of Patients Streamed | 13.9% | 13.5% | 13.5% | 12.5% | 11.3% | 10.2% | 10.4% | 12.0% | 11.8% | 11.3% | 10.5% | 7.7% | 8.5% |

Up until April 2019, we consistently streamed away between 10 and 15%.

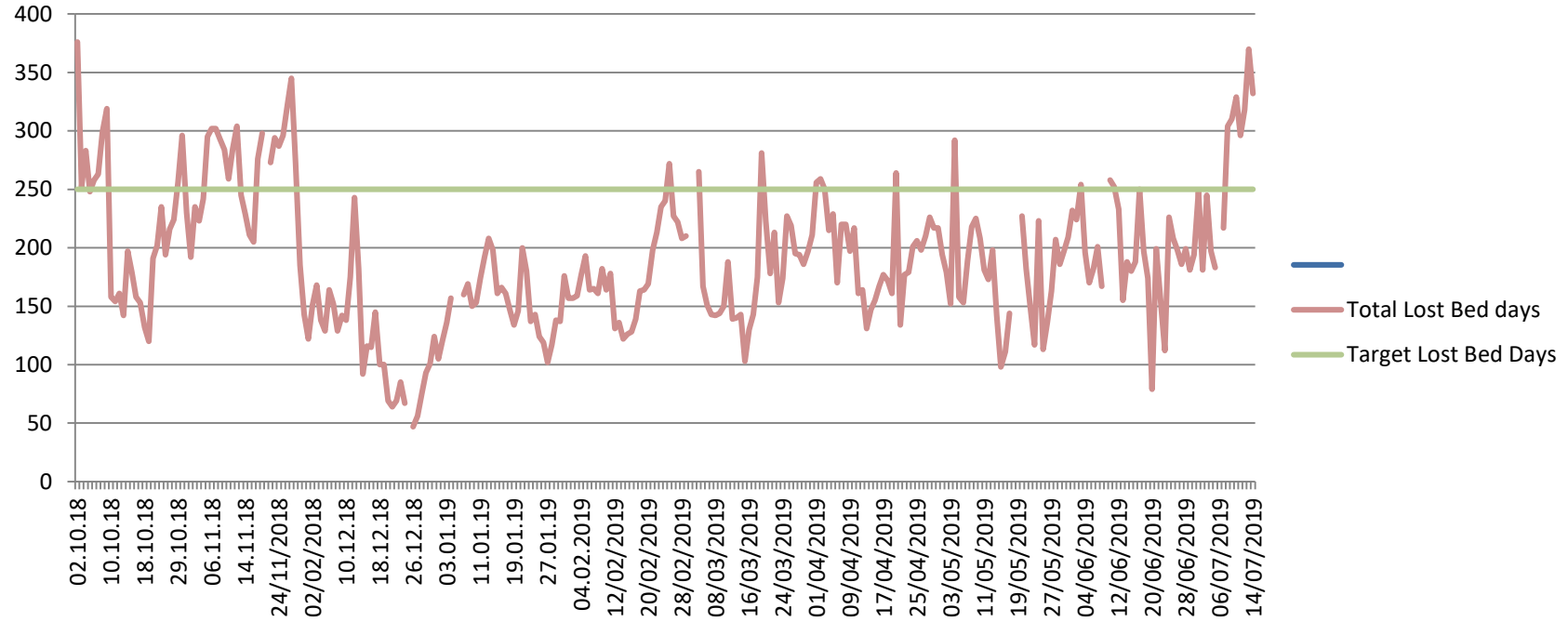
In the first two weeks of July we have seen a significant increase in the number of patients streamed to the GP Service

| | Overall A&E Performance | | | Self-presenting Patients | | Streaming Desk Potential | | Streaming Desk Activity | | Urgent Care Services | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Patients attending A&E who self-present (this excludes patients brought in by ambulance) | | Self-presenting patients arriving between 8am-8pm when the streaming desk is open | | Patients logged under the streaming desk location to identify they have been seen at the streaming desk | | | | |
| Week Ending | Attendances | Breaches | % | Attendances | % of overall A&E attendances | Attendances | % of Self Presenting Patients | Number of Patients Streamed | % of self presenting patients streamed | Number of Patients Discharged from GP Service | Number of Patients Discharged from ENP Service | % of self presenting patients discharged by Urgent Care Services |
| 07/04/2019 | 2136 | 613 | 71.30% | 1734 | 81.18% | 1429 | 82.41% | 376 | 21.7% | 134 | 267 | 28.1% |
| 14/04/2019 | 2036 | 658 | 67.68% | 1583 | 77.75% | 1294 | 81.74% | 314 | 19.8% | 126 | 275 | 31.0% |
| 21/04/2019 | 2005 | 574 | 71.37% | 1598 | 79.70% | 1278 | 79.97% | 288 | 18.0% | 161 | 263 | 33.2% |
| 28/04/2019 | 2150 | 650 | 69.77% | 1723 | 80.14% | 1424 | 82.65% | 243 | 14.1% | 161 | 297 | 32.2% |
| 05/05/2019 | 2149 | 643 | 70.08% | 1753 | 81.57% | 1453 | 82.89% | 316 | 18.0% | 140 | 291 | 29.7% |
| 12/05/2019 | 2019 | 606 | 69.99% | 1647 | 81.58% | 1348 | 81.85% | 232 | 14.1% | 138 | 273 | 30.5% |
| 19/05/2019 | 2069 | 508 | 75.45% | 1684 | 81.39% | 1380 | 81.95% | 250 | 14.8% | 130 | 285 | 30.1% |
| 26/05/2019 | 2152 | 608 | 71.75% | 1762 | 81.88% | 1451 | 82.35% | 379 | 21.5% | 135 | 304 | 30.3% |
| 02/06/2019 | 1977 | 332 | 83.21% | 1604 | 81.13% | 1313 | 81.86% | 226 | 14.1% | 125 | 261 | 29.4% |
| 09/06/2019 | 2085 | 355 | 82.97% | 1711 | 82.06% | 1407 | 82.23% | 405 | 23.7% | 142 | 293 | 30.9% |
| 16/06/2019 | 2013 | 460 | 77.15% | 1634 | 81.17% | 1318 | 80.66% | 201 | 12.3% | 122 | 243 | 27.7% |
| 23/06/2019 | 2190 | 625 | 71.46% | 1781 | 81.32% | 1428 | 80.18% | 186 | 10.4% | 99 | 287 | 27.0% |
| 30/06/2019 | 2112 | 438 | 79.26% | 1673 | 79.21% | 1331 | 79.56% | 203 | 12.1% | 106 | 282 | 29.2% |
| 07/07/2019 | 2300 | 382 | 83.39% | 1901 | 82.65% | 1522 | 80.06% | 174 | 9.2% | 284 | 280 | 37.1% |
| 14/07/2019 | 2296 | 552 | 75.96% | 1898 | 82.67% | 1574 | 82.93% | 284 | 15.0% | 223 | 331 | 35.2% |

# Discharge Planning

The Princess Alexandra Hospital NHS Trust

We have maintained the improvements in the number of bed days lost for patients who are medically fit and are consistently under 300 days, and often under 200. However, we have seen a spike in bed days over the last few weeks which have been caused by a lack of capacity for bariatric patients requiring rehab, Specialist Neuro rehab and CHC commissioned Nursing Home placements.



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# Delayed Transfers of Care

The Princess Alexandra Hospital NHS Trust

The number of bed days attributable to DTOCs has remained relatively stable over the last 12 months.

| Reasons for delay - Awaiting | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 |
|---|---|---|---|---|---|---|---|---|---|---|
| A) Completion of Assessment | 0 | 3 | 4 | 0 | 8 | 13 | 3 | 23 | 9 | 3 |
| B) Public Funding | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 3 | 0 |
| C) Further non acute NHS care (including intermediate care, rehabilitation etc) | 41 | 70 | 86 | 43 | 47 | 39 | 51 | 75 | 36 | 100 |
| Di Residential Home | 0 | 6 | 4 | 17 | 13 | 16 | 9 | 14 | 10 | 10 |
| Dii Nursing Home | 59 | 38 | 48 | 41 | 23 | 38 | 89 | 44 | 14 | 47 |
| E Care package in own home | 4 | 4 | 0 | 2 | 21 | 4 | 0 | 6 | 5 | 27 |
| F Community equipment / adaptions | 5 | 1 | 7 | 3 | 3 | 14 | 6 | 12 | 14 | 22 |
| G Patient / family delay | 47 | 103 | 76 | 30 | 40 | 44 | 49 | 84 | 71 | 79 |
| H Disputes | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| I Housing - patients not covered by NHS and Community Care Act | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 156 | 225 | 226 | 137 | 155 | 168 | 207 | 258 | 162 | 288 |

The system has worked hard to influence the number of bed days lost to both CHC commissioned packages within the trust through the implementation of discharge to assess programme. The CHC related delays are associated with commissioning support for our Fast Track Patients. A system wide programme of work across the STP continues to align our discharge assess services, and to ensure the future model for discharge to assess meets our increasing need.

There have also been delays associated with sourcing specialist neurological and bariatric rehab placements, which can be seen in the June figures.

**Update from the East of England Ambulance Service**
**NHS Trust**
**July 2019**

**Purpose**

- To inform members of the current corporate update for EEAST and its key focus as an organisation for the future.
- To update members on the current A&E pressures.

**Background**

The NHS has more demands on its people, time and resources than ever before. In the ambulance sector alone, 999 calls have increased by 6% every year. In EEAST we have seen the average number of calls increase from 3000 a day to 3300 a day over three years.

An independent service review published in May 2018 found that there was a capacity gap and recommended a six-year contract for the service. It led to the 17 CCGs that commission our services awarding an extra investment of £11.5m this year to begin recruiting more paramedics and purchase more ambulances, with the aim of having 330 more paramedics and 160 more ambulances by 2020.

We are led by an experienced interim Chief Executive Officer, Dorothy Hosein. Our chair Sarah Boulton has recently left the Trust and has been replaced on an interim by Nigel Beverley a very experience Chair for Basildon and Thurrock University Hospital.

Our ambitious workforce plan is already ensuring we recruit more staff to treat patients in the community. Getting the right people, with the right training will take time. It is a challenging picture across the sector and the NHS as a whole.

As a regional organisation, East of England Ambulance Service works with six different health and social care systems. Across the region, we are seeing 9 out of 10 of our patients in less than 15 minutes.

We have continued to be innovative in how we develop services, working with hospitals, partners and our commissioners to make sure as many patients who need help in the community get support. Two new initiatives are being trialled, which support the wider NHS. These are Early Intervention Vehicles in South East and North Essex and the Rapid Intervention Service in Harlow.

Early Intervention Vehicles allows crews to help even more patients by putting the right help and support in place so that they can remain at home rather than be taken to an acute hospital. They are staffed by an EEAST senior emergency medical technician, together with a physio or occupational therapist from other partners. Wherever possible, they provide a one-stop service, assessing the patient, reviewing their medication, making onward referrals for additional health and social support where necessary and providing equipment to help them stay safe, such as walking aids, slippers or alarms.

The Rapid Intervention Service, sees a paramedic working with the Harlow GP neighbourhood team. The service has responded to more than 800 jobs alongside GPs since going live in October, with 92% admission avoidance which has shown to save the local system more than £1m.

The service does not make routine home visits for primary care, accepting referrals to the service from: Harlow GPs, care homes supported by Harlow GPs, mental health teams if a physical health need is identified and community matron/neighbourhood teams if additional diagnostics are required.

**Winter plan**

An extensive plan which details how the East of England Ambulance Service NHS Trust (EEAST) will work with NHS partners to manage demand and ensure patients receive safe and effective care over the winter was agreed by the Board in September.

The plan outlines the steps the Trust will take to meet response time standards while also supporting the health and wellbeing of staff. These include:

- Liaising closely with staff in hospital emergency departments to make sure patients can be handed over quickly and efficiently
- Making sure additional capacity is made available to maintain vehicles and minimise any breakdowns or mechanical failures, in turn keeping more ambulances on the road
- Putting comprehensive staffing, resourcing and management arrangements in place
- Promoting wellbeing among staff and encouraging uptake of the flu jab to reduce sickness absence
- Putting specific plans in place for the Christmas and New Year period, including increased clinical support in ambulance operations centres. A new Regional Tactical Command Cell will ensure senior staff are available and on-call 24/7 and can escalate any issues which may arise. It will also monitor hospital turnaround data to give an overview of where capacity is available and act as a single point of contact for all external NHS partners, such as hospitals and commissioners, to improve communication and joint working.

**Hospital handover times**

In February 2018, the service introduced a new protocol to make sure that crews are able to get back into the community as quickly as possible after leaving patients in the safe care of hospital clinicians. There has been a marked improvement in the arrival to handover times at all trusts in Essex (appendix 1). EEAST has recruited Hospital Ambulance Liaison Officers (HALOs) until March 2019, who were based at all five Essex acute hospitals within the emergency departments. They are responsible for facilitating the clinical handover process ensuring the patient is handed into the care of the hospital within 15 minutes of the ambulance's arrival and the post hand over element ensuring crews are available to respond within 15 minutes following patient handover.

Acute trusts, commissioners and emergency care networks have worked with EEAST to ensure crews are fully aware of out of hours providers and alternative care pathways available. This will support EEAST to further improve response times as well as the patient experience.

Mid Essex Hospital continues to experience challenges which impact on turnaround times. EEAST continues to work with the A&E Delivery Board to further improve pathways for patients referred by GPs to the emergency department.

**EOC – Admission Avoidance**

The Emergency Operations Centres have been working to support admission avoidance and have a number of strategies in place to support this.

- Increasing DoS services
- Building relationships with out CCG DoS colleagues and working closely together to ensure the DoS is fit for EEAST
- Ensuring that our clinicians views are requirements are incorporated with the DoS.

In the past 18th months from January 2018 to May 2019 there has been a significant increase in MiDoS searches by per day ensuring that patients are receiving the best care and support in the community thus supporting a reduction in the admission to hospitals.

**High Intensity Service Users**

To support vulnerable members of our communities and to avoid unnecessary call-outs by our ambulance crews the Trust identifies it's frequent callers using the criteria set by the Frequent Caller National Network (FreCaNN). The policy for frequent callers has been in place since 2014 and is regularly reviewed. As a result, EEAST operate a High Intensity Caller Management Plan and currently has 150 active plans in place.

There are currently 3 types of management plans – Standard, Time Specific and Triage Every Time.

**Acute Trusts and County Councils**

The Mid and South Essex STP have been working diligently to support Arrival to Handover and Handover to Clear delays with a Tripartite Agreement currently being put in place. Results of this Agreement will be reported on once the processes are in place.

The Trust is currently working with SEPT and ECAT on a trial basis to investigate low acuity calls in order to offer the correct response to patients.

The Trust is working with the Acutes and Newton Europe who are commissioned to investigate system processes and issues. The aim is to understand where out immediate care offer can give people better outcomes and help more people stay at home.

**Winter Planning Update**

The Service Delivery directorate undertook significant forecasting and detailed planning using both learning from experience, system intelligence and system engagement.
The forecasted capacity requirements to meet the demand and operating context were modelled and through the additional capacity obtained through overtime, bank staff, agency staff and private ambulance provision a closely matched level of capacity was achieved to service the demand.

It should be noted that the level of capacity was aligned to the internal forecast and this exceeded the modelled requirements as set out in the independent service review, for the period in question.

**Recruitment**

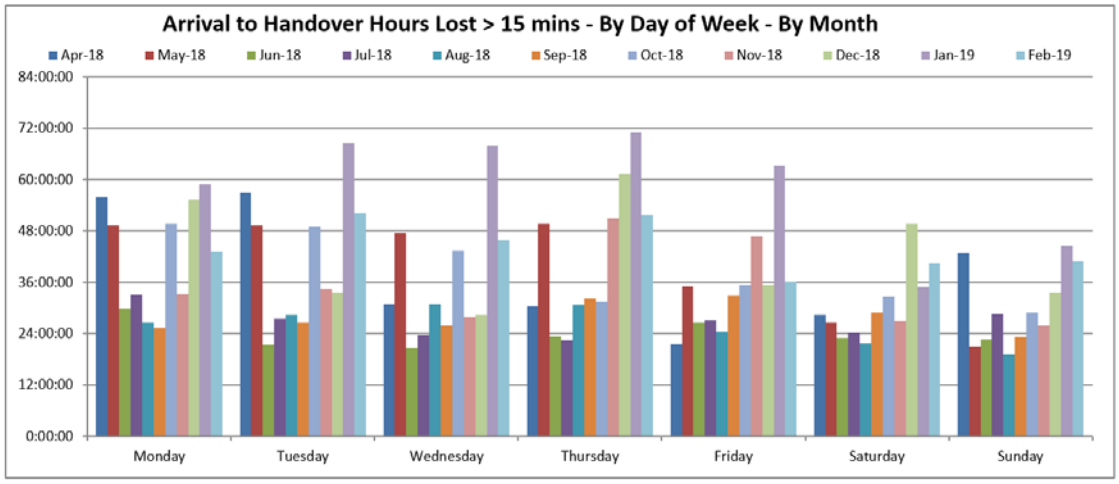
As at the end of May 2019 our budgeted position identifies 62.54 vacancies across Mid and South Essex

We are aware of a further 27 leavers across Mid & South Essex leaving the area between June and end of August. These vacancies are made up of frontline mixed skilled staff. The reasons for the vacancies are numerous. They consist of retirement, moving to primary care, moving to other ambulance trusts nationally and also internal transfers.

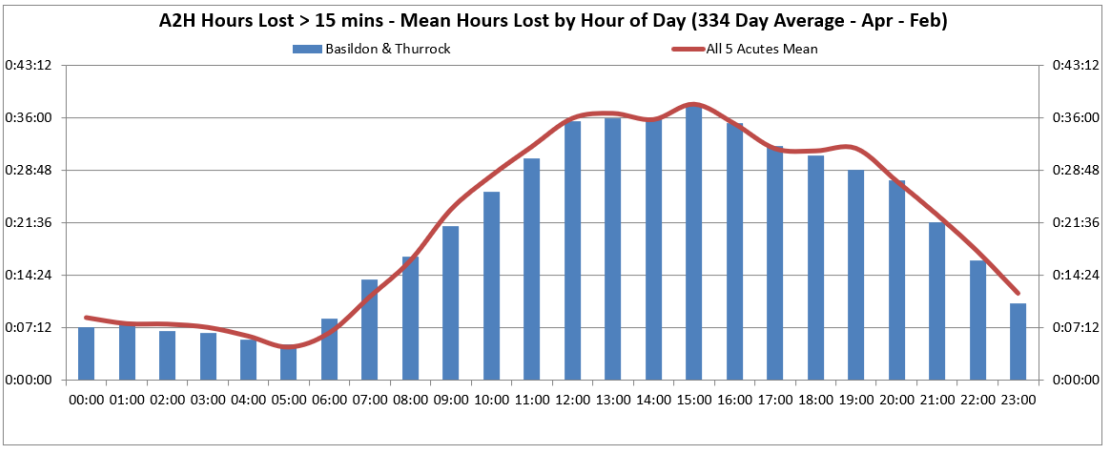
We have a trajectory recruitment plan in place which currently has 46 new recruits in the pipeline to join Essex from now until October. We are actively recruiting and currently organising further training places to accommodate more recruits

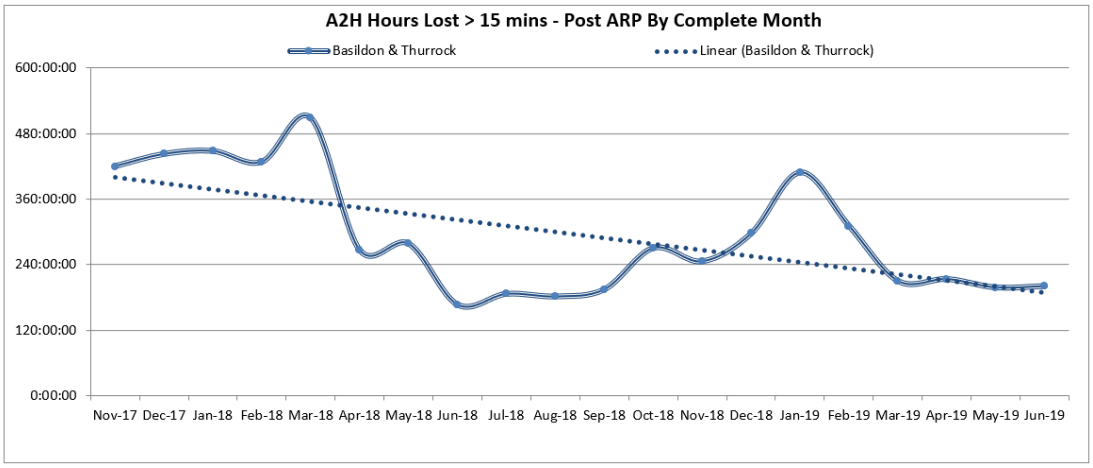
Appendix 1 – Arrival to Handover graphs by Hospital Trust April 2018 – February 2019

Basildon and Thurrock NHS Trust



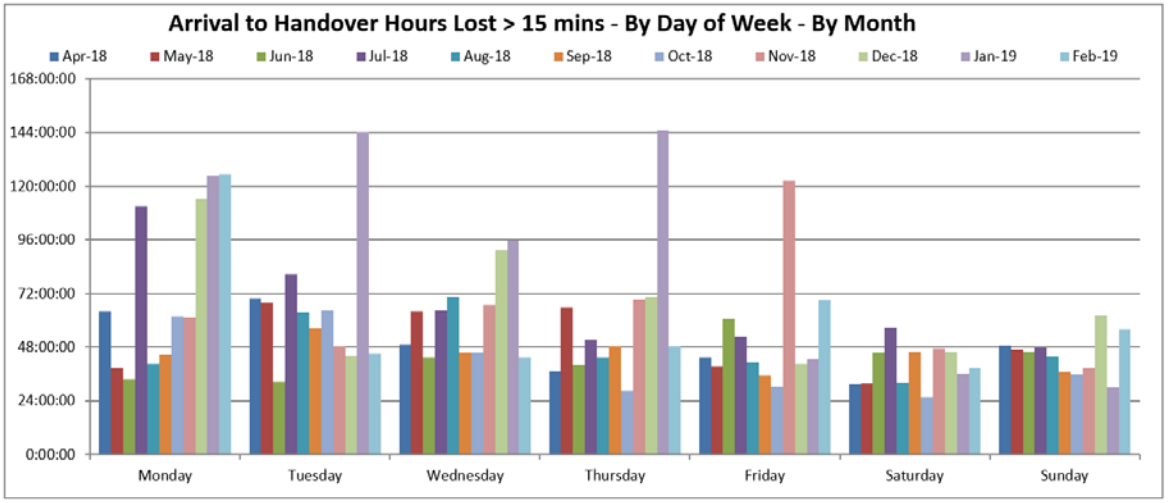
| Month | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Month Total |
|---|---|---|---|---|---|---|---|---|
| Apr-18 | 55:48:00 | 56:54:21 | 30:58:34 | 30:25:52 | 21:35:12 | 28:27:07 | 42:45:11 | 266:54:17 |
| May-18 | 49:17:29 | 49:23:13 | 47:33:18 | 49:40:20 | 35:08:22 | 26:30:07 | 21:00:17 | 278:33:06 |
| Jun-18 | 29:45:09 | 21:18:28 | 20:32:49 | 23:18:07 | 26:28:55 | 22:57:59 | 22:31:39 | 166:53:06 |
| Jul-18 | 33:04:11 | 27:31:48 | 23:45:18 | 22:26:51 | 27:06:26 | 24:10:21 | 28:32:20 | 186:37:15 |
| Aug-18 | 26:33:23 | 28:25:57 | 30:51:48 | 30:46:11 | 24:24:45 | 21:40:15 | 19:12:10 | 181:54:29 |
| Sep-18 | 25:21:11 | 26:31:53 | 25:49:50 | 32:13:35 | 32:50:02 | 28:59:25 | 23:03:01 | 194:48:57 |
| Oct-18 | 49:37:44 | 48:58:39 | 43:22:33 | 31:27:44 | 35:30:31 | 32:40:29 | 28:59:13 | 270:36:53 |
| Nov-18 | 33:16:45 | 34:32:32 | 27:48:50 | 50:54:10 | 46:50:31 | 27:00:55 | 25:46:08 | 246:09:51 |
| Dec-18 | 55:18:37 | 33:39:28 | 28:24:18 | 61:11:50 | 35:30:06 | 49:39:30 | 33:36:04 | 297:19:53 |
| Jan-19 | 58:54:05 | 68:29:58 | 67:55:39 | 70:57:15 | 63:13:32 | 34:57:43 | 44:24:32 | 408:52:44 |
| Feb-19 | 43:08:44 | 52:16:13 | 45:54:33 | 51:40:39 | 36:12:01 | 40:29:39 | 40:54:50 | 310:36:39 |
| Total | 460:05:18 | 448:02:30 | 392:57:30 | 455:02:34 | 384:50:23 | 337:33:30 | 330:45:25 | 2809:17:10 |

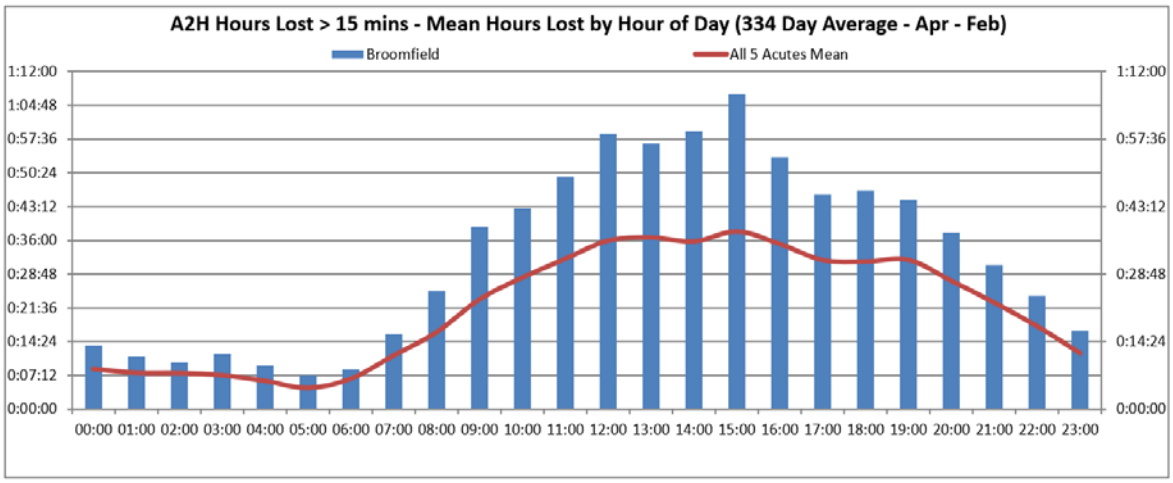


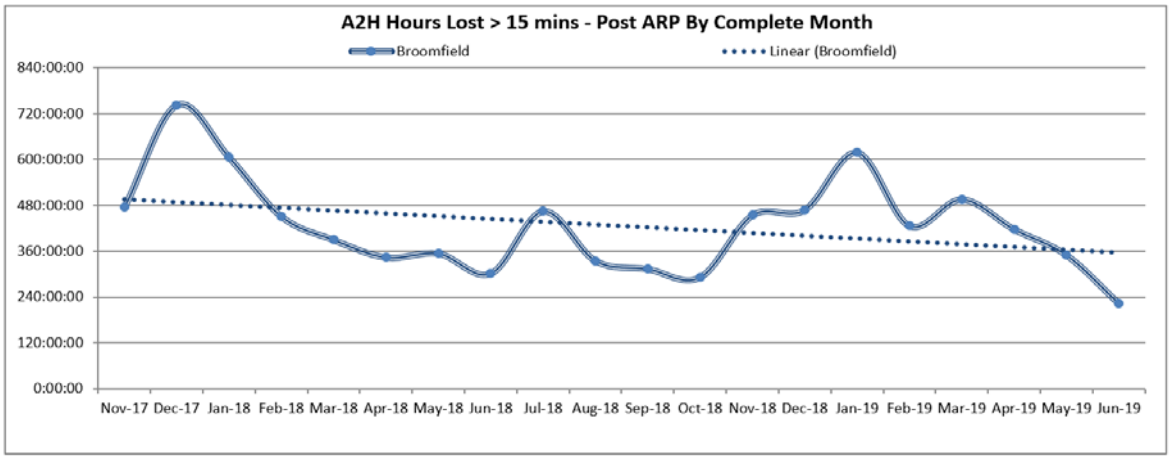




Mid Essex Hospital NHS Trust

| Month | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Month Total |
|---|---|---|---|---|---|---|---|---|
| Apr-18 | 64:04:29 | 69:41:19 | 49:02:09 | 37:23:22 | 43:32:16 | 31:27:39 | 48:53:24 | 344:04:38 |
| May-18 | 38:39:46 | 67:50:46 | 63:51:02 | 65:53:12 | 39:19:55 | 31:43:42 | 47:07:45 | 354:26:08 |
| Jun-18 | 33:46:53 | 32:33:40 | 43:33:10 | 40:12:01 | 60:36:01 | 45:31:10 | 45:56:16 | 302:09:11 |
| Jul-18 | 110:55:20 | 80:46:46 | 64:30:26 | 51:16:33 | 52:51:33 | 56:54:08 | 47:49:54 | 465:04:40 |
| Aug-18 | 40:36:48 | 63:38:13 | 70:22:40 | 43:29:13 | 41:14:41 | 32:07:41 | 43:43:37 | 335:12:53 |
| Sep-18 | 44:58:56 | 56:33:22 | 45:39:09 | 48:23:32 | 35:32:28 | 45:59:31 | 36:50:32 | 313:57:30 |
| Oct-18 | 61:52:47 | 64:29:58 | 45:34:27 | 28:23:44 | 30:22:02 | 25:45:53 | 35:38:44 | 292:07:35 |
| Nov-18 | 61:35:02 | 48:26:31 | 66:44:51 | 69:19:01 | 122:42:36 | 47:16:15 | 38:37:57 | 454:42:13 |
| Dec-18 | 114:04:52 | 43:58:25 | 91:22:06 | 70:25:36 | 40:26:23 | 45:53:04 | 62:15:47 | 468:26:13 |
| Jan-19 | 124:52:43 | 144:06:41 | 95:39:39 | 144:55:08 | 42:45:34 | 36:12:31 | 29:51:32 | 618:23:48 |
| Feb-19 | 125:32:57 | 45:10:50 | 43:33:04 | 48:27:54 | 69:05:47 | 38:39:35 | 56:01:37 | 426:31:44 |
| Total | 821:00:33 | 717:16:31 | 679:52:43 | 648:09:16 | 578:29:16 | 437:31:09 | 492:47:05 | 4375:06:33 |






Colchester NHS Trust

| Month | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Month Total |
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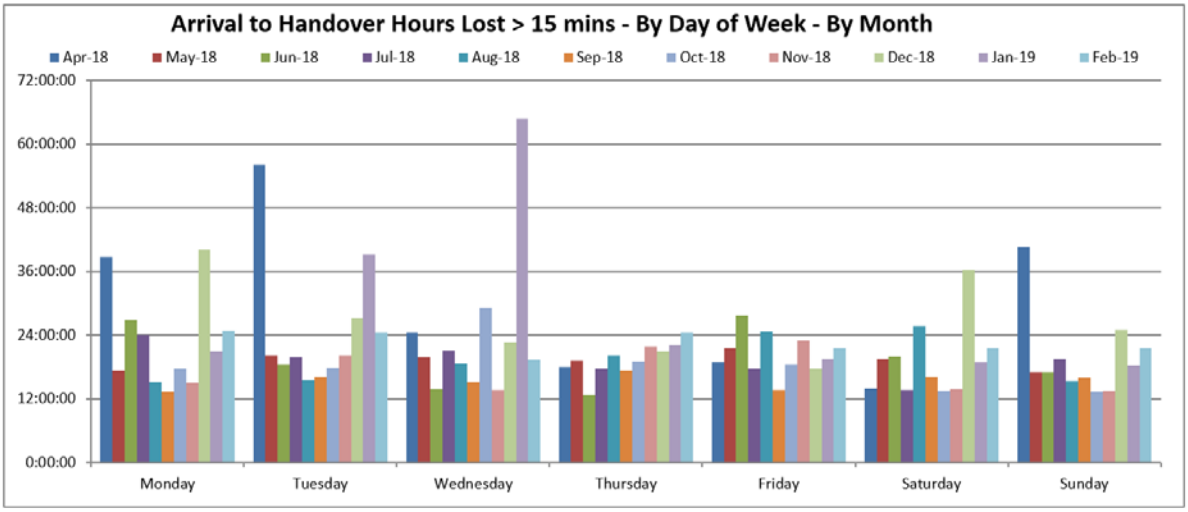
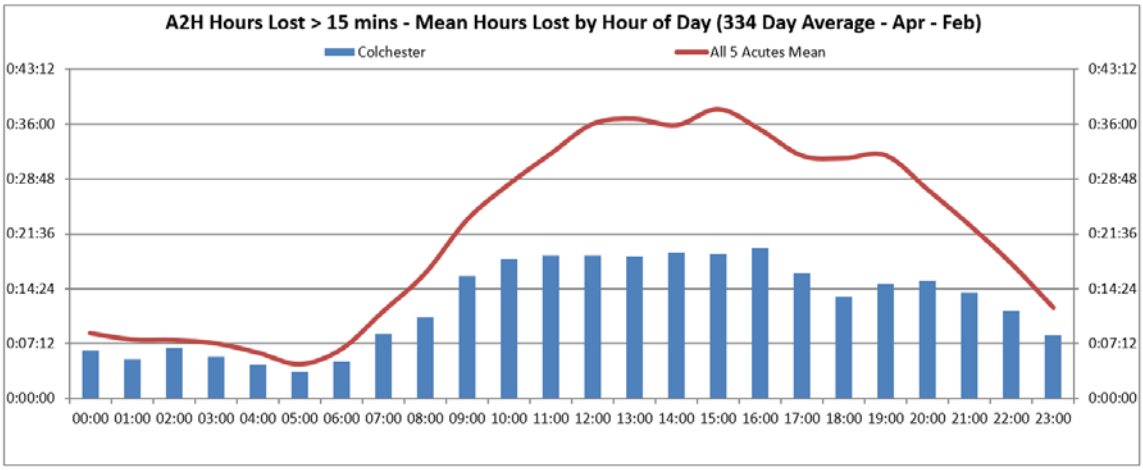
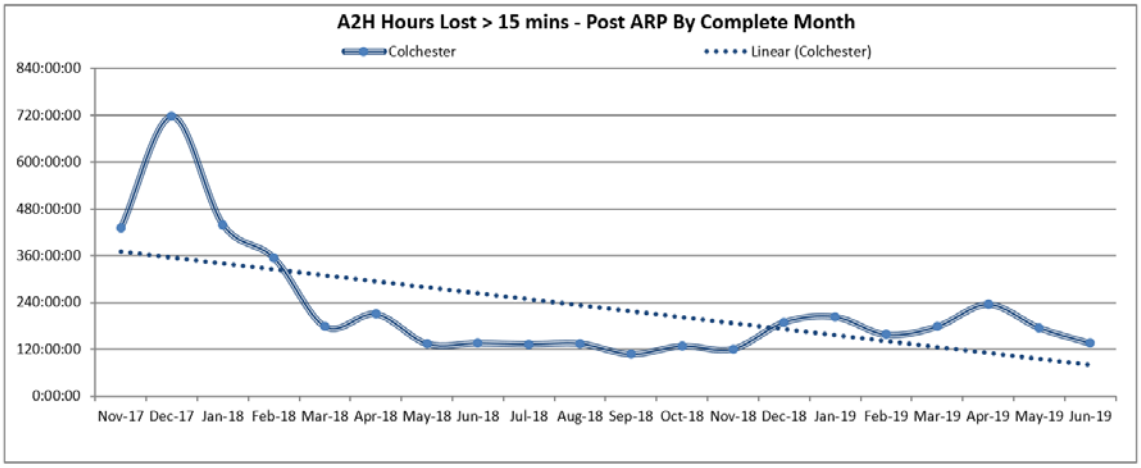
| Apr-18 | 38:40:12 | 56:07:25 | 24:28:43 | 17:59:31 | 18:56:25 | 13:55:24 | 40:37:51 | 210:45:31 |
| May-18 | 17:19:41 | 20:07:31 | 19:48:19 | 19:10:56 | 21:28:49 | 19:34:42 | 17:04:10 | 134:34:08 |
| Jun-18 | 26:44:27 | 18:25:57 | 13:47:20 | 12:39:36 | 27:40:48 | 20:03:10 | 17:02:20 | 136:23:38 |
| Jul-18 | 24:01:26 | 19:54:10 | 21:06:37 | 17:39:48 | 17:37:53 | 13:35:54 | 19:31:22 | 133:27:10 |
| Aug-18 | 15:10:29 | 15:30:25 | 18:34:39 | 20:04:03 | 24:38:45 | 25:44:45 | 15:24:25 | 135:07:31 |
| Sep-18 | 13:17:43 | 16:02:38 | 15:14:14 | 17:20:03 | 13:40:46 | 16:05:55 | 15:57:57 | 107:39:16 |
| Oct-18 | 17:35:14 | 17:52:52 | 29:08:58 | 19:02:10 | 18:23:29 | 13:24:29 | 13:21:55 | 128:49:07 |
| Nov-18 | 15:04:02 | 20:12:46 | 13:42:00 | 21:50:22 | 22:53:44 | 13:47:52 | 13:30:47 | 121:01:33 |
| Dec-18 | 40:03:39 | 27:20:04 | 22:38:33 | 20:56:23 | 17:39:25 | 36:17:07 | 24:52:57 | 189:48:08 |
| Jan-19 | 20:56:40 | 39:13:02 | 64:44:17 | 22:07:00 | 19:27:04 | 18:50:57 | 18:14:40 | 203:33:40 |
| Feb-19 | 24:48:31 | 24:30:27 | 19:19:25 | 24:32:30 | 21:34:06 | 21:29:39 | 21:36:17 | 157:50:55 |
| Total | 253:42:04 | 275:17:17 | 262:33:05 | 213:22:22 | 224:01:14 | 212:49:54 | 217:14:41 | 1659:00:37 |






Princess Alexandra Hospital NHS Trust

| Month | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Month Total |
|---|---|---|---|---|---|---|---|---|
| Apr-18 | 48:27:40 | 107:54:13 | 37:24:40 | 45:15:13 | 30:32:10 | 32:02:06 | 24:49:01 | 326:25:03 |
| May-18 | 37:37:32 | 51:29:45 | 31:01:09 | 28:20:48 | 39:21:05 | 23:18:08 | 17:06:07 | 228:14:34 |
| Jun-18 | 32:06:25 | 43:23:06 | 29:23:32 | 34:23:09 | 33:55:06 | 55:26:20 | 24:29:12 | 253:06:50 |
| Jul-18 | 93:48:50 | 55:59:39 | 32:35:21 | 37:32:19 | 34:20:32 | 52:15:15 | 62:53:22 | 369:25:18 |
| Aug-18 | 23:45:20 | 37:32:49 | 28:23:04 | 32:06:32 | 39:35:05 | 34:29:06 | 24:02:56 | 219:54:52 |
| Sep-18 | 47:15:40 | 37:57:45 | 23:57:17 | 35:44:56 | 27:42:19 | 47:00:00 | 25:50:27 | 245:28:24 |
| Oct-18 | 56:12:03 | 38:39:06 | 37:24:18 | 26:54:49 | 22:11:56 | 31:18:00 | 16:03:31 | 228:43:43 |
| Nov-18 | 51:04:23 | 49:54:35 | 43:24:03 | 61:38:48 | 44:57:08 | 32:10:04 | 35:05:41 | 318:14:42 |
| Dec-18 | 67:27:02 | 56:16:41 | 40:20:28 | 37:56:44 | 36:14:57 | 45:32:17 | 67:19:46 | 351:07:55 |
| Jan-19 | 43:22:37 | 74:38:22 | 55:24:04 | 48:55:42 | 46:56:05 | 40:12:39 | 33:56:39 | 343:26:08 |
| Feb-19 | 72:53:06 | 67:50:00 | 51:02:04 | 50:17:12 | 53:26:35 | 53:12:00 | 33:14:00 | 381:54:57 |
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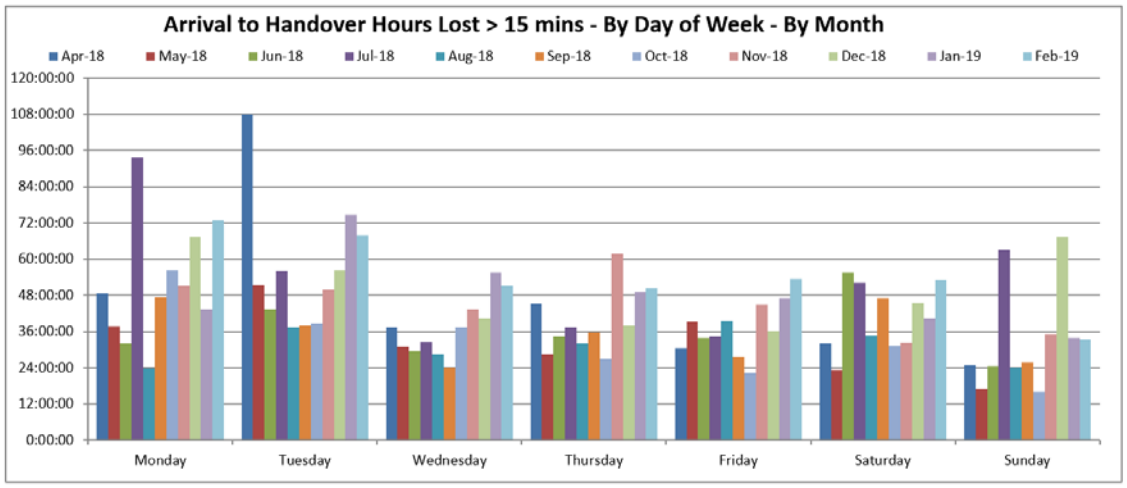


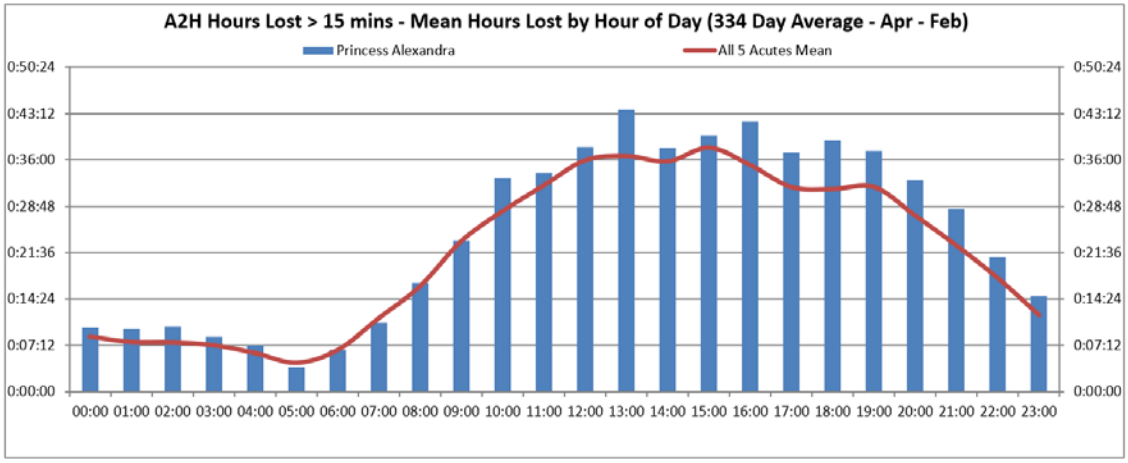


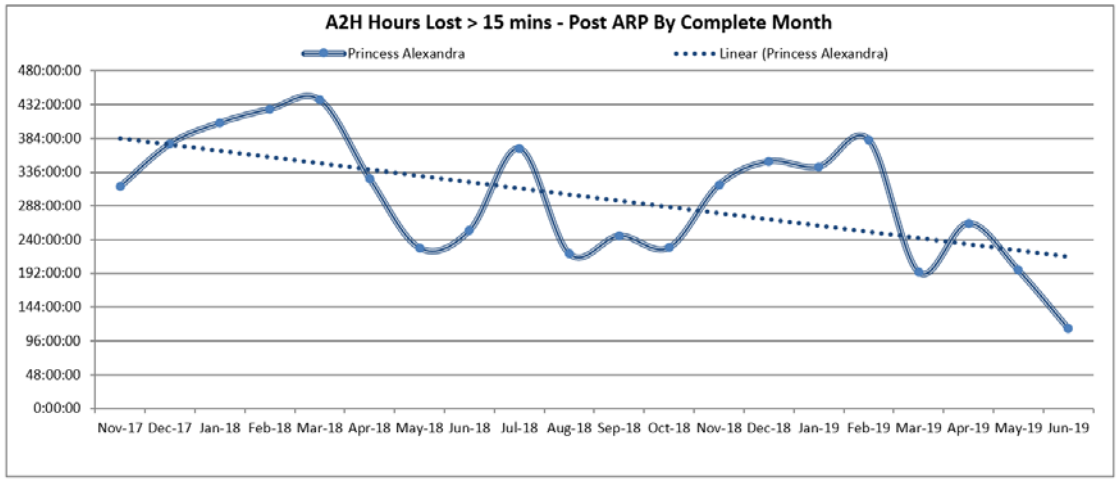

Southend University Hospital Foundation NHS Trust

| Month | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Month Total |
|---|---|---|---|---|---|---|---|---|
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| May-18 | 21:03:19 | 14:07:53 | 17:27:47 | 18:37:53 | 11:32:04 | 11:20:10 | 11:03:25 | 105:12:31 |
| Jun-18 | 18:57:48 | 15:17:08 | 18:31:21 | 12:05:23 | 16:41:01 | 19:25:55 | 12:27:45 | 113:26:21 |
| Jul-18 | 23:29:46 | 16:46:18 | 14:49:25 | 15:55:47 | 17:04:52 | 17:17:38 | 25:22:09 | 130:45:55 |
| Aug-18 | 28:52:24 | 20:02:52 | 23:02:33 | 18:49:23 | 23:19:33 | 18:03:10 | 21:48:12 | 153:58:07 |
| Sep-18 | 18:54:02 | 21:15:37 | 14:40:23 | 18:22:40 | 19:18:38 | 28:46:04 | 31:07:27 | 152:24:51 |
| Oct-18 | 21:19:40 | 28:48:20 | 13:43:12 | 11:05:53 | 12:08:27 | 15:43:15 | 16:40:26 | 119:29:13 |
| Nov-18 | 53:57:43 | 47:39:09 | 26:10:26 | 21:43:15 | 24:18:30 | 25:50:24 | 25:37:30 | 225:16:57 |
| Dec-18 | 55:29:42 | 45:54:54 | 31:43:34 | 32:42:14 | 47:25:50 | 35:48:26 | 85:44:07 | 334:48:47 |
| Jan-19 | 99:05:19 | 70:36:28 | 47:49:17 | 80:50:17 | 30:16:04 | 47:22:09 | 84:31:59 | 460:31:33 |
| Feb-19 | 56:51:00 | 40:10:23 | 48:59:48 | 23:49:52 | 56:17:39 | 73:36:44 | 37:50:20 | 337:35:46 |
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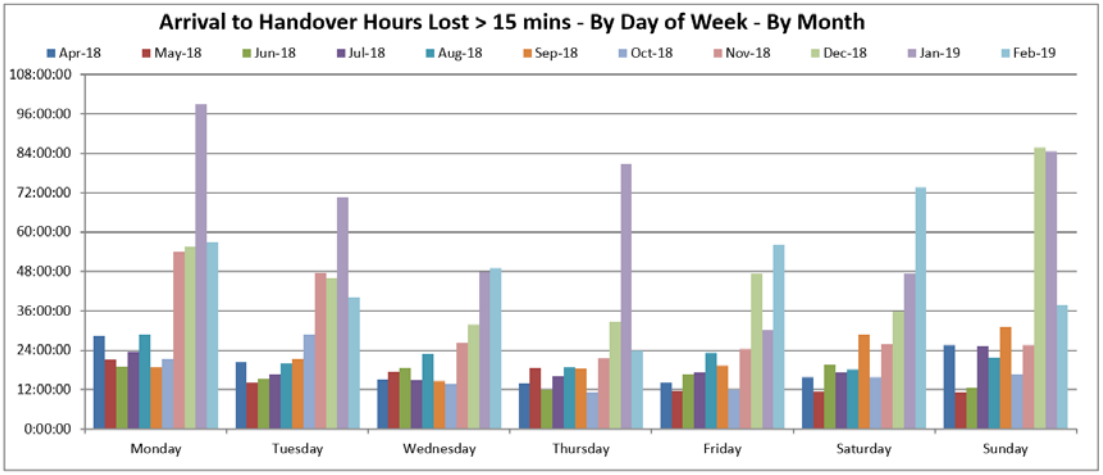
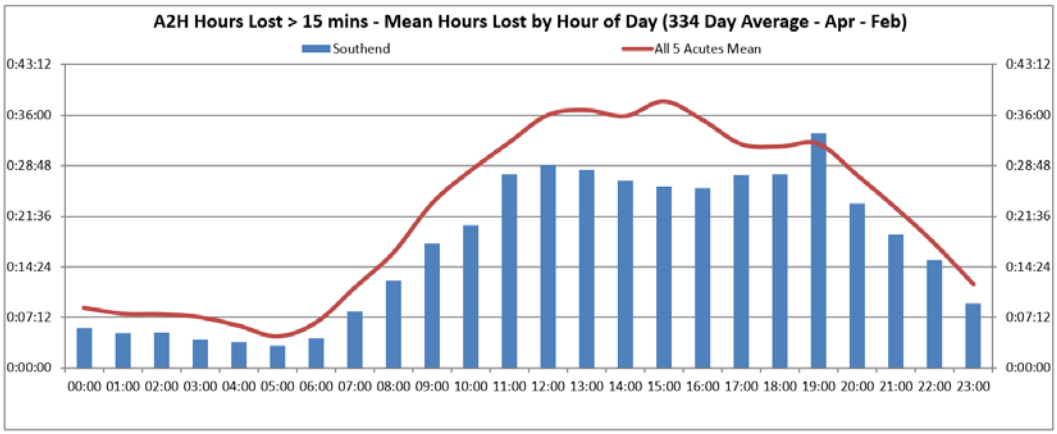
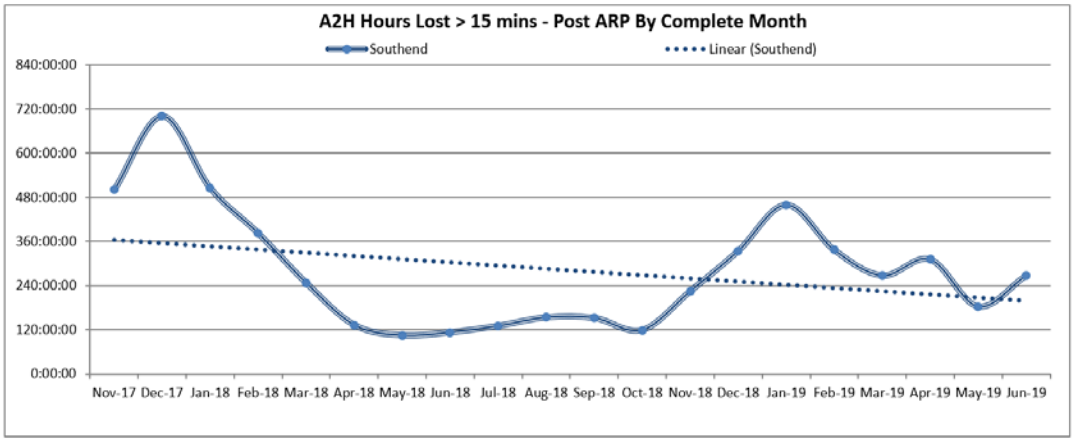


HOSC - JULY 2019

# Seasonal Operational Pressures

# Summary

## TOPICS COVERED TODAY

The Current Picture

2018

2019

Key Principles

- Admission Avoidance
- Delayed Transfers of Care (DTOC)

Local Delivery

Winter 2019

# The Current Picture

## KEY LEARNING FROM LAST YEAR

- Although winter is often identified as a key time for pressures it is becoming more difficult to extract it from pressure felt year-round or during other seasonal peaks.
- Beds are not the only answer to managing increased demand
- Admission Avoidance is a key enabler to reducing pressure on both the Health, Acute and Social Care system – this can be achieved through additional Community and prevention services

# 2018

c£5.9m was allocated to Essex County Council for adult social care and Nick Presmeg committed to working with Health and CCGs to discuss how best to deploy some of this funding.  To maximise the funds impact over winter we intended to spread the funding across December, January and February to ensure that health and social care were supported throughout the cold months.

The priority is to ensure that people are supported to live independently in their own homes as far as possible and we believe that prevention is better than cure.  We wanted to invest in schemes that support the community and admissions avoidance, rather than simply buying more beds.  We did not want to create dependency.

Winter planning conversations took place in the quadrants being led by the responsible DLD (director for local delivery) as we knew that the issues and challenges in each quadrant (and the respective hospitals) vary and potential schemes may be different to accommodate.

At a County-wide level we intended to do the following:

1. Incentivise providers to take on new packages of care over the winter period and over weekends.
2. Set up a scheme that supports people out of hospital with live in care for a period of time, reducing the need for interim beds.
3. Invest in longer working hours for social care employees to ensure more cover over the winter period
4. Fund extra capacity for mental health assessments
5. Invest in public health initiatives and community resilience to help prevent admissions, for example, winter warmth schemes, flu jabs and care navigators.

# 2019

In 2019 c£5,919,494 for social care has been included as part of the Better Care Fund. The funding is to support social care and winter pressures but this year it does not mean it can only be spent during the winter period - it can support seasonal pressures, and also areas can invest in schemes earlier to better prepare in advance for winter.

As in 2018 it has been agreed that a countywide and local approach is the best way to manage this fund and agreement has been made with partners that it is split 30% (£1,775,848) for county-wide schemes and 70% (£4,143,646) for local schemes

Although there will be local differences in schemes, it is important that ECC has a consistent set of outcomes we want this money to achieve for us. We expect the £5.9m funding to prioritise improvements in the following areas:

1. Prevention: including admissions avoidance for health and social care; investment in carers; and community resilience
2. Early Intervention and enablement: including reducing rates of permanent admissions to residential care and reduced social care DTOCs
3. Safeguarding: including keeping people safe and free from harm
4. Care market quality and sustainability

Countywide and local schemes should then show a link to these outcomes. Local schemes would be subject to local discretion and agreement with local partners

# Key Principles

## for managing pressure on hospitals

### ADMISSION AVOIDANCE

One of the ways of reducing pressure in the system is to reduce admissions into hospitals. This can be achieved through developing community services with the aim of improving or maintaining patients' health.

This Preventative approach to managing demand is a key priority in the Adult Social Care Business Plan, and for our partners across the Health and Social Care System

### TRANSFERING CARE

Often described as Intermediate Care - the principle of expediently discharging patients from hospital is essential to reduce pressures in the hospital - we are measured on the number of delayed transfers of care (DTOC).

A 'delayed transfer of care' occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. It can cause considerable distress and unnecessarily long stays in hospital for patients. They also affect waiting times for NHS care, as delayed transfers reduce the number of beds available for other patients.

# Admission Avoidance

## MANAGING DEMAND

Our vision is "For every adult to be able to live as independently as possible and to enjoy a good and meaningful life" and this is a vision that must continue to be supported through times of additional pressure. We want to see a transformational shift from a focus on long-term care and support to those in crisis to a focus on early intervention and enabling people to live independently for as long as possible, by making the best and most sustainable use of all available resources.

It is easy to revert to reactionary approaches when looking at how to manage demand but by holding this vision close we are able to think rationally and long-term.

A key principle of prevention enables us to focus on evidence-based interventions that can help to prevent avoidable demand on statutory health and care services especially at times of increase pressure and demand in the system

# DTOC – Current Picture

| Setting | West | South | North | Mid |
|---|---|---|---|---|
| Acute Hospitals | • Daily DTOC figures are shared and there is an opportunity to challenge if needed but there is not a formal validation meeting held daily<br>• Weekly DTOC figures are agreed once a week in formal meeting for PAH and Addenbrookes<br>• No Validation for Whipps Cross.<br>• Mid Hospital team manage any discharge for West Essex patients. | • Weekly DTOC figures are agreed once a week in F2F meeting, SHUFT (Fri) and BTUH (Thurs)<br>• Daily 'Huddle' in SHUFT led by Discharge Co-Ordinator around 'State of Hospital', MFFD & DTOC.<br>• Weekly email to service manager with brief summary of acute. | • ASC maintain a spreadsheet with updates for discharge planning.<br>• Daily DToC are prepared and validated between ASC and the hospital with the exception of the weekend which are completed on Mondays..<br>• Validation of all patients from Essex regardless of quadrant | • Weekly DTOC figures are agreed once a week in formal meeting<br>• Complete ASC DToC tracker for acute only.<br>• Email service manager a brief summary of both acute and community |
| Community Hospitals | • Daily DTOC figures are shared and there is an opportunity to challenge if needed but there is not a formal validation meeting held dailyDTOC figures are agreed once a week for Epping Community Hospital & Saffron Walden Community Hospital<br>• *ASC tracker not completed.* | • Validation undertaken weekly (Brentwood Comm. Hospital incl. Mountnessing court & North Essex only)<br>• *ASC tracker not completed.* | • ASC tracker completed weekly - Fyatt & Clacton Hospitals. | • "Log-arm" Validation undertaken Weekly.<br>• *ASC tracker not completed.*<br>• Email service manager a brief summary of both acute and community. |
| Mental Health | • No Validation – generally zero or very small due to the criteria & cohort. | • Weekly TeleConf, LoS Bed meeting & MDT with monthly sign-off on delays. | | |
| Learning Disability | Throughout Essex DToC are based on the planned date of discharge agreed through CPA with the social worker. Potential DToCs identified are escalated to a *monthly* Transforming Care Operational meeting when:<br>• The integrated plan is reviewed to achieve the target discharge date.<br>• The LD Specialist Health Commissioner is notified for Transforming Care Performance trajectories.<br><br>**Reporting and Validation**<br>• When a DToC occurs, the health/social care responsibility is agreed at CPA.<br>• DToCs are reported nationally through Unify and locally to the LD Integrated Health Commissioners through contract reporting.<br>• Confirmation of social care DToCs within ECC ceased in April 2018. | | | |
| | Within the quadrants:<br>• *No validation process.*<br>• *No tracking of DToC or LoS.* | | | |

A recent deep dive was completed to ensure that efforts to reduce Delayed Transfers of Care were consistent. It was triggered because:

- Over the course of the year, our average performance is better than 17/18 and
- There have been fewer delays in total over the course of the year
- DToC rate per 100k population for March is 2.2 against our target for 2018/19 of 2.6

however….

- Performance in recent months has declined compared to this time last year; and at times fallen behind other LA's.
- Joint DToCs are consistently rising over the last three months and currently at their highest level

A set of recommendations have been made following this deep dive to ensure that performance continues to improve and that the right areas are prioritised (currently MH and LD). Governance arrangements are currently being agreed with partners to support delivery of these.

# FINDINGS & RECOMMENDATIONS

97% of Essex DTOCs come from 15 organisations.

Five of the fifteen high-volume organisations are outside Essex (c15% of DTOC).

The main reasons for joint delays are awaiting care package at home or awaiting nursing home placement.

60% of our current DTOCs are non-acute (Community, MH & LD).

Essex Social Care DTOC rate compares favourably to both Eastern region (EoE) and nationally, generally having better rates with a notable exception in Oct-Dec 2018 (higher than the national rate, however better than EoE). Eastern region, national and Essex rates have all shown an improving trend since April

Following this deep dive a set of recommendations have been developed to ensure that we continue to meet the target and operate effectively to manage DTOCs :

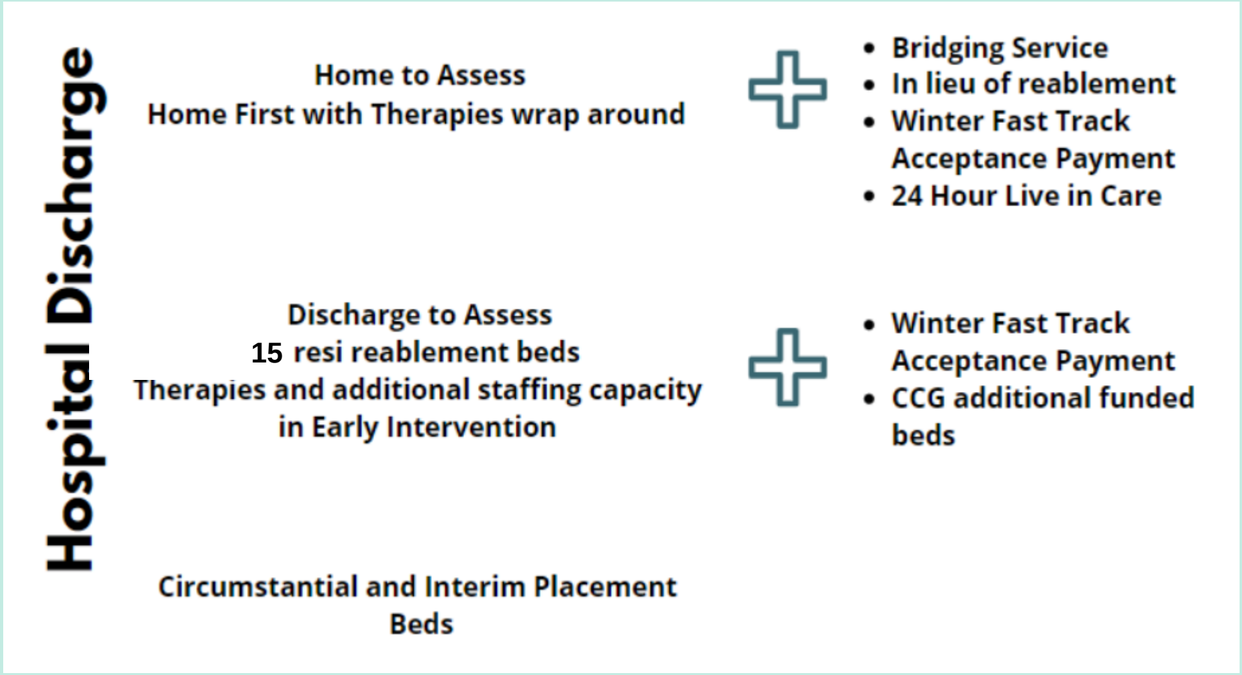
| Recommendation | Delivery | | What will change? |
|---|---|---|---|
| | Lead | Programme/'s | |
| **Create a single shared vision about the truth, shifting the focus from DToC to Outcomes** (All recommendations)* | ALT | • Integration/TASC<br>• Intermediate Care Better Care Fund | Clear vision of success and what that means for the system. |
| **Develop a clear pathway for data from frontline of decision making at individual level through to leaders at organisation & system level** (Rec's 3,4,5,6,7,8,9 & 11-13)* | Data & Analytics & Service Managers | • Better Care Fund<br>• High Impact Changes (HIC)<br>• Digital | Clear governance & control mechanisms ensuring the best possible control at individual, service & leadership levels systemwide.<br>"long term outcomes for the individual at the heart of every discharge decision" |
| **Develop clear ownership of every aspect of the discharge pathways (& processes) incl. Criteria & Mechanisms for escalation*** (incl. review of Internal Audit action plan in light of Deep Dive findings). | Service Managers with hospital leads | • Integration/TASC<br>• Intermediate Care<br>• HIC | Clear governance & control mechanisms ensuring the best possible control at individual, service & leadership levels systemwide.<br>• Ability to challenge & agree improvements<br>• Accurate understanding of capacity based on fact not perception |
| **Work with East of England LGA DTOC Network to agree definitions, interpretation and use of NHSE guidance** (Recs 1,2 & 8)* | Alex Green with support from the Integration & Partnership Team | • High Impact Changes (HIC)<br>• Integration | • Consistent application of the guidance, stronger validation and more accurate data/tracking.<br>• A shared & agreed understanding of blockages and flow issues in the system. |
| **Ensure consistent interpretation of NHSE guidance & use of coding is in use across teams** (Rec's 1,2 & 8)* | Alex Green & Service Managers with hospital leads | • High Impact Changes (HIC)<br>• Digital | • A shared & agreed understanding of blockages and flow issues in the system.<br>• Ability to challenge & agree improvements |
| **Ensure processes are in place for correct & consistent validation in accordance with NHSE guidance** (Rec's 2, 4, 7 & 9)* | Data & Analytics & Service Managers | • Better Care Fund<br>• HIC<br>• Digital | Clear governance & control mechanisms ensuring the best possible control at individual, service & leadership levels systemwide. |
| **Ensure a consistent approach to sharing data & information** (Rec's 3,4,5,6 & 10 )* | Data & Analytics & Service Managers | • Digital/Integration<br>• BCF/HIC | An agreed understanding of blockages and flow issues in the system to enable improvement. |
| **Processes to be put in place to validate and understand the causes of delays in Community, MH & LD settings.*** (Rec's 5,7,8,10 & 11-13) | Alex Green & Service Managers with hospital leads | • Intermediate Care<br>• Digital<br>• HIC | Agreed approach to holding professionals, services and systems to account without blame<br>• An agreed understanding of blockages and flow issues in the system to enable improvement. |


# Local Delivery

# North East Essex

Winter Schemes in NE Essex aim to:

- Enable swifter hospital discharge
- Ensure efficient patient flow throughout the system
- Embed a home first culture with assessments and longer term decision-making taking place in an adult's own home
- Increase the consistency of reablement/therapy.
- Explore the use of therapies alongside interim placement beds upto 20/21
- Organising ECL and in lieu providers
- Ensuring that Home to Assess continues to operate as effectively as possible through the reablement service



# Mid Essex

Mid Essex ASC has agreed its governance re decision making with system partners for winter money expenditure via the BCF Partnership Board. This is made up of partners from ECC, CCG, Acute , MSE hospital group and Community Health Providers.

Mid Essex are engaging with the Economic and Social Research Council to support via a Challenge Lab and a research project to complete capacity and demand mapping for the system.
The aim is to find research driven solutions to focus attention to deliver system-wide change. This is in order to build improved whole system resilience as part of the winter planning process

In particular we wish to:

- Understand the demand that currently comes into the mid Essex health and care system for the acute and community
- Understand the capacity that is available both in the acute and community to manage the identified demand including primary care
- Use data to allow more informed decision making regarding if health and social care resources are in the correct place to manage the demand
- Identify any gaps in services and solutions within the mid Essex capacity
- Explore the potential for predictive analytics to identify future anticipated demand increases
- Use data to recommend how mid Essex should use their collective resources to manage the demand based on the finding of the research.

The challenge lab will take place on 25th July 2019 and will define the pathway that the system wants to focus on. The session will also draw out the outline commissioning intentions for the system. The project has been discussed with Newton Europe, and they have advised that although their research will touch upon some of these objectives, they would not deliver fully against these as in scope services for the winter demand mapping project may not be intermediate care.

# West Essex

PAH have faced some real challenges with demand and have struggled with the ED performance targets.  DTOC however has remained low (as a result of the Discharge to Assess approach) and there is a robust approach to transfer of care which our integrated discharge team and integrated SPA are central to.

Wherever possible we have tried to focus on schemes that prevent admission to hospital in the first place and the admission avoidance scheme demands a fast response time to referrals from the community to enable this to happen.

We also know that older people are much more likely to be admitted to hospital if there is a lack of MDT frailty services working with A and E, so we have also supported that.

## DISCHARGE TO ASSESS

- For the adult to maximise their potential for full recovery with a view for the individual to maintain or regain their ability to lve at home.
- To ensure the adult needs are met in the right place at the right time by staff with the right skills and competencies
- To reduce the level of an adult deconditioning within the acute setting by reducing their length of sta
- To be part of a full system wide Intermediate Care model that meets the needs of all the adults within West Essex whatever their pathway
- Increase flow through the system maximising system capacity, resource and manging financial demand.
- To develop a fully integrated model of care around the adult utilising current resource from the community including speech and language therapist, Social Workers, physio and occupational therapists, community nursing and primary care

# South Essex

In South Essex the A&E Delivery Boards continue to analyse acute data to determine trends (daily/weekly) in A&E attendance in comparison to previous years & across region. Winter Learning sessions have taken place with providers, partners & frontline staff.
Directors of Operations across the MSE group are beginning their Winter Planning imminently, linking with EEAST ambulance service and exploring how they can best utilise the patient tele-tracking system & predictive data analytics.

Both BB & CPR have established BCF/iBCF Partnership Boards to provide a decision making framework regarding local winter money expenditure. Additionally the South East Essex Partnership Board (CPR) and newly established Partnership & Integration Forum (BB) provide strategic oversight from partners across the South system. Partners are particularly keen to take on board learning from the Newton Europe diagnostic work in helping to inform future decision making.

- 'In Lieu' of Reablement services to manage demand and ensure capacity - Based on winter last year this will be at least £200k
- Extra staffing will be commissioned as it was last year but learning has shown that the roles need to be for a minimum of 6 months to enable training, improve quality of candidates & cover Easter as well as winter.
- In 2018 24 hour care schemes were not utilised to the level expected - this was due to a mixture of awareness and identifying need. This will not be re-commissioned in 2019.
- Bridging will be an area of spend for South Essex and the model for this is currently being developed.
- Discharge to Assess - the focus for this year will be less on beds and more focused on getting people home, through the use of bridging, before assessing. The beds commissioned last year will continue to be available.
- the development of a Hoarding Forum is high on the agenda
- Using learning from other quadrants discussions around commissioning an Early Intervention Vehicle have just begun

# Winter 2019

## PREVENTION

Focusing on Admission Avoidance, community support and prevention as much as discharge

## DISCHARGE TO ASSESS

Supporting adults to maximise their potential for full recovery following admission

## LEARNING FROM 2018

Looking to schemes that were successful last winter and re-commissioning them

## BEDS

Ensuring that there anough beds to support discharge as an alternative to discharge to assess where appropriate

## MARKET

Working with ECA to learn from 2018 and develop an approach to managing demand for 2019 together

## EVIDENCE

Using data to ensure that resources are in the right place to manage demand - not working from assumptions

AGENDA ITEM 6

**HOPSC/24/19**

**Committee** Health Overview Policy and Scrutiny

**Date** 24 July 2019

## SPECIALIST COMMISSIONING – MOORFIELDS EYE HOSPITAL

Report by Graham Hughes, Senior Democratic Services Officer

Contact details: graham.hughes@essex.gov.uk Tel: 03301 34574

**Recommendation:**

(i) To note the launch of a public consultation on a proposal to bring services from Moorfields' main City Road hospital site and the UCL Institute of Ophthalmology to a new purpose -built centre.

(ii) To discuss the level of oversight required, if any, by the Essex HOSC considering the intention that a North Central London Joint HOSC will be monitoring the progress of the consultation.

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**Background**

Moorfields Eye Hospital NHS Foundation Trust is proposing to relocate all the services currently provided at Moorfields' City Road site in Islington, London (along with the UCL Institute of Ophthalmology and Moorfields Eye Charity) to a brand new integrated, purpose-built hospital on land that has become available at the St Pancras Hospital site in Camden, London, subject to public consultation.

Two letters received in relation to the above proposal are attached as Appendices. The public consultation has been launched and runs through to 16 September 2019 and can be accessed from this link – https://oriel-london.org.uk/

Moorfields Eye Hospital serves the national population. Accordingly, under applicable health regulations, local authorities are expected to convene a joint scrutiny arrangement. To this end, the existing Joint Overview and Scrutiny Committee for North Central London is proposing to act as scrutiny lead. In view of this the Essex HOSC may wish to consider the extent of any continued oversight over this proposal.

NHS
Camden
Clinical Commissioning Group

14th Floor, Euston Tower
286 Euston Road
London
NW1 3DP
www.camdenccg.nhs.uk

Wednesday 22nd May 2019

***Sent via email:***

**To: Local Authority Health Overview and Scrutiny Chairs**

**CC: Council Leaders**

Dear colleague,

**RE: Public consultation on the proposed move of Moorfields Eye Hospital's (City Road, London) services**

The NHS in north central London is working with NHS England Specialised Commissioning, in partnership with Moorfields Eye Hospital, University College London and Moorfields Eye Charity, on a proposal to bring together services from Moorfields' main City Road hospital site and the UCL Institute of Ophthalmology in a new purpose-built centre.

Following my previous correspondence with you on 28 March 2019 we are now writing to you, in partnership with your local CCG partners, to announce the launch of a public consultation on the proposal, running between **24 May and 16 September 2019.**

This consultation is being carried out pursuant to the clinical commissioning groups' (CCGs) legal duties to involve the public under s.14 Z 3 of the National Health Service Act 2006 and to consult with relevant local authorities under regulation 23 Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The proposal was approved for public consultation by the Moorfields Consultation programme board on 15 May 2019. This followed meetings of the London Regional Team for NHS England Specialist Commissioning Services, and then the Committees in Common of the 14 clinical commissioning groups who hold contracts with Moorfields, which took place in April 2019. Both groups considered supporting documentation and assurance in relation to the proposals, and feedback from the North Central London (NCL) JHOSC. They agreed that there was sufficient assurance to launch a public consultation.

As explained in the earlier correspondence, the North Central London JHOSC will be monitoring the progress of the consultation and will respond to the lead commissioners for the programme

following a report on the outcome of consultation activities to be made available to its meeting in 29 November 2019.

**We invite you to provide your views:** via any of the routes set out in the consultation document, and to share this letter with any colleagues whom you feel would value the opportunity to share feedback with us.

A full set of consultation documentation will be available at http://oriel-london.org.uk, from 24 May. The launch date takes into account purdah guidance on the European Union elections.

The consultation outcome will influence the Decision-Making Business Case that will be presented to NHS England & Improvement for assurance and for decision-making to the CCGs and NHS England Specialised Commissioning in January 2020.

Please do not hesitate to contact the consultation Programme Director, Denise Tyrrell, at denise.tyrrell@nhs.net if you have any questions.

Yours sincerely

Sarah Mansuralli
**SRO Moorfields Consultation Programme**
**Chief Operating Officer, Camden CCG**

NHS
Camden
Clinical Commissioning Group

**29 March 2019**

***By Email Only***

**Local Authority Health Overview and Scrutiny Chairs**

***Cc: Council Leaders***

14th Floor, Euston Tower
286 Euston Road
London
NW1 3DP
www.camdenccg.nhs.uk

Dear Health Overview and Scrutiny Chair,

**RE: Proposed move of site for Moorfields Eye Hospital (City Road, London)**

**We are writing to you in partnership with your local CCG partners to start a process of consultation with local health scrutiny.**

**Background and introduction**

On 25th February we wrote to your NHS Clinical Commissioning Group to advise them of a proposed site move. Moorfields Eye Hospital NHS Foundation Trust is proposing to relocate all the services currently provided at Moorfields' City Road site in Islington, London (along with the UCL Institute of Ophthalmology and Moorfields Eye Charity) to a brand new integrated, purpose-built hospital on land that has become available at the St Pancras Hospital site in Camden, London, subject to public consultation.

The Trust's ability to provide modern, efficient and effective treatment pathways is compromised on the current site due to the physical limitations of the historic building in City Road. The buildings at City Road, some of which are over 125 years old, are impacting negatively on patients and their experience at the hospital.

A new integrated site would enable the design and development of a purpose-built building that could enhance and improve patients' experience and staff satisfaction, and support integration of clinical care, research and education; facilitating the development of new practice, new technologies and new models of care, which in turn could improve outcomes for patients, attract and empower staff, and accelerate scientific research and discoveries. Potentially, the St Pancras Hospital site could offer better access for patients travelling from outside London, and improved transport links across the capital.

Services provided at Moorfields City Road site are commissioned by 109 NHS Clinical Commissioning Groups (CCGs) and by NHS England Specialised Commissioning. Of those 109 CCGs, 14 in London and Hertfordshire hold contracts with a material value (defined as >£2m per annum) with Moorfields for activity at the City Road site. These 14 CCGs, which comprise Barnet, Camden, City & Hackney, Ealing, Enfield, Haringey, Havering, Islington, Newham, Redbridge, Tower Hamlets, East & North Herts, Herts Valley and Waltham Forest will be undertaking a consultation process on the proposal to change the base of Moorfields' operations, which has been its long-term home on City Road.

It has been agreed that Camden CCG, on behalf of Islington CCG, will lead the consultation process, in partnership with NHS England London Region Specialised Commissioning. In order to oversee the consultation and subsequently reach commissioning decisions, a committee-in-common has been established whose membership is taken from the 14 main CCGs.

Any move of this kind is a long process, with many stages of formal assurance and approval, and these proposals have been in development for several years. Engagement has been ongoing during this time with patients, staff and stakeholders, helping to shape the plans for the future.

NHS
Camden
Clinical Commissioning Group

**Legislative drivers**

As you will be aware, NHS trusts and commissioners have a duty to involve people in service planning, including consultation on significant changes to services, Guidance on this is set out by NHS England in ***Planning, assuring and delivering service change for patients,*** March 2018. We expect to publish the Moorfields proposal for public consultation during the spring of 2019/20 (although we are already listening to patient and public views to help shape the proposal).

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 also require NHS commissioners to consult local authorities on proposed substantial variations to health services; requiring each CCG to notify its local authority partners when it has such proposals under consideration.

We are therefore asking you, as the Health Overview and Scrutiny Committee, to consider your preferred arrangements for scrutiny and to respond to us with your requirements. Given that Moorfields Eye Hospital serves the national population, we are expecting local authorities to convene a joint scrutiny arrangement under section 30(5) of the regulations. To this end, the existing Joint Overview and Scrutiny Committee for North Central London is proposing to act as scrutiny lead and we would like to know your views on this.

As an indicator of how Moorfields' services are provided to people across the country, contract values and numbers of patients are detailed in Appendix 1, noting that specialised services are commissioned for the whole of England.

**Immediate action to set up scrutiny arrangements**

We would like to hear from you on how best to work with you. Please could you advise us of the following:

1. Whether and when you would require a written briefing on the proposed relocation for your scrutiny committee members.

2. Whether you would like to send a representative to attend a Joint Health Overview and Scrutiny session in London on 29th April 2019.

3. How your local authority scrutiny would prefer to be consulted following publication of the Moorfields proposal e.g. could the North Central London manage a scrutiny process on your behalf?

I would be grateful if you would formally acknowledge receipt of this letter for our files to Naa Akle Noi (naaakle.noi1@nhs.net). We would very much appreciate your response by 15 April. Should we not receive a response we will assume that you are content with NCL Joint Overview and Scrutiny Committee acting as the lead and managing the process on your behalf.

Should you require any further information, please contact Programme Director, Denise Tyrrell on 07818 291387 or denise.tyrrell@nhs.net.

Yours sincerely,

Sarah Mansuralli
**Senior Responsible Officer – Moorfields Consultation Programme**
**Chief Operating Officer, NHS Camden Clinical Commissioning Group**

| BREAKDOWN OF PATIENT NUMBERS & SPEND FOR CCG AREAS IN ENGLAND | | | | |
|---|---|---|---|---|
| **CCG Area (2017/2018 data)** | **SpecComm Spend** | **SC Patient Nos** | **CCG Spend** | **CCG Patient Nos** |
| | | | | |
| **London Region** | | | | |
| | | | | |
| Barking and Dagenham | £233,842 | 1,036 | £1,557,353 | 8,064 |
| Barnet | £338,752 | 1,378 | £3,771,449 | 20,011 |
| Bexley | £158,292 | 662 | £846,158 | 4,680 |
| Brent | £483,835 | 2,849 | £1,574,384 | 8,064 |
| Bromley | £195,714 | 712 | £1,477,237 | 7,002 |
| Camden | £218,268 | 1,048 | £2,651,058 | 18,823 |
| Central London (Westminster) | £75,351 | 305 | £870,450 | 5,069 |
| City and Hackney | £677,839 | 3,179 | £5,682,412 | 30,290 |
| Croydon | £1,174,323 | 7,036 | £873,489 | 5,145 |
| Ealing | £612,058 | 3,843 | £2,337,389 | 10,180 |
| Enfield | £440,059 | 1,561 | £3,515,121 | 18,103 |
| Greenwich | £270,877 | 1,160 | £1,701,723 | 9,186 |
| Hammersmith & Fulham | £54,683 | 333 | £545,998 | 2,829 |
| Haringey | £356,893 | 1,339 | £2,918,271 | 17,220 |
| Harrow | £667,452 | 4,559 | £978,673 | 8,752 |
| Havering | £302,236 | 1,039 | £2,036,798 | 9,529 |
| Hillingdon | £126,238 | 730 | £724,441 | 3,636 |
| Hounslow | £183,664 | 721 | £1,021,038 | 4,908 |
| Islington | £456,826 | 2,279 | £4,135,886 | 22,765 |
| Kingston | £88,694 | 306 | £562,357 | 2,250 |
| Lambeth | £211,567 | 932 | £1,315,098 | 7,218 |
| Lewisham | £215,588 | 648 | £1,519,010 | 8,478 |
| Merton | £406,241 | 2,119 | £416,552 | 2,487 |
| Newham | £580,861 | 2,436 | £3,787,005 | 19,867 |
| Redbridge | £509,221 | 1,911 | £3,039,622 | 16,342 |
| Richmond | £112,954 | 436 | £604,947 | 3,135 |
| Southwark | £130,001 | 457 | £1,327,533 | 7,656 |
| Sutton | £132,390 | 500 | £346,515 | 1,576 |
| Tower Hamlets | £390,978 | 1,790 | £3,795,769 | 18,864 |
| Waltham Forest | £328,000 | 1,351 | £2,365,141 | 12,607 |
| Wandsworth | £677,959 | 4,021 | £1,212,720 | 5,814 |
| West London | £99,737 | 412 | £931,993 | 4,932 |
| **Total** | **£10,911,293** | **53,106** | **£60,443,590** | **325,482** |
| | | | | |
| **Midlands & East of England Region** | | | | |
| | | | | |
| NHS Basildon and Brentwood | £110,059 | 326 | £773,788 | 3,650 |
| NHS Bedfordshire | £180,824 | 430 | £859,291 | 3,626 |
| NHS Birmingham Crosscity | £28,846 | 63 | | |
| NHS Birmingham S. & Central | £8,177 | 24 | | |
| NHS Cambs & Peterborough | £84,837 | 181 | £411,355 | 1,860 |
| NHS Cannock Chase | £4,686 | 5 | | |
| NHS Castle Point & Rochford | £69,539 | 158 | £284,355 | 1,252 |
| NHS Corby | £17,198 | 13 | | |
| NHS Coventry and Rugby | £12,282 | 35 | | |

| | | | | |
|---|---|---|---|---|
| NHS Dudley | £11,676 | 23 | | |
| NHS East & North Hertfordshire | £335,412 | 1,033 | £3,089,293 | 13,275 |
| E. Leicestershire & Rutland | £22,510 | 46 | | |
| NHS Erewash | £159 | 2 | | |
| Great Yarmouth and Waveney | £9,966 | 34 | | |
| NHS Herefordshire | £1,952 | 2 | | |
| NHS Herts Valleys | £389,243 | 1,217 | £2,835,261 | 13,368 |
| NHS Ipswich & East Suffolk | £42,449 | 96 | | |
| NHS Leicester City | £30,600 | 50 | | |
| NHS Lincolnshire East | £32,959 | 54 | | |
| NHS Lincolnshire West | £12,133 | 15 | | |
| NHS Luton | £96,098 | 280 | £310,023 | 1,563 |
| NHS Mansfield and Ashfield | £4,522 | 3 | | |
| NHS Mid Essex | £193,780 | 377 | £1,186,499 | 4,827 |
| NHS Milton Keynes CCG | £84,760 | 204 | £250,386 | 1,232 |
| NHS Nene | £46,758 | 139 | | |
| NHS Newark & Sherwood | £1,195 | 3 | | |
| NHS North Derbyshire | £634 | 8 | | |
| NHS North East Essex | £88,382 | 224 | £460,754 | 2,116 |
| NHS North Norfolk | £6,168 | 15 | | |
| NHS North Staffordshire | £305 | 3 | | |
| NHS Norwich | £17,631 | 34 | £37,944 | 227 |
| NHS Nottingham City | £6,186 | 32 | | |
| Nottingham North and East | £335 | 3 | | |
| Redditch and Bromsgrove | £319 | 4 | | |
| NHS Rushcliffe | £1,052 | 6 | | |
| Sandwell and West Birmingham | £16,215 | 46 | | |
| NHS Shropshire | £2,996 | 5 | | |
| NHS Solihull | £24,133 | 53 | | |
| SE Staffordshire & Seisdon | £3,837 | 3 | | |
| NHS South Lincolnshire | £28,264 | 40 | | |
| NHS South Norfolk | £10,511 | 27 | £61,164 | 264 |
| NHS South Warwickshire | £17,016 | 27 | | |
| NHS South West Lincolnshire | £7,205 | 21 | | |
| NHS South Worcestershire | £8,370 | 31 | | |
| NHS Southend | £43,456 | 101 | £213,936 | 1,207 |
| NHS Southern Derbyshire CCG | £18,977 | 27 | | |
| NHS Stafford and Surrounds | £80 | 1 | | |
| NHS Stoke on Trent | £159 | 2 | | |
| NHS Telford and Wrekin CCG | £11,072 | 17 | | |
| NHS Thurrock | £49,571 | 286 | £453,296 | 2,101 |
| NHS Walsall | £159 | 2 | | |
| NHS Warwickshire North | £8,197 | 9 | | |
| NHS West Essex | £227,957 | 797 | £1,345,930 | 6,541 |
| NHS West Leicestershire | £26,478 | 32 | | |
| NHS West Norfolk | £19,133 | 28 | | |
| NHS West Suffolk | £10,517 | 15 | | |
| NHS Wolverhampton | £3,707 | 6 | | |
| **Grand Total** | **£2,491,641** | **6,718** | **£12,573,275** | **57,109** |

| **South of England Region** | | | | |
|---|---|---|---|---|
| | | | | |
| NHS Ashford CCG | £24,457 | 76 | | |
| NHS Aylesbury Vale CCG | £32,656 | 73 | £108,049 | 581 |
| NHS Bath and North East Somerse | £16,929 | 31 | | |
| NHS Bracknell and Ascot CCG | £17,526 | 65 | £73,369 | 377 |
| NHS Brighton and Hove CCG | £15,446 | 69 | | |
| NHS Bristol CCG | £14,062 | 39 | | |
| NHS Canterbury and Coastal CCG | £67,850 | 108 | | |
| NHS Chiltern CCG | £60,441 | 244 | £340,507 | 1,850 |
| NHS Coastal West Sussex CCG | £52,278 | 186 | £245,469 | 1,273 |
| NHS Crawley CCG | £27,605 | 96 | £119,567 | 476 |
| NHS Dartford, Gravesham and Swa | £216,742 | 1,020 | £625,918 | 3,278 |
| NHS Dorset CCG | £49,430 | 93 | £167,588 | 838 |
| NHS East Surrey CCG | £51,194 | 206 | £244,613 | 1,131 |
| NHS Eastbourne, Hailsham and Sea | £13,986 | 42 | £84,041 | 420 |
| NHS Fareham and Gosport CCG | £9,331 | 22 | £36,014 | 169 |
| NHS Gloucestershire CCG | £8,038 | 21 | | |
| NHS Guildford and Waverley CCG | £93,563 | 169 | £153,893 | 824 |
| NHS Hastings and Rother CCG | £37,169 | 90 | £129,857 | 678 |
| NHS High Weald Lewes Havens CC | £6,569 | 45 | | |
| NHS Horsham and Mid Sussex CCG | £55,147 | 106 | £163,968 | 768 |
| NHS Isle of Wight CCG | £31,172 | 61 | | |
| NHS Kernow CCG | £26,861 | 56 | | |
| NHS Medway CCG | £49,663 | 203 | | |
| NHS Newbury and District CCG | £6,753 | 26 | £46,621 | 181 |
| NHS North and West Reading CCG | £8,113 | 25 | £32,629 | 198 |
| NHS North East Hampshire and Fa | £37,937 | 99 | £130,409 | 634 |
| NHS North Hampshire CCG | £30,878 | 69 | £90,004 | 464 |
| NHS North Somerset CCG | £7,945 | 19 | | |
| NHS North West Surrey CCG | £97,537 | 281 | £426,525 | 2,067 |
| NHS N, E, and Western Devon CCG | £32,059 | 65 | | |
| NHS Oxfordshire CCG | £36,205 | 95 | £174,630 | 890 |
| NHS Portsmouth CCG | £22,993 | 38 | £27,258 | 200 |
| NHS Slough CCG | £61,882 | 161 | £129,203 | 663 |
| NHS Somerset CCG | £43,043 | 72 | | |
| NHS South Devon and Torbay CCG | £9,745 | 34 | | |
| NHS South Eastern Hampshire CCG | £17,393 | 46 | £48,680 | 255 |
| NHS South Gloucestershire CCG | £5,909 | 20 | | |
| NHS South Kent Coast CCG | £44,196 | 89 | | |
| NHS South Reading CCG | £21,026 | 34 | £63,572 | 356 |
| NHS Southampton CCG | £33,218 | 45 | £28,189 | 216 |
| NHS Surrey Downs CCG | £124,792 | 380 | £458,969 | 2,367 |
| NHS Surrey Heath CCG | £8,864 | 27 | | |
| NHS Swale CCG | £32,706 | 78 | £59,869 | 352 |
| NHS Swindon CCG | £13,582 | 38 | | |
| NHS Thanet CCG | £24,188 | 44 | | |
| NHS West Hampshire CCG | £23,930 | 87 | £114,329 | 581 |
| NHS West Kent CCG | £115,369 | 266 | £550,450 | 2,742 |
| NHS Wiltshire CCG | £27,272 | 73 | | |

| | | | | |
|---|---|---|---|---|
| NHS Windsor, Ascot and Maidenhe | £15,321 | 65 | £131,598 | 575 |
| NHS Wokingham CCG | £26,502 | 57 | £78,989 | 449 |
| **Grand Total** | **£1,907,474** | **5,454** | **£5,084,777** | **25853** |
| | | | | |
| **North of England Region** | | | | |
| | | | | |
| NHS Airedale, Wharfedale and Cra | £3,121 | 9 | **No** | |
| NHS Barnsley CCG | £9,087 | 36 | **CCG** | |
| NHS Bassetlaw CCG | £402 | 4 | **Commissioning** | |
| NHS Blackburn with Darwen CCG | £13,660 | 26 | | |
| NHS Bolton CCG | £2,918 | 3 | | |
| NHS Bradford Districts CCG | £2,725 | 9 | | |
| NHS Darlington CCG | £9,842 | 10 | | |
| NHS Doncaster CCG | £20,584 | 46 | | |
| NHS Durham Dales, Easington and | £15,535 | 21 | | |
| NHS East Lancashire CCG | £5,875 | 18 | | |
| NHS East Riding of Yorkshire CCG | £6,794 | 10 | | |
| NHS Eastern Cheshire CCG | £8,689 | 8 | | |
| NHS Fylde and Wyre CCG | £4,928 | 1 | | |
| NHS Greater Huddersfield CCG | £2,471 | 3 | | |
| NHS Greater Preston CCG | £255 | 2 | | |
| NHS Halton CCG | £80 | 1 | | |
| NHS Hambleton, Richmondshire a | £750 | 7 | | |
| NHS Harrogate and Rural District C | £80 | 1 | | |
| NHS Hartlepool and Stockton-on-T | £4,535 | 3 | | |
| NHS Heywood, Middleton and Roc | £1,115 | 2 | | |
| NHS Hull CCG | £23,491 | 27 | | |
| NHS Knowsley CCG | £80 | 1 | | |
| NHS Leeds North CCG | £4,030 | 7 | | |
| NHS Leeds West CCG | £1,297 | 6 | | |
| NHS Liverpool CCG | £11,242 | 16 | | |
| NHS Manchester CCG | £357 | 3 | | |
| NHS Morecambe Bay CCG | £1,359 | 8 | | |
| NHS Newcastle Gateshead CCG | £832 | 8 | | |
| NHS North Cumbria CCG | £2,627 | 2 | | |
| NHS North Durham CCG | £6,689 | 7 | | |
| NHS North East Lincolnshire CCG | £4,108 | 11 | | |
| NHS North Kirklees CCG | £2,512 | 10 | | |
| NHS North Lincolnshire CCG | £80 | 1 | | |
| NHS North Tyneside CCG | £3,534 | 3 | | |
| NHS Northumberland CCG | £535 | 6 | | |
| NHS Rotherham CCG | £3,343 | 8 | | |
| NHS Salford CCG | £2,419 | 10 | | |
| NHS Scarborough and Ryedale CCC | £3,047 | 1 | | |
| NHS Sheffield CCG | £17,681 | 34 | | |
| NHS South Sefton CCG | £176 | 1 | | |
| NHS South Tees CCG | £5,352 | 6 | | |
| NHS St Helens CCG | £637 | 8 | | |
| NHS Sunderland CCG | £594 | 4 | | |
| NHS Trafford CCG | £159 | 2 | | |

| | | | | |
|---|---|---|---|---|
| NHS Vale of York CCG | £7,527 | 8 | | |
| NHS Wakefield CCG | £5,399 | 4 | | |
| NHS Warrington CCG | £4,578 | 13 | | |
| NHS West Cheshire CCG | £3,274 | 22 | | |
| NHS Wigan Borough CCG | £319 | 4 | | |
| **Grand Total** | **£240,522** | **492** | | |
| | | | | |
| Source: CCG data and NHSE Specialised Commissioning data | | | | |

**HOPSC/25/19**

**Committee** Health Overview and Scrutiny

**Date** June 2019

## QUALITY ACCOUNTS

Report by Graham Hughes, Senior Democratic Services Officer
Contact details: graham.hughes@essex.gov.uk Tel: 03301 34574

**Recommendation:**

(i) To note the approach taken and comments made on draft Quality Accounts submitted to the Committee by health bodies during April - June 2019.
(ii) To consider how the process has been working this year and how arrangements to provide comments could be improved in future.

### Overview and 2019 approach

Health bodies are required to provide the HOSC with a copy of their Quality Accounts for comment. The health body is required to incorporate any comments on its' Quality Accounts received from stakeholders (including the HOSC) into its final version that is submitted to their regulator (see **Appendix 1** for more Background information).

This year, in consultation with the HOSC Chairman and Lead Members, it was agreed that copies of draft Quality Accounts received would be circulated to all HOSC members for comment. Any comments received have been passed onto the respective providers to include in their finalised Quality Accounts and these are shown in **Appendix 2**.

Each year it is difficult to arrange and co-ordinate HOSC responses due to tight regulatory deadlines (the HOSC is often given less than a month to respond) and difficult timing with comments usually sought during May each year (i.e. clashing with local, national and/or European elections). Therefore, Members may now wish to consider how the process worked this year and HOSC's approach to Quality Accounts and arrangements to provide comments could be improved in future.

## Background

Health Overview and Scrutiny Committees are one of the stated statutory consultees that health bodies are required to invite to comment on their Quality Accounts.

A Quality Account is a report about the quality of services by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided. Certain specified quality indicators have to be included in the report.

A healthcare provider has to provide and give a detailed statement about the quality of their services. Every Quality Account will include:

- A signed statement from the most senior manager of the organisation. Managers will describe the quality of healthcare provided by their organisation and the areas they are responsible for. Within this statement, senior managers should declare where the organisation needs to improve the services it delivers and acknowledge any issues in the quality of services currently provided.
- Answers to a series of questions that all healthcare organisations are required to provide. This includes information on how the healthcare provider measures how well it is doing, continuously improves the services it provides, and how it responds to checks made by regulators such as the Care Quality Commission (CQC).
- A statement from the organisation detailing the quality of the services they provide. Clinical teams, managers, patients and patient groups may all have a role in choosing what to write about in this section, depending on what is important to the organisation and to the local community. At the end of each Quality Account you will find a statement from the provider's main commissioner (buyer of their NHS services).
- Quality Accounts do not report on primary care services (GP practices, dental practices, community pharmacies and high street optometrists) or NHS Continuing Healthcare - NHS continuing healthcare refers to a package of continuing care arranged by the NHS to be provided outside hospital for people with ongoing healthcare needs.

The HOSC does not have to comment on the Accounts but it has the opportunity to do so as they provide useful summary and insight into quality issues and performance and actions being taken. Reviewing Quality Accounts can also act as a prompt for the HOSC to comment on how a health body is presenting information, the impression the HOSC has of the organisation's approach towards quality improvement overall, how the HOSC has been engaging and challenging the health body on-current concerns and issues and how the health body has responded both to the HOSC and regulatory challenge.

*Anglian Community Enterprise (ACE)*

In the last year, ACE has twice worked with, and helped inform, the Essex HOSC – once discussing the broader challenges in community healthcare (along with other providers and commissioners) and the second time in a discussion about care navigation in primary care and issues around the piloting of a specific system. We expect to work again with ACE in the near future on future discussions on community and primary healthcare.

With regard to the Quality Accounts, we felt there could have been more information on how the service works in the front line, referral process and the public prominence of the service offer. Secondly, it would have been useful to have had more information on how services were being targeted to address health inequalities in the most deprived areas.

Thank you for the opportunity to comment.

*East of England Ambulance Service NHS Trust*

The Trust has directly supported the Essex HOSC in a review of A&E and seasonal pressures held with the hospital trusts and a further follow-up discussion is planned. The Essex HOSC expects to continue working closely with the Trust in the coming year on this and other issues.

In relation to your report it is encouraging to see the number of patient safety incidents (PSI's) continuing to improve. The HOSC is pleased to see the clear list of priorities, in particular the reference to understanding the needs of people with learning disabilities and autism – this is a patient group which the HOSC will also be looking at in the near future.

It is pleasing to see the establishment of a new control centre in Bedfordshire, thereby taking the strain off the Essex control centre. This can only be of benefit to the patients.

We welcome the 24% decrease in complaints and would expect this to be reflected in improved staff morale.

The disclosure on turnaround times is welcome but we find it disappointing that the EEAST continues to experience delays between arrival/handover/departure from hospitals.

The "What went wrong and what we did" is an excellent illustration to the reader into the daily work of the ambulance service and we encourage similar disclosure in future reports to help make your work and challenges clearer to the public.

The Committee is aware that local Healthwatch also reviews Quality Accounts and is content that they can represent the patient and public voice and comment accordingly.

On behalf of the HOPSC, may I thank you for the opportunity to comment on these draft accounts.

*Essex Partnership Trust*

The HOSC continues to push for higher prominence of mental health in STP plans and encourages the Trust to do all it can in this connection.

We welcome the opening up of Peter Bruff ward as an assessment ward which we believe will help reduce out-of-area placements. However, we believe that further focus is needed to improve responding to crisis and, in particular, the crisis line.

The HOSC is encouraged that, despite the challenges of the recent merger, regulatory ratings are improving. Whilst recognising there has been better engagement with stakeholders, the HOSC encourages continuing focus and effort to maintain these important relationships.

The HOSC looks forward to working with the trust in the coming year.

Thank you for the opportunity to comment.

*East Suffolk & North Essex NHS Foundation Trust*

The Trust has worked regularly with both the Essex HOSC and the Joint HOSC (established with Suffolk County Council) updating members on the merger and development of a corporate strategy and as a key partner of STP plans. In addition, it has supported the Essex HOSC in its recent review of A&E and seasonal pressures. Both the Essex HOSC and JHOSC expect to continue working closely with the Trust in the coming year.

With regard to the Quality Accounts, we liked the way you presented your priority areas and actions being taken. Some commentary on how those priorities may change over time, with the processes followed for management review, and anticipated future priorities would be helpful.

Some of the scores from the Staff Survey recommending services to family and friends, and about recommending the organisation as a good place to work, seemed low and we would have expected a more robust statement of intent on what steps would be taken to address this.

The section on Volunteering system was informative. As it seems that there may be circumstances where some volunteers could have access to confidential patient

information some commentary providing reassurance about data security protection and safeguarding might help the disclosure.

Thank you for the opportunity to comment.

*Farleigh Hospice*

The HOSC has not worked directly with the Hospice in the last year. However, the importance of good end of life care is often raised as part of wider cross-cutting discussions on acute, community and primary care. The Committee has, in the main, been content with the engagement of local healthcare providers in its work over the past year.

In view of the number of quality accounts the HOSC is invited to review each year, only a very limited review can be undertaken. The HOPSC thanks Farleigh Hospice for the opportunity to comment on the report. Our only observation this year is that it is encouraging to see evidenced that where human error occurs that the need for increased vigilance is recognised and taken on board (e.g. Medication).

The Committee is aware that local Healthwatch also reviews Quality Accounts and is content that they can represent the patient and public voice and comment accordingly.

*Mid-Essex Hospitals Trust*

The Trust has worked with the Essex HOSC as a key partner of STP plans. It has supported the Essex HOSC in its recent review of A&E and seasonal pressures. The Essex HOSC expects to continue working closely with the Trust in the coming year.

The HOSC fully supports the Patient safety priorities 2018-19 “Developing a culture that encourages a home first approach for all our patients” and recognise the improvements made. However, the HOSC is glad that it is also recognised that further work needs to be done.

With regard to the priorities addressing hospital acquired pressure ulcers and minimising the risk of inpatient falls, the HOSC looks forward to these nursing tasks becoming part of standard core nursing care so that they do not need to be part of a corrective action plan in future. Similarly, the low scores for some of the Clinical Effectiveness priorities 2018/19 remain a concern and need further attention to bring in line with national performance.

On a more positive note, it is encouraging to see the various steps being undertaken to enhance patient experience. However, it is concerning that the rating score for Staff Friends and Family Test (staff) seems to be getting worse. The HOSC encourages further action to reduce the level of Patient Safety Incidents.

In light of the concerns highlighted by CQC, the quality report offers limited assurance about providing a safe environment for patients and HOSC encourages the management team to further increase their focus on delivering safe and fundamental nursing and medical care.

*Princess Alexandra Hospital Trust*

The Trust has kept the Essex HOSC informed on the estate challenges being faced and the strategy and preferred option for a hospital rebuild. A recent site visit to PAH to see some of these challenges was really appreciated by HOSC members. The Trust has also supported the Essex HOSC in its recent review of A&E and seasonal pressures with a further follow-up discussion planned. The Essex HOSC expects to continue working closely with the Trust in the coming year on both these and other issues.

In view of the number of quality accounts the HOSC is invited to review each year, only a very limited review can be undertaken. Through HOSC discussions with PAH and feedback from local members, it is clear that the Trust faces significant demand pressures which can impact particularly on responsiveness. Local members have highlighted some issues with the booking of outpatient appointments which could have been acknowledged in the report although we believe senior management are already aware of the issues.

The Committee is aware that local Healthwatch also reviews Quality Accounts and is content that they can represent the patient and public voice and comment accordingly.

Thank you for the opportunity to comment

*Southend University Hospital Foundation Trust*

Thank you for the opportunity to comment on your Quality Accounts.

Whilst recognising that we may have been commenting on an early draft we would recommend the importance of having a Contents page at the beginning to help navigate around the contents.

We are encouraged to see that the response rates regarding inpatient and daily care are above the national average.  Further disclosure on the percentage of negative comments received would have been useful to increase understanding of this area.

We are also pleased to see the score regarding the question asked of patients being involved in decisions about their care, has improved and would encourage continued focus on this important measure.

AGENDA ITEM 8

**HOPSC/26/19**

**Committee** Health Overview Policy and Scrutiny

**Date** 24 July 2019

**CHAIRMAN'S REPORT**

Report by Graham Hughes, Senior Democratic Services Officer
Contact details: graham.hughes@essex.gov.uk Tel: 03301 34574

**Recommendation:** To note the update (below).

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The Chairman, Vice Chairmen and Lead Joint HOSC Members, usually meet monthly in between scheduled meetings of the full Committee to discuss work planning and this often entails talking to ECC and external health officers. This is the latest regular short report of these meetings. In addition, there are also meetings with the Cabinet Member for Health and Adult Social Care on a bi-monthly basis and quarterly meetings with senior officers.

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**Tuesday 16 July**

Discussed and agreed agenda items for July HOSC.

Discussed the brief for the Public Health item in September and agreed focus on links with STPs, social prescribing and funding challenges.

Discussed how to improve joint working and networking with neighbouring HOSCs.

Agreed to prioritise a visit to Southend Hospital, and then the other hospitals in Mid and South Essex.

Discussed membership of Joint HOSCs.

Agreed to proceed with introductory briefing on autism with People and Families Scrutiny Committee (probably in September). Try to align it with Autism awareness van being on-site.

Sensory care pathway – plan on item to come to HOSC in October explaining accessibility and eligibility and progress on current pilot

AGENDA ITEM 9

**HOPSC/27/19**

**Committee** Health Overview Policy and Scrutiny

**Date** 24 July 2019

## MEMBER UPDATES

Report by Graham Hughes, Senior Democratic Services Officer
Contact details: graham.hughes@essex.gov.uk Tel: 03301 34574

**Recommendation:**
To discuss and note updates given by members.

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

Members are encouraged to attend Board and other public meetings of their local health commissioner and providers and report back to the HOSC any issues of interest and/or relevance to the committee.

In particular, there are two HOSC members who serve as ECC representatives observing the following bodies who may wish to update on their attendance at any recent meetings:

Councillor Anne Brown (North East Essex CCG)
Councillor Beverley Egan (Castle Point & Rochford CCG);

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

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| | AGENDA ITEM 10 |
| | **HOPSC/28/19** |
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| **Committee:** | **Health Overview Policy and Scrutiny Committee** |
| **Date:** | **24 July 2019** |
| **Enquiries to:** | **Name: Graham Hughes**<br>**Designation: Senior Democratic Services Officer**<br>**Contact details:** 033301 34574<br>Graham.hughes@essex.gov.uk |

**WORK PROGRAMME**

Briefings and training

Further briefings and discussion days will continue to be scheduled on an ongoing basis as identified and required.

Formal committee activity

The current work programme, developed as a result of work planning sessions and subsequent discussions between the Chairman and Vice Chairmen, is attached (Appendix A). The most recent work planning discussion was undertaken in private session in December 2018 as part of an annual review exercise.

Joint Committees/Task and Finish Group activity

The Committee participates in two Joint Committees with neighbouring authorities as detailed on the second page of the Appendix to this report.

There is no Task and Finish Group activity at present.

**Action required by Members at this meeting:**

**(i) To consider this report and work programme in the Appendix and any further development or amendments;**

**(ii) To discuss further suggestions for briefings/scrutiny work**

# Essex Health Overview, Policy and Scrutiny Committee
# Work Programme as at 16 July 2019

| Date | Theme | Topic | Focus | Approach and Next steps (full committee unless indicated otherwise) |
|---|---|---|---|---|
| Ongoing | Quality and Transformation of Services | Sustainability and Transformation Partnerships | Follow up previous HOSC strategic sessions with all three footprints. Seek evidence of joint working across footprints. Development of Integrated Care Systems. | Joint HOSCs in two footprints continue to look at the detail of proposed service changes. Essex HOSC has high level governance and strategic oversight role. |
| 24 July 2019 | Capacity and financial sustainability | A&E pressures and seasonal pressures/bed management – *follow up* | Relationship between ambulance performance and hospital capacity pressures. | Follow up to November 2018 session/review of winter performance. Operational representatives to be present |
| 4 September 2019 | Community healthcare (prevention and early intervention) | Public Health | Funding and role of and impact of STPs on Public Health. | TBC |
| October 2019 | Quality and Transformation of Services/Community healthcare (prevention and early intervention) | Primary Care | Dentistry/Opticians/Pharmacist update from NHS England | Introductory formal session – as agreed during December 2019 work planning discussions |
| October 2019 | Quality and Transformation of Services/Community healthcare (prevention and early intervention) | Sensory care pathways | Review accessibility to services and system working | TBC |
| November 2019 | Quality and Transformation of Services/Community healthcare (prevention and early intervention) | Primary Care – *further follow up* | Contribution to wider system and the STP plans. | To review locality changes from finalised CCG plans and impact of NHSE Long Term Plan. |
| TBC | Quality and Transformation of Services | NHS England Long Term Plan | Actions being taken in response to the national plan (excluding Primary Care which will have been discussed in June) | Timing to align with CCG submission deadlines to respond to NHS England. Commissioners to be present. |
| TBC | Capacity and financial sustainability | Princess Alexandra Hospital sustainability – *follow up* | Initial session in September 2018 looking at plans for capital funding of potential re-build. | Site visit at end of May. Any formal session TBC. |
| TBC | Community healthcare (prevention and early intervention) | Community providers – *follow up* | In September 2018 looked at the broader role and contribution to wider system. | Follow-up session on local performance – on hold as may be covered under the discussions on the Long-Term Plan and link with primary care |
| TBC | Quality and Transformation of Services/Community healthcare (prevention and early intervention) | Primary care – urgent care | Urgent care services update. NHS111 arrangements/out of hours arrangements. | TBC |

# Essex Health Overview, Policy and Scrutiny Committee
# Work Programme as at 16 July 2019

**To be programmed**:

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| TBC | Specialist commissioning issues | Proposals and engagement on relocation of services in London | TBC | TBC |
| TBC | Capacity and financial sustainability | Temporary move of mental health and other wards in South Essex– *follow up* | HOSC formally consulted in October 2018. Endorsed the urgent temporary action taken. Future permanent service model expected later in 2019. | HOSC to be consulted as part of a full formal engagement process on the future permanent model for older people's dementia services. |
| TBC | Capacity and financial sustainability | Temp relocation/ward moves to facilitate Primary care development–*follow up* | HOSC formally consulted in October 2018. Endorsed the temporary measures proposed. Future permanent service model expected later in 2019. | HOSC to be consulted as part of a full formal engagement process regarding the future permanent model |
| TBC | Community healthcare (prevention and early intervention) | North East CCG – community bed | Further update on proposals impacting on Clacton and Harwich Hospitals | TBC |
| TBC | Quality and Transformation of Services | Hospital mergers | (i) Legal merger process.<br>(ii) clinical services integration | Some work may be undertaken in Joint HOSCs. |
| TBC | Quality and Transformation of Services/Equity | Mental health – *follow up* | Partnership working, service changes, access to services. Full Committee reviews: Sept 2017 and April 2018. | Next steps tbc |
| TBC | Community healthcare (prevention and early intervention) | Hip fractures/Falls Task and Finish Group – *follow up* | Actions and recommendations arising | TBC |
| TBC | Quality and Transformation of Services | Patient feedback and concerns | Possibly analyse some complaints data and speak with patient forums and service user groups. | Suggested during work planning discussions as part of Annual review exercise in December 2019 - TBC |

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

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| Led/hosted by PAF – 27 June | Community healthcare (prevention and early intervention) | Virgin Care 0-19 contract | Raised in December 2019 during discussions on work planning as part of an Annual Review exercise, | Follow-up session with commissioners and Virgin Care. Family Hub visits being planned for April 2019. |
| TBC | Quality and Transformation of Services | Autism services and awareness | Raised separately by both committees. | To be scoped in consultation with ECC officers. Joint introductory briefing to be arranged. |
| TBC | Quality and Transformation of Services | Sensory services | | To be scoped in consultation with ECC officers |

# Essex Health Overview, Policy and Scrutiny Committee
# Work Programme as at 16 July 2019

**Joint Health Overview and Scrutiny Committees (JHOSCs) looking at plans from Sustainability and Transformation Partnerships (STPs)**

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

   This Joint Committee was established to be the scrutiny consultee for a formal public consultation launched by the STP for various proposed service changes. At the time of this report being written the JHOSC had held four meetings in public and a number of private briefings. Joint HOSC agenda papers The JHOSC had been intending to continue to look at issues and planning beyond the formal consultation. However, the STP plans have now been referred to the Secretary of State by Southend-on-Sea Borough Council and Thurrock Council, and as a consequence, the JHOSC's work has been paused.

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

2. *JHOSC looking at the Suffolk and North East Essex STP (Joint Committee with Suffolk County Council)*

   This Joint Committee was established in anticipation of a formal consultation being launched by the STP for various service changes. It has held three meetings in public and number of private briefings whilst formal proposals are being developed by the STP and the new combined acute trust (previously Colchester and Ipswich Hospitals). Joint HOSC Agenda papers

   Essex HOSC nominated JHOSC members: Cllrs Brown (Lead Member), Harris, Sargeant, Wood (substitute: Cllr Erskine).

**Task and Finish Group reviews -** None at present