



Essex County Council

Health Overview Policy and Scrutiny Committee

10:30	Thursday, 01 September 2022	Committee Room 1 County Hall, Chelmsford, CM1 1QH
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For information about the meeting please ask for:

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		Pages
**	Private pre-meeting For committee members only, starting at 9:30am in Committee Room 1.	
1	Membership, Apologies, Substitutions and Declarations of Interest To be reported by the Democratic Services Manager.	5 - 5
2	Minutes of previous meeting To approve the minutes of the meeting held on Thursday 27 July 2022.	6 - 11

- 3 Questions from the public**
A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. No statement or question shall be longer than three minutes and speakers will be timed.
- On arrival, and before the start of the meeting, please register with the Democratic Services Officer.
- 4 Mental Health Services** **12 - 57**
Committee to receive an update on adult and children's mental health services.
- 5 Public Health - Covid-19 update**
Committee to receive an update on the latest situation regarding Covid-19.
- 6 Chairman's Report - September 2022** **58 - 62**
To note the latest update on discussions at HOSC Chairman's Forum meetings.
- 7 Member Updates - September 2022** **63 - 63**
To note any updates of the committee.
- 8 Care Quality Commission – monthly update** **64 - 70**
Committee to note the latest Care Quality Commission's monthly update on services provided in Essex.
- 9 Work Programme - September 2022** **71 - 74**
To note the committee's current work programme.
- 10 Date of next meeting**
To note that the date of the next meeting is scheduled to take place on Thursday 6 October 2022.
- 11 Urgent Business**
To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

The following items of business have not been published on the grounds that they involve the likely disclosure of exempt information falling within Part I of Schedule 12A

of the Local Government Act 1972. Members are asked to consider whether or not the press and public should be excluded during the consideration of these items. If so it will be necessary for the meeting to pass a formal resolution:

That the press and public are excluded from the meeting during the consideration of the remaining items of business on the grounds that they involve the likely disclosure of exempt information falling within Schedule 12A to the Local Government Act 1972, the specific paragraph(s) of Schedule 12A engaged being set out in the report or appendix relating to that item of business.

12 Urgent Exempt Business

To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.

Agenda Item 1

Report title: Membership, Apologies, Substitutions and Declarations of Interest	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 1 September 2022	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk	
County Divisions affected: Not applicable	

Recommendations:

To note:

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

Membership

(Quorum: 4)

Councillor Jeff Henry	Chairman
Councillor Martin Foley	
Councillor Paul Gadd	
Councillor Dave Harris	Vice-Chairman
Councillor June Lumley	
Councillor Bob Massey	
Councillor Jaymey McIvor	
Councillor Anthony McQuiggan	
Councillor Richard Moore	
Councillor Stephen Robinson	
Councillor Clive Souter	Vice-Chairman
Councillor Mike Steptoe	

Co-opted Non-Voting Membership

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

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

Present

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

Apologies

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

Remote Attendees

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

The following officers were supporting the meeting:

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

1. Membership, apologies and declarations

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

2. Minutes of previous meeting

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

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

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

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

3. Questions from the public

No questions from members of the public were received.

4. Integrated Care System (ICS) Update

The Chairman welcomed the following to the meeting:

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

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

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

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

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

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

5. Mental Health Services for Young People

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

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

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

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

6. Chairman's Report

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

7. Member Updates

Members noted the report.

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

8. Work Programme

The Committee noted the current work programme.

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

9. Date of next meeting

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

10. Urgent business

No urgent business received.

11. Urgent exempt business

No urgent exempt business received.

The meeting closed at 12:26pm.

Chairman

Health Overview Policy and Scrutiny Committee – Matters Arising as of 27 July 2022

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

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

Report title: Mental Health Services	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk)	
Date: 1 September 2022	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Freddey Ayres, Democratic Services Officer (freddey.ayres2@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 The Chairman and Lead Members have requested that the Committee continue its review mental health services, including still the covid-19 pandemic and future service planning for changes in demand.

2. Action required

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

3. Background

- 3.1 The Committee last received an update from EPUT and NELFT in December 2020. Future updates were delayed due to the covid-19 pandemic.
- 3.2 The scope is set out below:
- Overview of the response to the pandemic
 - Future planning for changes in demand
 - Effect on staffing capacity – high levels of sickness, a likely second peak

4. Update and Next Steps

See Appendices for update. See Action Required for next steps.

5. List of Appendices

Appendix A: NELFT – Children’s Mental Health Services
Appendix B: EPUT – Adult’s Mental Health Services

Report title: Mental Health Services – Children	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Gill Burns and Sarah Garner	
Date: 1 September 2022	For: Discussion
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Freddey Ayres, Democratic Services Officer (freddey.ayres2@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

NELFT successfully secured the Southend Essex Thurrock Child and Adolescent Mental Health Service (SET CAMHS) contract in April 2022 over a seven-year contract length to continue delivering emotional wellbeing and mental health support to children and young people aged 0 – 18 years old (25 if SEND) across Essex.

The contract award is a continuation of services for NELFT which initially secured the provision of this service (previously known as Emotional Wellbeing and Mental Health Service (EWMHS)) in November 2015. The new SET CAMHS contract is also delivered in partnership with the Health Care Resource Group (HCRG) previously known as Virgin Care.

Service Delivery Model

SET CAMHS have embedded a Thrive informed model which has been developed nationally. This has been endorsed by the ‘Future in Mind’ report and it is therefore the intention to replicate a version of the Thrive model in delivering the new service. It has been agreed that our adapted model will be referred to as the ‘Thrive informed model’. Please see diagram below:



A partnership with other health care providers is new to CAMHS service provision within Essex and will be based on the principles of the THRIVE Framework, which

encourages services:

- to be needs-led and outcomes-focused
- to work in partnership with young people and families through shared decision-making
- to be accessible, using a common language and reducing stigma
- to be proactive in helping communities to support mental health and wellbeing

Mobilisation of the joint service delivery completed in March 2022 and a Standard Operating Procedure has been successfully embedded. Impact on waiting times for assessment and treatment into our Getting Help offer (delivered by HCRG) have proven positive.

The core services within SET CAMHS remain unchanged as follows:

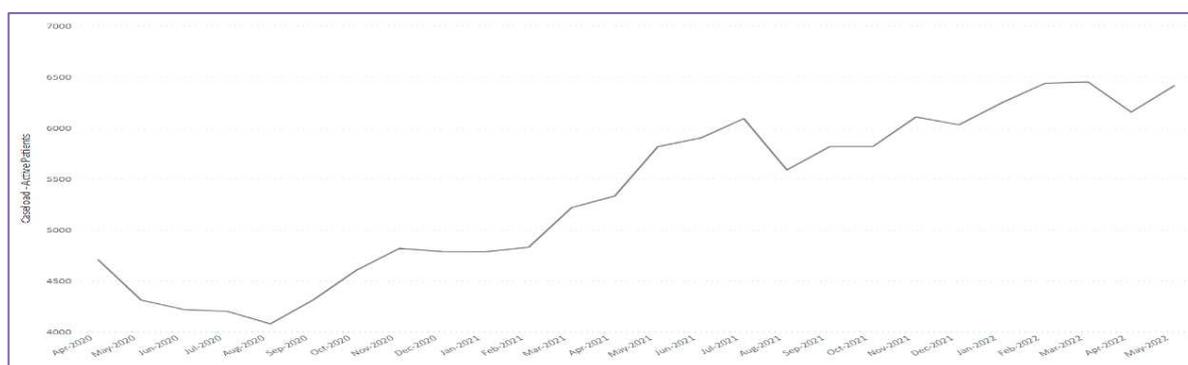
- 7 Community Hub Teams
- 3 Intensive Support Teams (crisis teams)
- 1 x Eating Disorder Service including community ED team
- 1 x Early intervention service with disordered eating post
- 1 x Learning Disability with MH Service
- 1 x Single point of access (SPA) service
- 1 x out of hours service (Mental Health Direct)

Covid-19

Covid-19 pandemic had a significant impact on children, young people and their families with general demand increasing across all emotional wellbeing and mental health services and a concerning rise in acuity and complexity for those children who need urgent or emergency care.

This is a national increase and system-wide response teams have developed over time to review, monitor and address increasing emotional wellbeing and mental health service capacity and supporting the pressures within crisis, eating disorder and neurodevelopmental pathways.

The below visual demonstrates the steady rise in access and caseload activity from April 2020 to May 2022 (two-year overview across the pandemic)



2. Action required

There is an established and coordinated system-response, with oversight from the Mental Health, Learning Disability and Autism Improvement Board and the Mid, South and Essex Integrated Children's Delivery Board. Action planning and delivery is continuing across agencies to increase crisis prevention services, support general hospital resilience and increase inpatient capacity.

We have prioritised the following areas:

- Increasing investment and securing additional investment from national programmes
- Focusing on the 18 to 25 offer and transition from children to adult services
- Increasing emotional wellbeing and mental health capacity across the system
- Increasing resilience within schools and primary care to access/respond to emotional wellbeing needs of children and young people

Specialist Services

Key developments into access, enhancing service pathways and supporting children and young people in specialist mental health services have commenced to widen service offer.

Objectives have been clearly defined within locality and national needs.

Crisis/Intensive Support Service (ISS)

- Scope alternative venues for assessment to support reduction in crisis A+E presentations – alternative venues for assessment
- Reduce Tier 4 admissions with two-week post discharge support bridging gap between discharge Tier 4 and community services by enhancing ISS pathway
- Continue Out of Hours (OOH) Mental Health Direct CYP crisis line

Eating Disorder Service (ED)

- Widen pathway to include family group therapies
- Development and implementation of physical health monitoring pathways (bloods and ECGs)
- Staffing capacity reviewed in order to meet increased demand and sustained by additional CYPED LTP investment
- Joint care planning with the 5 acute paediatric wards across Essex, and advice and support to the generic CAMHS teams

Mental Health and Learning Disabilities (LD)

- Equity of access to provide an equitable, specialist service to all children with severe to profound learning disabilities and mental health problems
- Specialised therapeutic service provision to CYP with profound learning disabilities
- Specialist support and joint working with all SET CAMHS Psychiatrists treating children with complex special needs and learning disabilities in the neurodevelopmental pathway
- Improved transitions for children with special needs moving into adult LD services

3. Background

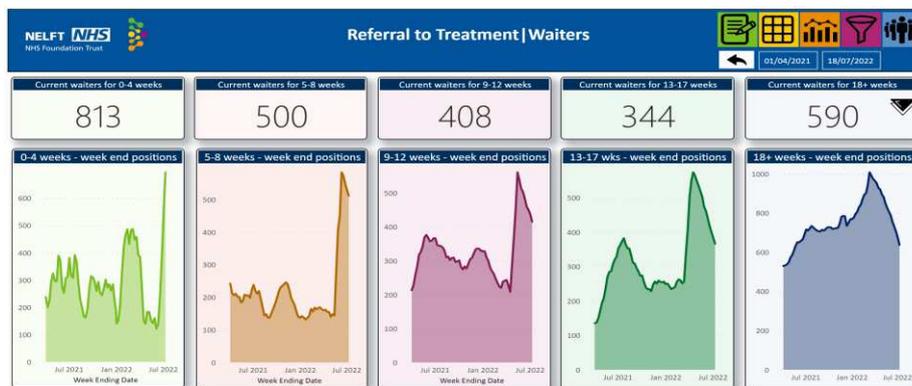
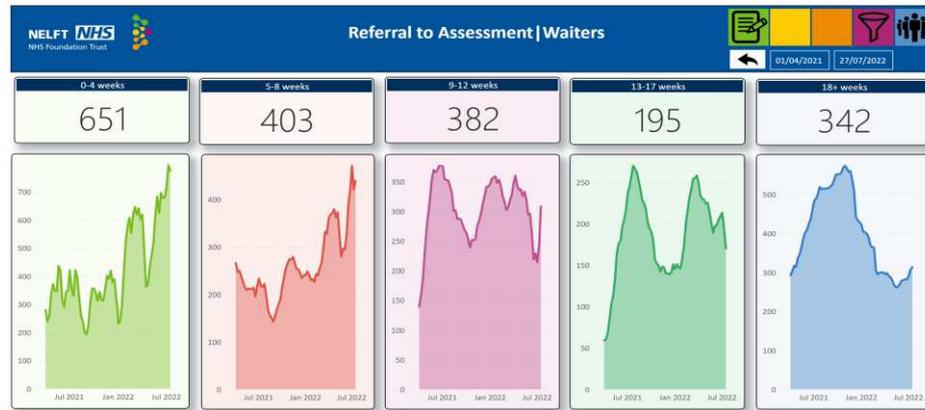
Performance and Activity – one year overview



Referrals into the service remain steady but high in volume.

- Highest referrals received for 12–17-year-old cohort

- Mid Essex locality consistency account for a high number of referrals across the service
- GPs remain a high referral source for children and young people followed by self-referral



Waiting times within the service remain challenging in line with referral and caseload increase following Covid-19 pandemic.

- Over 18-week waiters for assessment transferred to HCRG on commencement of new contract – robust joint plan in place to reduce waiters in place
- Referral to treatment waiting times steadily increased over a 12-month period with over 18-week waiters reducing in the last quarter
- Waiting times for treatment are impacted by service capacity, demand and clinical need.



- The Crisis service have been able to maintain 4-hour access targets over the 12-month period with exceptions outlined where these cannot be met
- Referral volume does remain high with expected seasonal periods of high activity seen throughout the period



- Vacancies remain high within hard to recruit areas such as Crisis
- Contributing factors for staff turnover include; internal opportunities for promotion and career development
- Sickness rates increased early 2022 and currently improving
- Covid-19 related sickness - daily monitoring in place with no significant impact on service delivery and staffing capacity

4. Addition CYP MH

- The mental health practitioner role in Primary Care Networks (PCN) will be employed and provided under a local service agreement by NELFT. A steering group has been established collectively across the Essex system with each ICB holding operational steering groups with their respective PCNS. These posts will be position early part of 2023.
- Development of shared care management arrangements for CYP in the acute setting waiting for a Tier 4 inpatient bed are in the process of being formalised. This includes social care and the acutes.

- Deliver effective evidence-based services, including support for children and young people presenting with avoidant restrictive food intake disorder (ARFID). There is currently a pilot in operation which will further inform service delivery.
- Alongside further developments in the eating disorder team, there is now in place an intensive support services to provide outreach and home treatment within CYP community eating disorder teams and further contracts with BEAT to provide support and information to families and carers.
- There has also been further developments for a 72-bed model as a partnership between NELFT and EPUT. This has included the recruitment of 2 social workers, 2 band 6 nurses in EPUT and an expansion in the crisis team.
- Further expansion in the crisis team to include 2 Doctors to support acutes. Acutes report that consultants prefer c2c consultation but will then be able to start medication where appropriate. There is also a band 3 included to take some of the non-clinical tasks that an HCA could do away from the team to free up nursing capacity
- There are also two mental health liaison nurses in each acute hospital to work alongside ward staff to support CYP whilst admitted or waiting for a tier 4 bed.

5. Local Transformation plan funding.

At present there is also the following alongside NELFT and HCRG.

6. Schools Provision

- Self-Harm Management Toolkit (SHMT)
- Wellbeing Workshops in Primary Schools
- Mental Health Support Teams

7. Parental and family support

- ASD Family support (health-based coaching)
- CYP MH Family Support (health-based coaching)
- Barnardo's crisis support
- Triple P online provision

8. Other Young People Support

- Progressions Core Assets
- KOOTH
- Transforming Care 'Spot Purchase'
- CYP MH Ambassadors – Healthwatch

9. Children's Wellbeing Practitioner (CWP) and Recruit to Train (RTT)

CWPs are trained to offer brief, focus-based interventions for children and young people experiencing anxiety, low mood or behavioural difficulties and RTT are the creation of therapist roles into which new members of staff external to the organisation are recruited, expanding the workforce.

NELFT and HCRG have been successful with an application for Cohort 7 (start date Jan 2022) of the CWP Programme London and South East was successful and have been allocated 19 trainee places. In addition the application for Wave 11 (start date January 2022) of the Recruit to Train (RTT) Programme in London and South East was successful and we have been allocated 23 trainee places.

10. Vanguard from Health and Justice

West Essex have been awarded the national vanguard site for Essex to develop a service structure to further enhance the 'offer' to CYPs who are identified as potentially benefitting from health input to support them to engage in meaningful patterns of behaviour, rather than moving towards anti-social behaviour and criminogenic tendencies with a lower age limit of 5 years old and encompassing a family therapy approach, mentorship and further support. This contract has been awarded to HCRG and is called Affinity. It will further links for education partners and a presentation has been given at a national meeting outlining our plans. This will link closely with POWER to support CYP identified at need and potentially resulting in referrals to the YOT teams. The steering group includes all three LA.

NHS

Essex Partnership University
NHS Foundation Trust

HOSC UPDATE

Paul Scott

Chief Executive, EPUT
and

Alex Green

Chief Operating Officer, EPUT

CONTENTS.

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2020-2022**

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01 CONTEXT AND REVIEW 2020 - 2022

INTRODUCTION.

Essex Partnership University NHS Foundation Trust (EPUT) was formed on 1 April 2017 following the merger of North Essex Partnership University NHS Foundation Trust (NEP) and South Essex Partnership University NHS Foundation Trust (SEPT).

EPUT provides many community health, mental health and learning disability services for a population of approximately 1.3 million people throughout Bedfordshire, Essex, Suffolk and Luton.

The trust provides mental health and social care services for adults of working age, older adults, Tier 4 services for children and young people, learning disability services, perinatal services and community health services. The trust has 763 inpatient beds across 45 wards, 38 of which are children's mental health beds. Services range from primary care to specialised services.

During the pandemic EPUT was asked to provide Covid vaccination services to the populations for Mid and South Essex ICB and Suffolk and North East Essex ICB



BACKGROUND.



- Since 202, EPUT has been through considerable change as the new leadership has focussed on:
 - Establishing a safety strategy “safety first, safety always”
 - Cementing EPUT as a learning organisation
 - Creating a culture that is open where staff, patients and carers are encouraged to speak up
 - Responding to the pandemic – providing respiratory wards, delivering nearly 1.5m vaccines while maintaining access to services in challenging circumstances

- And all this in the aftermath of the HSE prosecution and in the context of the Independent Inquiry

2020/2021.

A new EPUT CEO (Paul Scott) was appointed in October 2020 with a mandate to modernise services and be a better partner in the health and care system.

A new “**Safety First, Safety Always**” strategy was approved by the Board in January 2021.

As well as the broader delivery of the strategy there was an urgent need to address the findings of the HSE prosecution leading to a focus on 4 areas:

- **Staffing** – increase rigour, oversight and risk management of staffing levels
- **Ligature** – better systems and processes, and an increased focus on managing ligature risk in context of the need for a therapeutic environment
- **Observations** – ensure better rigour and systems to ensure observation policies were consistently adhered to
- **Learning** – to ensure there was a culture, supported by systems and processes, to systemically learn from events



2020-2022.

PURPOSE AND STRATEGIC OBJECTIVES

Having established a clear focus on safety the new leadership team looked to future developments to improve services for patients, carers, their families and the wider community.

After extensive internal and external engagement a new vision, purpose, values and strategic objectives were launched in April 2022.

EPUT is currently developing a strategic plan which will deliver the vision and purpose

(O) (U) (R) PURPOSE

We **care** for people, every day.
What we do **together**, matters.

(O) (U) (R) VALUES

We **CARE**
We **LEARN**
We **EMPOWER**

(O) (U) (R) VISION

To be the **leading** health and wellbeing service in the provision of **mental health** and **community care**.

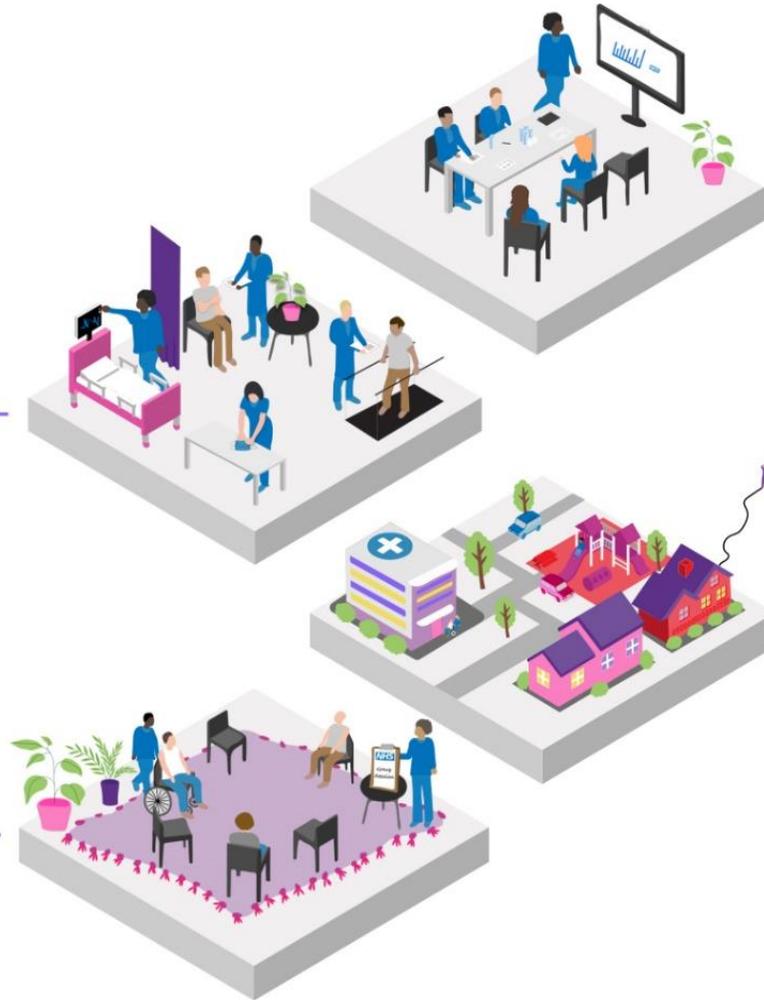
(O) (U) (R) STRATEGIC OBJECTIVES

We will deliver **safe**, high quality **integrated** care services.

We will **enable** each other to be the **best** that we can.

We will work together with our **partners** to make our services **better**.

We will help our communities **thrive**.



2020-2022 PROGRESS – STRATEGIC OBJECTIVES.

SAFE, EFFECTIVE, HIGH QUALITY, INTEGRATED SERVICES

- **Integrated Leadership** – joint posts with NELFT, Provide and Thurrock to provide integrated care for physical, mental and social care community services
- **Community Transformation** – >£20m of investment into community mental health nursing - building crisis teams, 111 services, and primary care nursing
- **Ward Safety Enhanced**
 - Staffing oversight and safer staffing programme with a focus on domestic and international recruitment and encouraging bank and agency staff to take on permanent roles
 - Environment enhanced to provide safe and therapeutic spaces – refurbished wards, ligature reduction - £20m (and growing) investment

WE WILL ENABLE EACH OTHER TO BE THE BEST WE CAN BE

- **A culture of speaking up** – Psychological safety: engagement champions, freedom to speak up, leadership engagement. An increased focus on creating an inclusive culture with staff network groups and policies to support equality of access to services
- **Organisational redesign** – “Time to Care” major piece of work to modernise systems and processes, deploy tech and create new roles. Releasing time to care for clinicians, enhancing recruitment and retention.
- **Learning and education** – Creating a pathway for new staff to join via apprenticeships, the kick start scheme and a greater focus on training with the establishment of new schools

2020-2022 PROGRESS – STRATEGIC OBJECTIVES.

WE WILL WORK TOGETHER WITH OUR PARTNERS TO MAKE OUR SERVICES BETTER

- **MSE Community Collaborative** – including a number of initiatives eg virtual wards, urgent care, provision of Lighthouse Children’s Services
- **EOE MH Collaborative** – repatriation, better use of regional resources
- **Improved relationships** – within the wider health and social care system, working with Essex CC, police, voluntary sector and others

WE WILL HELP OUR COMMUNITIES TO THRIVE

- A partnership with **Anglia Ruskin University** with the establishment of a digital innovation hub – working collaboratively across the wider Essex community
- Giving patients and carers a voice with a focus on learning from lived experience and **co-creating** with service users and their families, carers and wider networks with initiatives like **Family Group Conferencing**
- **Apprenticeships** – supporting local people to start a career at EPUT with training and development
- Employment services in partnership with **Enable East**

LEADERSHIP AND INFRASTRUCTURE.



BOARD

A refreshed executive team is now in place, maintaining mental health expertise, as well as skills and experience from local government, acute health and commercial sector. A strengthened non exec team including experienced clinicians and technologists.

SENIOR LEADERSHIP

There has been a major restructure of clinical services focussing on integrated care units for community mental health and physical health services. Many of these new appointments are joint appointments with our partners.

We have also invested in clinical leadership with Deputy Medical Directors and Deputy Directors of Quality. Significant restructures are complete or underway in our corporate services.

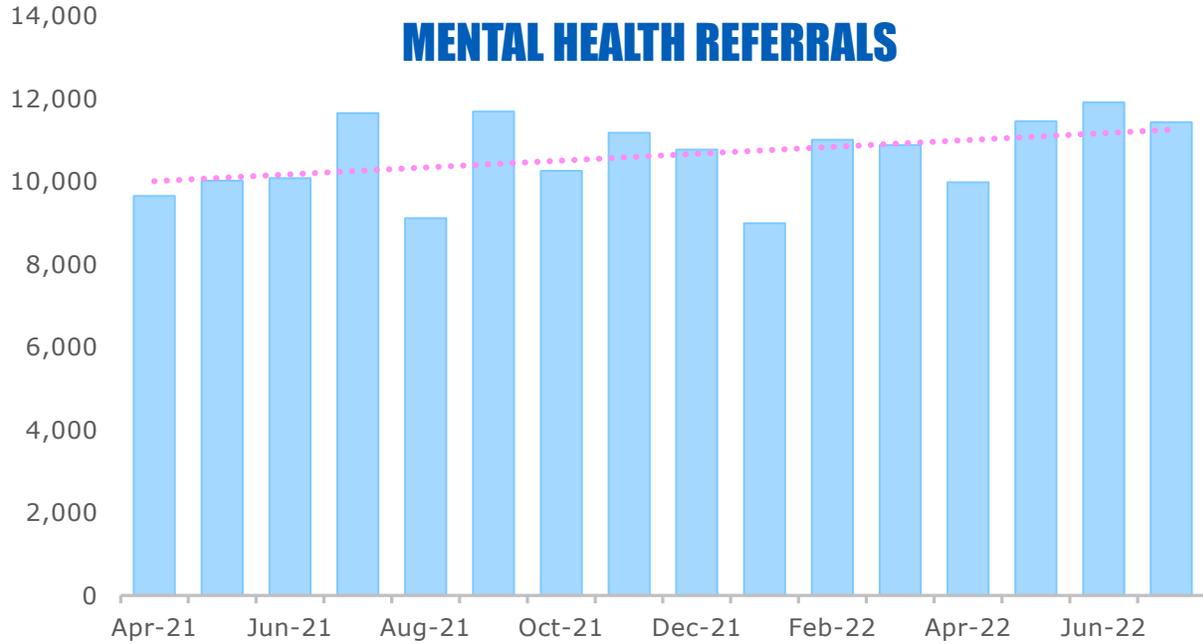
Over 80% of the leadership team are now new in post.

03 CURRENT PERFORMANCE

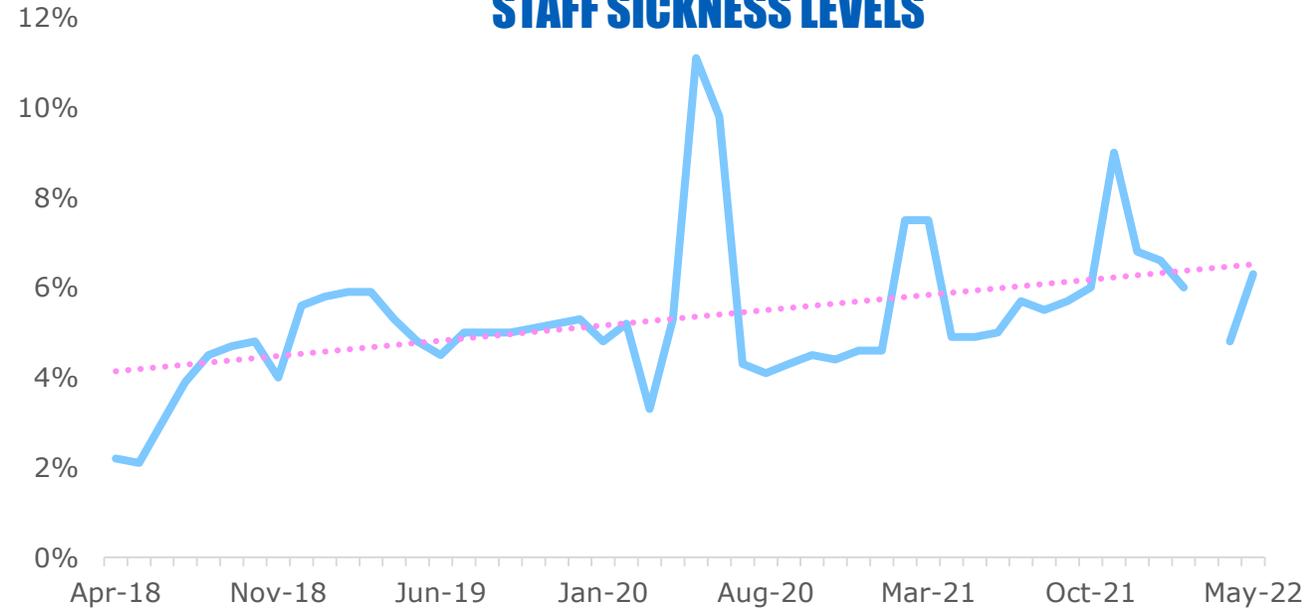


- Sustained demand
- Increase in complexity
- Staffing challenges

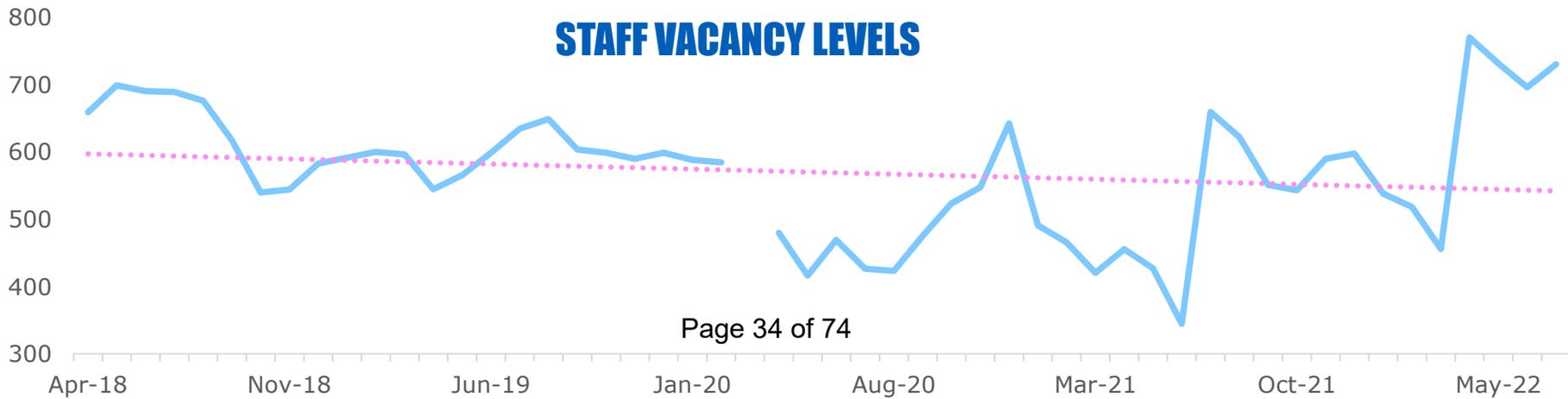
MENTAL HEALTH REFERRALS



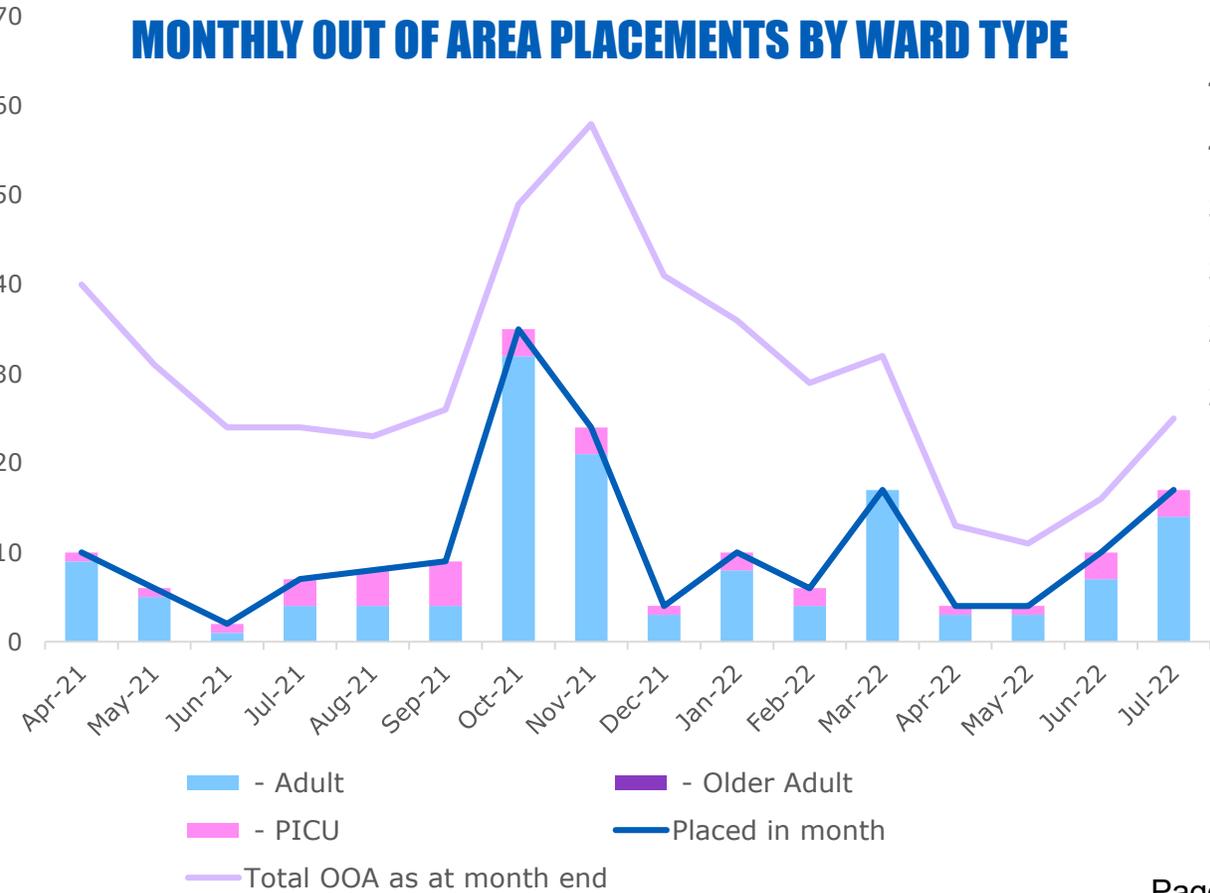
STAFF SICKNESS LEVELS



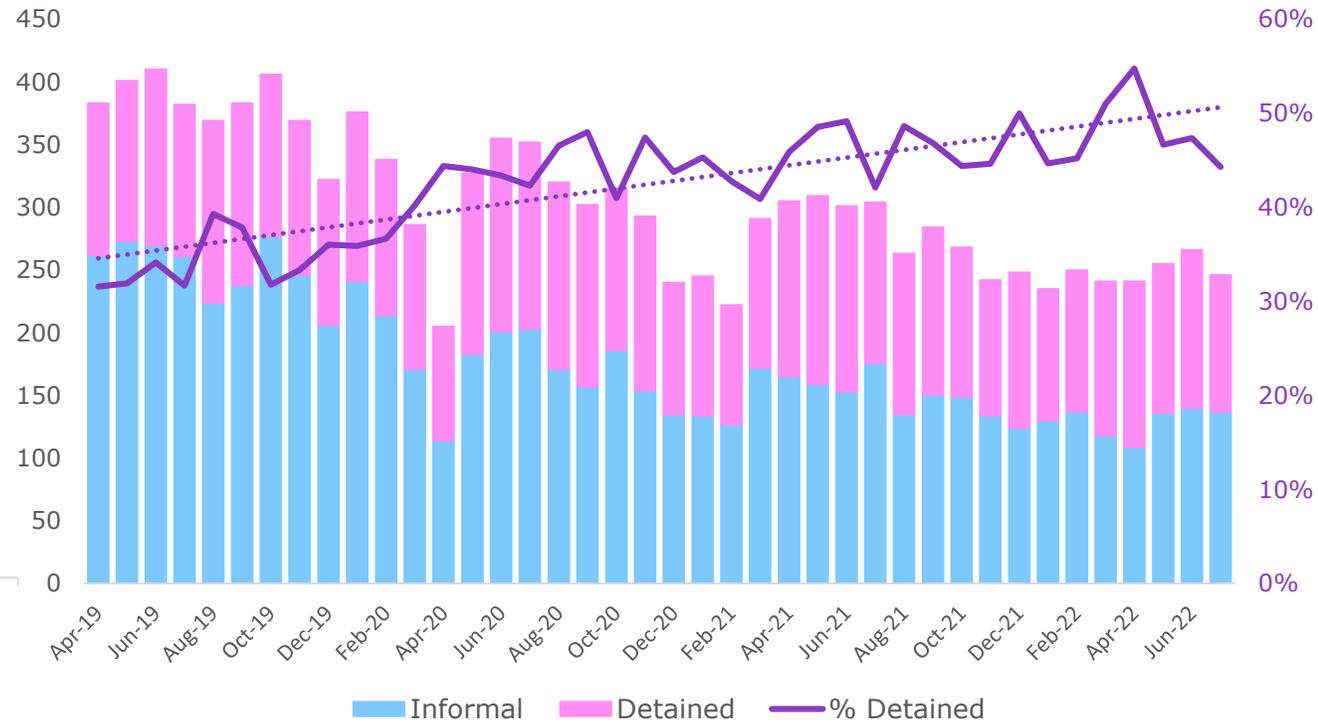
STAFF VACANCY LEVELS



MONTHLY OUT OF AREA PLACEMENTS BY WARD TYPE



MONTHLY MENTAL HEALTH ACT ADMISSIONS



04 FUTURE PLANS

RESPONDING TO THE CHALLENGES.

AREA OF FOCUS	ACTION
SAFETY	Deliver the Patient Safety Strategy (Safety First, Safety Always)
	Culture of Learning Programme – cementing EPUT as a learning organisation
PEOPLE	Rolling recruitment programme – including international recruitment, bank and agency conversion etc
	Student recruitment
	Apprenticeship programme relaunch
	Time to Care Programme – focussed on supporting clinical teams to have more time to spend with patients
	Refresh and deliver recruitment and retention strategy ensuring we attract and retain the right people to deliver safe and high quality services
	Develop people commitments, strategic plan and employee experience roadmap
SYSTEMS AND PROCESSES/ INFRASTRUCTURE	Fully recruit to all finance, resources, strategy, transformation and digital systems teams so that EPUT is organised to deliver for patients
	Develop EPUT Strategy to deliver on the vision, purpose and values
	Develop Commercial Strategy to enhance the innovation and care that can be provided
	Develop Estates Strategy to ensure that EPUT is making the best possible use of their estate so that all resources are focussed on improving the care given to patients
	Deliver Interim Digital Strategy – ensuring the systems in place to allow the organisation to perform effectively
	Deliver on the Target Operating Model so that the organisation is focussed on delivery of patient care

RESPONDING TO THE CHALLENGES.

AREA OF FOCUS	ACTION
DEMAND AND CAPACITY	Embedding care units (operational and governance structures that allow EPUT to better align resources to the safe and effective delivery of patient care)
	Development of individual Care Unit Service strategies so that there is a clear focus on delivery of the vision and purpose
	Time to Care Programme – freeing clinical staff to focus on patient care
INDEPENDENT INQUIRY	Cooperate fully with the independent inquiry – encouraging staff, carers and service users to come forward and share their views

Safety First, Safety Always.

2020 – 2023

Our strategy for ensuring patient safety





Foreword

Delivering high quality and safe care is our Trust's top priority. This strategy sets out our approach to ensuring *Safety First, Safety Always*.

Safety is challenging in any mental health setting, and this has been no exception for EPUT and its predecessors. We have been on a journey of improvement with patient safety and have made some good progress. On behalf of the whole Executive Team and the Trust Board, our thanks goes to all of our staff for the dedication they have shown in supporting this vital agenda.

This strategy sets out how we will continue our journey of improvement and take this to the next level of ambition. Included in this is our plan to provide consistently safe, good quality care that is person-centred and puts patients and families at the heart of everything we do. Themes of this strategy will run through the organisation like a golden thread and be supported by our new Accountability Framework and organisational culture. They belong to every member of staff. We all need to know them, own them and deliver them together.

We are committed to learning from our complaints, incidents, staff and patient feedback and will also take learning from the outcomes of national incident enquiries. We will also learn from the best of what happens nationally and globally, whether from exemplar healthcare providers or other innovative and high-risk sectors. We will use this learning to continuously review our actions and improve our outcomes. To ensure delivery we are committed to Trust-wide continuous quality improvement and are working to embed this within our culture.

Delivery of safe and high quality services relies upon having the right culture throughout the organisation. To support this, the Trust has adopted a 'just culture' philosophy. This has changed the way we think about patient safety and quality and is complemented by the new Patient Safety Incident Response Framework (PSIRF) for which the Trust is an early adopter. EPUT will be an exemplar for safety, quality



and innovation – this is no less than our patients, their families, our staff and partners deserve.

As we move through challenging times, we will balance our ambition for quality services, patient safety, productivity and efficiency with grassroots support and development. In this way we will aim to ensure that every member of our staff feels engaged, valued and empowered in helping to continuously drive us towards providing consistently outstanding care.

Whether you are a patient, carer, member of staff or anyone else with an interest in the quality and safety of local health care, we hope you find in this document a clear statement of our intent, a strong commitment to continuous improvement and an easy to follow road map of the next stages of our improvement journey.



Paul Scott
Chief Executive



Professor Natalie Hammond
Executive Nurse



Alex Green
Chief Operating Officer



Dr Milind Karale
Executive Medical Director

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Sean Leahy
Executive Director of People and Culture



Trevor Smith
Chief Finance Officer and Resources Officer



Nigel Leonard
Executive Director of Strategy and Transformation



Our Strategy

7 Themes to ensure Safety First, Safety Always



Our Ambition

EPUT will be an organisation that consistently places patient safety at the heart of everything we do. Over the three year life cycle of this strategy, we will embed this through a culture and mindset of *Safety First, Safety Always*.

This will show in everything we do and in all decisions that are made, from ward level to board level and builds upon the national NHS Patient Safety Strategy.

We will have got the balance right between a just and low blame culture and having zero tolerance for risks with patient safety.

EPUT will be recognised as one of the leading Trusts nationally for safety.

Our priorities to achieve this ambition

Leadership

Culture

Continuous Learning

Wellbeing

Innovation

Enhancing Environments

Governance and Information

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Safety never stops and our continuous journey towards excellence will see...

- Patients, carers and families telling us they trust us to provide good quality, safe care
- A reduction in Patient Safety Incidents for Investigation (PSII) and readmissions
- Commissioners and partners having confidence in the quality of services we provide and that these are safe, effective and innovative
- Staff telling us that they have the skills, tools and time to do their jobs effectively and confidence in the Trust's commitment to providing quality and safe care
- Staff being attracted and retained by our culture of safety
- CQC reflecting the progress we have made



Safety First, Safety Always: Our Strategy and Philosophy for Patient Safety

This strategy firstly sets out our priorities for inpatient safety, recognising that this is where the highest risk areas have been. However, the themes of this strategy will permeate the entire organisation and *Safety First, Safety Always* will be the single, recognisable banner for safety initiatives across all areas of the Trust.





7 Themes for Improvement



Leadership



Culture



Continuous Learning



Wellbeing



Innovation



Enhancing Environments



Governance and Information

Ensuring there is buy-in, ownership and accountability across the Trust for putting *Safety First, Safety Always* and delivery this through leadership at all levels – from ward to board

Creating a culture of accountability and ownership, where safety, quality and improvement is everyone's responsibility

Establishing an approach to learning and development that is ongoing by sharing lessons, reflecting and empowering staff

Creating a working environment where staff feel safe, happy and empowered to provide the best quality of care

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Facilitating and inspiring patient safety initiatives through new ways of working

Ensuring our buildings and estates support the *Safety First, Safety Always* agenda

Building the foundations for safety through governance, processes and availability of information that put safety first



Leadership



We will be leaders in patient safety, advocating *Safety First, Safety Always*. Leadership in patient safety will take place at all levels of the Trust, ensuring patient safety is everyone's responsibility.

We will do this by:

- Partnering with a leading quality improvement organisation to rapidly implement this strategy and urgently and systematically address required improvements
- Making patient safety visibly the top priority for the Trust, communicating this strategy to all staff and working with them to apply its principles to their roles
- Recruiting a Patient Safety Specialist to champion patient safety and drive the *Safety First, Safety Always* approach
- Incorporating the National Patient Safety Strategy as core business and becoming an exemplar implementation site
- Implementing Patient Safety Incident Response Framework (PSIRF) and using the thematic learning it generates to lead our approach to quality improvement
- Embedding safety improvement tools such as Safety WalkRounds and safety huddles

Related strategies and policies

- Accountability Framework
- Organisational Development Framework
- Workforce Framework
- PSIRF

Existing initiatives

- Leadership development pathways
- Chief Executive live sessions
- Early adopter of PSIRF



Culture



We will continue to build on a Safety Culture incorporating the ‘just’ culture work to drive a strong patient and staff safety agenda. We will continue to pursue a working environment where staff are encouraged to report incidents and near misses and where anyone can raise concerns over standards of care.

We will achieve this by:

- Continuing to create a ‘just’ culture, including a low blame environment where people can learn from mistakes
- Embedding safety huddles into everyday practice
- Ensuring a culture of co-production, so that patients, families and partner organisations are systematically involved in improving services
- Instilling a culture of reflective supervision and practice
- Using improvement tools to drive a culture of continuous learning and improvement, e.g. PDSA methodology
- Celebrating what goes right as well as learning from what’s gone wrong
- Embracing a culture of transparency and openness to learn from others through benchmarking, peer reviews and peer challenge

Related strategies and policies

- Staff Engagement Framework
- Organisational Development Framework
- Workforce Framework
- Co-production Framework

Existing initiatives

- ‘Just’ culture
- Reverse mentoring
- ‘Heroic efforts’ by staff shared on social media
- Quality Academy



Continuous Learning



Safety and improvement are continuous processes and so is the learning that underpins them. We will view every event as an opportunity to learn and ensure lessons are shared across the trust and with partners, not just applied within the area in which an incident takes place.

We will do this by:

- Developing a culture of continuous improvement so that the Trust becomes a learning organisation
- Encouraging reflective practice and observations through techniques such as Schwartz Rounds
- Empowering more managers with the skills and tools to undertake reflective supervisions with staff
- Creating a centre of excellence for training in supervision, clinical practice and collaborative learning
- Using 'collaboratives of learning'
- Promoting and living the 'just' culture principles
- Empowering staff with the skills to undertake Quality Improvement through training in a range of tools, e.g. PDSA, QSIR
- Learning from those with lived experience
- Using a structured feedback programme (such as 'I want great care') to provide feedback to our clinicians to continuously improve their performance

Related strategies and policies

- Organisational Development Framework
- Workforce Framework
- PSIRF

Existing initiatives

- Virtual 'Lunch and Learn' sessions attended by over 200 staff
- Reflective Practice
- Job transfer scheme
- Leadership development pathways
- Collaboratives of learning



Wellbeing



Patient safety begins with a workforce who are happy, healthy, safe and equipped to do their job. We will ensure the wellbeing of staff so that they are best placed to provide care for patients, carers and families.

We will do this by:

- Implementing Royal College of Psychiatrists' guidance on individual and organisational wellbeing
- Implementing ward dashboards and using insight into staffing levels, workloads, vacancies and absence rates to address risks to staff wellbeing
- Ensuring that staff consider the 'total wellbeing' of patients, including physical and mental health; this must include looking for early signs of deterioration in physical health, assessing these, monitoring and responding appropriately
- Ensuring staff are offered reflective learning and the opportunities to discuss their own health and wellbeing, without it necessarily becoming a formal management process
- Ensuring we support our staff after a Patient Safety Incident for Investigation (PSII)

Related strategies and policies

- Staff Engagement Framework
- Workforce Framework
- Supervision and appraisal

Existing initiatives

- Considering health and wellbeing in supervisions
- Introducing reflective practice into supervisions



Innovation



We will trial new ways of working and new technologies to enhance patient safety. This includes, but is not limited to, digital innovations. We want to engage more with partners, patients, carers and families to improve services and, in turn, improve safety.

We will do this by:

- Continuing to use EPUT Lab as a test bed for new innovations that can enhance patient safety, e.g. Oxehealth
- Using technology to reach the most relevant groups, e.g. apps for younger people
- Involving partners, patients and families in quality improvement and safety initiatives to provide insight from lived experience and build 'a patient safety system' as outlined in the national strategy
- Driving innovative practice through the Quality Academy and Quality Champions
- Learning lessons from small scale innovation trialed by Quality Champions that could be rolled out more widely
- Looking to unconventional examples outside of the healthcare sector for innovation, e.g. Great Ormond Street reached out to Formula 1 for process improvements

Related strategies and policies

- IM&T Strategy
- Research Strategy
- Quality Improvement Framework

Existing initiatives

- PSIRF
- EPUT Lab
- Oxehealth



Enhancing Environments



As a mental health and community Trust, our estate is diverse, geographically spread and helps us deliver a wide range of services. Our buildings and the facilities within these are central to keeping patients and staff safe.

We will work to improve the standard and quality of our estate to ensure there is no risk to patient safety.

We will do this by:

- Implementing CCQI and Royal College of Psychiatrists standards for inpatients wards
- Urgently addressing any outstanding security issues across the estate
- Ensuring that our physical environment supports good physical health as well as good mental health
- Enhancing environments for recovery, therapy and wellbeing
- Learning from people with lived experience to prioritise safety improvements in the estate, such as ligatures
- Incorporating best practice on physical environment considerations from relational security

Related strategies and policies

- Suicide Prevention Strategy
- Estates Strategy
- Security Services Framework

Existing initiatives

- Oxehealth
- Ligature reduction



Governance and Information



The foundations of a safe organisation are built on solid governance, process and access to information. This will inform actionable areas for quality improvement, create an environment of responsible reporting and intelligence-led decision making.

We will do this by:

- Using ward dashboards to track workforce, incidents and quality metrics, inform quality improvement and embed a culture of insight-led improvement ‘from ward to board’
- Embedding SBAR method of communication and relaying safety reports at shift handovers
- Ensuring that information is shared to prevent gaps in handovers between individual clinicals, teams and agencies
- Ensuring rigorous scrutiny of the implementation of this strategy through establishing an Executive Safety Group as well as using existing groups including Executive Team, Quality Committee and Trust Board
- Ensuring external involvement in, and oversight of, the strategy and its delivery by engaging patients, families and partner organisations

Related strategies and policies

- Accountability Framework
- IM&T Strategy
- National NHS Patient Safety Strategy – Insight workstream
- Co-production Framework

Existing initiatives

- Establishment of Executive Safety Group
- PSIRF implementation



Five Key Outcomes

There is a long list of targets and trends that can be set to measure safety, many of which are already in place and being reported as part of national or regulatory requirements. There is an even greater number of supporting initiatives and evidence that can help to deliver and demonstrate safe care. This detail is provided in the Implementation Appendices to the strategy.

At the highest level, there are five key outcomes this strategy must deliver:

1. Patients and families feel safe in EPUT's care
2. Stakeholders have confidence that EPUT is a safe organisation
3. No preventable deaths
4. A reduction in Patient Safety Incidents for Investigation (PSII)
5. A reduction in self-harm



Measuring Improvement: Five Key Outcomes

Outcome	Measure	Risks/Challenges	Level of Control (H/M/L)	Proxy Measures and Evidence
Patients and families feel safe in EPUT's care	An upward trend in the number of patients and families that say they feel safe in EPUT's care	<ul style="list-style-type: none"> Facts do not always change perceptions Each experience will be individual and personal 	M	<ul style="list-style-type: none"> Anecdotal feedback
Stakeholders have confidence that EPUT is a safe organisation	An upward trend in the confidence of commissioners and partners that EPUT is a safe organisation	<ul style="list-style-type: none"> Facts do not always change perceptions Baseline to be established 	M	<ul style="list-style-type: none"> Anecdotal feedback Increase in contracts awarded or extended Nature of media coverage
No preventable deaths	Zero instances of preventable deaths	<ul style="list-style-type: none"> Lack of patient co-operation No standard definition of a preventable death 	M	<ul style="list-style-type: none"> 100% of patients have safety plans 100% of inpatients have been involved in completing their safety plans Suicide awareness training targets achieved
A reduction in Patient Safety Incidents for Investigation (PSII)	A downward trend in the number of Patient Safety Incidents for Investigation (PSII)	<ul style="list-style-type: none"> We must not achieve this outcome as a consequence of under-reporting 	M	<ul style="list-style-type: none"> 100% of patients have safety plans 100% of inpatients have been involved in completing their safety plans
A reduction in self-harm	A downward trend in instances of self-harm	<ul style="list-style-type: none"> Lack of patient co-operation We must not achieve this outcome as a consequence of under-reporting 	M	<ul style="list-style-type: none"> 100% of patients have safety plans 100% of inpatients have been involved in completing their safety plans



Glossary of Acronyms

Acronym	Definition	Description
CCQI	College Centre for Quality Improvement	Part of the Royal College of Psychiatrists that works with mental health services to assess and improve the quality of care they provide
CQC	Care Quality Commission	The regulatory body for health and social care service providers
IM&T	Information Management and Technology	Relating to the Trust's Information Management and Technology Strategy
PCN	Primary Care Network	Groups of general practices who work together and more easily integrate with the wider health and care system
PDSA	Plan, Do, Study, Act	A cycle used for quality improvement projects
PSII	Patient Safety Incident for Investigation	The process followed when a patient safety incident occurs
PSIRF	Patient Safety Incident Response Framework	A national framework for responding to patient safety incidents, of which EPUT is an early adopter Trust
QSIR	Quality, Service Improvement and Redesign	A programme that focusses on improving services
SBAR	Situation, Background, Assessment, Recommendation	A method of communication to ensure safe handover of information



Glossary of Terms

Term	Description
Co-production	The involvement and contribution of patients to the provision of health services as partners of the provider organisation
EPUT Lab	An EPUT run group that gives clinicians and providers the opportunity to present innovative ideas that can improve patient care
Mental Health Data Service	Brings together national data and information captured on clinical systems as part of patient care
Oxehealth	An innovation implemented by EPUT to support the monitoring of patient's vital signs and behaviours
Reflective Practice	A method of studying personal experiences to improve ways of working and learning
Safety Huddles	A short multidisciplinary briefing focussing on the most at risk patients. Effective safety huddles involve agreed actions, are informed by visual feedback of data and provide the opportunity to celebrate success in reducing harm
Safety WalkRounds	An informal method for leaders to talk with front-line staff about safety issues in the organisation and show support for staff-reported errors. A method of demonstrating commitment to building a culture of safety
Schwartz Rounds	A structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare

Report title: Chairman's Report	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 1 September 2022	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk	
County Divisions affected: Not applicable	

1. Introduction

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

2. Action required

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

3. Background

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

4. Update and Next Steps

4.1. Linden Centre, Chelmsford

The forum met with Paul Scott, Chief Executive of Essex Partnership University NHS Foundation Trust (EPUT) and Alexandra Green, Chief Operating Officer of EPUT on Friday 29 July 2022 to discuss the proposed visit to the Linden Centre by the HOSC's Chairman and Vice-Chairman.

- 4.2 The Linden Centre provides adult and children's inpatient mental health care. Its ambition is to be a leading mental health provider and be a safe and effective partner to other organisations.
- 4.3 A new leadership team has been appointed within EPUT who have launched a 'Safety First, Safety Always' strategy with an initial focus on patient safety and more information on this will be brought to a future HOSC meeting.
- 4.4 Explained that there is an international shortage of nurses which makes recruitment difficult.
- 4.5 The visit to the Linden Centre will take place on 5 September 2022 and will

include seeing the following areas:

- Galleywood/Finchingfield wards at the Linden Centre
- Topaz ward at the Crystal Centre
- Mother and baby unit
- On site intensive care unit

4.6 **St Peter's Maternity Unit, Maldon**

On Monday 15 August 2022, the HOSC Chairman was notified by the Mid and South Essex Integrated Care System had taken the decision to temporarily suspend deliveries at the midwifery led birthing unit at St Peter's Hospital.

5. **List of Appendices**

App A: Letter from Mid and South Essex ICS

Cllr J Henry
Chair of the Essex HOSC

Re - St Peter's Birthing Unit, Maldon

15 August 2022

Dear Cllr Henry,

I wanted to let you know about a temporary service change in mid Essex. Mid and South Essex NHS Foundation Trust (MSEFT) has made the difficult decision to temporarily suspend deliveries at the midwifery-led birthing unit at St Peter's Hospital in Maldon.

The safety of the women and babies using those maternity services is an absolute priority.

With the third largest maternity service in the country, Mid and South Essex NHS Foundation Trust is constantly reviewing their activity and staffing levels to make sure that they are providing women with the very highest standards of care.

A recruitment campaign is underway to attract more midwives to the Trust, but in the short term they want to make sure that the staffing is concentrated in the right areas to offer the safest services to woman and babies

While women will not be able to give birth at St Peter's from today, 15 August 2022, they will still be running antenatal and postnatal outpatient clinics and offering antenatal triage between 9am and 3.30pm for low-risk women.

The midwifery unit gets fantastic feedback from families who give birth at St Peter's - or go there after they have given birth - but the priority has to be to provide the very best care while they work to recruit more staff.

Mid and South Essex NHS Foundation Trust is very committed to giving women choice when it comes to having their babies and mums who were planning on going to St Peter's will still have the option to deliver at the midwifery-led unit at Broomfield Hospital or could opt for a home birth.

We would like you to know that the Mid and South Essex Integrated Care Board is supporting the hospital trust and we will keep you and members of the HOSC updated, but if you would like to discuss this further, please feel free to contact either of us.

Yours sincerely

Tiffany Hemming
Interim Executive Director
Oversight, Assurance and Delivery
Mid and South Essex Integrated
Care Board

Yvonne Blucher
Managing Director
Care Group 3
Southend Hospital

Report title: Member Updates	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 1 September 2022	For: Discussion
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk	
County Divisions affected: Not applicable	

1. Introduction

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

2. Action required

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

3. Background

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

4. Update and Next Steps

Oral updates to be given.

5. List of Appendices – none

Report title: Care Quality Commission – monthly update	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 1 September 2022	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Joanna Boaler, Head of Democracy and Transparency – joanna.boaler@essex.gov.uk	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 Following discussions with members of the Committee in consultation with the Chairman, it has agreed that it would be helpful to bring a new standing report to the agenda. The purpose of the report is to set out the current position of key health care providers in Essex.
- 1.2 The report will support this committees' discussions regarding the work programme by showing the level that the Care Quality Commission (CQC), the Independent regulator of health and social care in England, believes care providers to be.

2. Action required

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

3. Background

- 3.1 The CQC is the independent regulator of health and adult social care in England. They work to ensure health and social care services are safe, effective, compassionate and of a high quality, whilst encouraging continuous improvement. The CQC monitor, inspect and regulate services and then publish their findings as well as taking action where they find poor care.
- 3.2 The CQC have a number of standards that everybody has the right to expect, these are:
 1. Person-centred care – care or treatment that is tailored to the individual and meets their needs and preferences.
 2. Dignity and respect – this means being treated with dignity and respect when receiving care and treatment including having privacy, being treated as equal and being given support to remain independent.
 3. Consent – individuals, or those acting on their behalf legally, must give consent before care or treatment is given.

4. Safety – individuals must not be given unsafe care or treatment or be put at risk of harm that could be avoided. Providers therefore must assess risks and ensure staff have appropriate qualifications, competences, skills and experience.
5. Safeguarding from abuse – individuals have the right not to receive any form of abuse or improper treatment this includes: neglect, degrading treatment, unnecessary or disproportionate restraint or inappropriate limits on freedom.
6. Food and drink – individuals must have enough to eat and drink to keep them in good health whilst in care or receiving treatment.
7. Premises and equipment – Premises where individuals receive treatment or care must be clean, suitable and looked after properly with equipment secure and used properly.
8. Complaints – individuals must be able to complain and a proper system must be in place for the handling and response of complaints. Investigations must be thorough and actions taken if problems are identified.
9. Good governance – provider of care must ensure they can meet these standards and have effective governance to check the quality and safety of care.
10. Staffing – the provider must have enough suitably qualified, competent and experienced staff to meet these standards. Staff must be given support, training and supervision they need to do their job.
11. Fit and proper staff – the provider must only employ people who can provide appropriate care and treatment for their role. Strong recruitment procedures must be in place including for work history and criminal record checks.
12. Duty of candour – provider must be open and transparent about care and treatment and if something goes wrong, they must tell the individuals what has happened, provide support and apologise.
13. Display of ratings – providers must display their CQC rating in a place it can be seen. They must also include information on their website and make the latest CQC report available.

3.3 The CQC inspection reports usually include ratings, there are currently four of these:

- Outstanding – the service is performing exceptionally well.
- Good – the service is performing well and meeting our expectations.
- Requires improvement – the service is not performing as well as it should, and we have told the service how it must improve.
- Inadequate – the service is performing badly, and we have taken action against the person or organisation that runs it.

4. Essex ratings

4.1. The table below sets out the ratings as of 09/08/22, it is proposed that we

update this in advance of each Committee meeting so that the Committee can consider whether they wish to look at a specific area or provider or look more widely at the topic and consider scheduling items.

- 4.2 The table below sets out the services that are inadequate or requires improvement in Essex.
- 4.3 The table does not include individual dentists, GP surgeries, care homes, residential homes or home care providers but does include service providers and hospitals.
- 4.4 If a rating is not shown in the table, it is because at the time of production no services as above were at that level.

Overall combined Rating	Organisation	Provider and run by	Services with an inadequate or requires improvement rating	Review date	Link to information	Topic at HOPSC
Requires Improvement	Southend University Hospital	Mid and South Essex NHS Foundation Trust	Maternity Surgery Urgent and emergency services	1 December 2021	Southend University Hospital - Care Quality Commission (cqc.org.uk)	
Requires Improvement	East of England Ambulance Service NHS Trust	East of England Ambulance Service NHS Trust	Emergency operations centre Patient transport services Emergency and urgent	13 July 2022 31 July 2019 13 July 2022	East of England Ambulance Service NHS Trust - Overview - Care Quality Commission (cqc.org.uk)	July 2022, January 2022, October 2021 and September 2021

			care			
Requires Improvement	Colchester General Hospital	East Suffolk and North Essex NGS Foundation Trust	Maternity Urgent and emergency services	16 June 2021 8 January 2020	Colchester General Hospital - Care Quality Commission (cqc.org.uk)	Maternity – March 2022 and September 2021 September 2022 Urgent and Emergency – February 2022
Requires Improvement	East Suffolk and North Essex NHS Foundation Trust	East Suffolk and North Essex NGS Foundation Trust	Safe Responsive	8 January 2020	East Suffolk and North Essex NHS Foundation Trust - Overview - Care Quality Commission (cqc.org.uk)	
Requires Improvement	The Princess Alexandra Hospital NHS Trust	The Princess Alexandra Hospital NHS Trust	Safe Effective Responsive Well-led	Multiple dates in July, August, September 2021	The Princess Alexandra Hospital NHS Trust - Overview - Care Quality Commission (cqc.org.uk)	Hospital Redevelopment – April 2022 October 2022
Requires Improvement	The Princess Alexandra Hospital NHS Trust	The Princess Alexandra Hospital NHS Trust	Medical Care Maternity Urgent and emergency services (Inadequate)	17 November 2021	The Princess Alexandra Hospital NHS Trust - Services - Care Quality Commission (cqc.org.uk)	
Requires Improvement	Mid and South Essex NHS Foundation Trust	Mid and South Essex NHS Foundation Trust	Safe Responsive	Multiple dates July, August and	Mid and South Essex NHS Foundation Trust - Overview - Care Quality Commission (cqc.org.uk)	Community beds – July 2022 and November

	ion Trust	tion Trust	Well-led Use of Resources	September 2021		2021
Requires Improvement	Broomfield Hospital	Mid and South Essex NHS Foundation Trust	Maternity Surgery	1 December 2021	Broomfield Hospital - Care Quality Commission (cqc.org.uk)	
Requires Improvement	Basildon University Hospital	Mid and South Essex NHS Foundation Trust	Medical Care Maternity Surgery	1 December 2021	Mid and South Essex NHS Foundation Trust - Services - Care Quality Commission (cqc.org.uk)	
Requires Improvement	Essex Partnership University NHS Foundation Trust		Child and adolescent mental health wards Wards for older people with mental health problems Acute wards for adults of working age and psychiatric intensive care units Substance misuse services Safe	29-Jul-22 09-Oct-19 July and August 2019	https://www.cqc.org.uk/provider/R1L	July 2022 Sept 2022
Requires	North		Specialis	6	North East London NHS	July 2022

Improve ment	East London NHS Foundat ion Trust		t Commun ity mental health services for children and young people Mental health crisis services and health- based places of safety (inadequ ate) Acute wards for adults of working age and psychiatr ic intensive care units Commun ity based mental health services for adults of working age Safe Well-led	Septem ber 2019	Foundation Trust - Overview - Care Quality Commission (cqc.org.uk)	Sept 2022
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5. List of Appendices – none

Report title: Work Programme	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 1 September 2022	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk	
County Divisions affected: Not applicable	

1. Introduction

1.1 The current work programme for the Committee is attached.

2. Action required

2.1 The Committee is asked:

- (i) to consider this report and work programme in the Appendix and any further development of amendments;
- (ii) to discuss further suggestions for briefings/scrutiny work.

3. Background

3.1 Briefings and training

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

3.2 Formal committee activity

The current work programme continues to be a live document, developed as a result of work planning sessions and subsequent ongoing discussions between the Chairman and Lead Members, and within full committee.

4. Update and Next Steps

See Appendix.

5. List of Appendices - Work Programme overleaf

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

Date	Topic	Theme/Focus	Approach and next steps
July 2022			
September 2022	Mental Health Services	Committee to receive a further update on the mental health response to the pandemic and future service planning for changes in demand.	
September 2022	Covid-19	Committee to receive an update on the current position with Covid-19, including specifically around the rollout of the fourth booster vaccine	
October 2022			
October 2022	Maternity Services at East Suffolk and North Essex Foundation Trust (ESNEFT)	Committee to receive a further update on how ESNEFT is progressing against CQC recommendations	
October 2022	Princess Alexandra Hospital – new hospital update	Committee to receive further update on the new hospital development, including: <ul style="list-style-type: none"> - Sharing detailed plans of new hospital site - Confirmation of date for planning application submission 	
October 2022	Mid and South Essex Community Beds programme	Committee to receive briefing following completion of engagement process	

October 2022	South-East Essex Community Children's Services – Lighthouse Child Development Centre	Committee to receive an update following the transfer of the Lighthouse Child Development Centre to EPUT	
November 2022			
November 2022	A&E Seasonal Pressures	Committee to receive updates from the hospital trusts on their preparations for Winter	
November 2022	East of England Ambulance Service Trust	Further update to be provided on progress against CQC recommendations and also an update on their preparations for the Winter season	
November 2022	Mental Health Services for Young People	Final report to be presented to committee prior to publication at Full Council	
December 2022			
December 2022	GP Provision in Essex	Committee to receive further update on current position following previous briefing in June 2022	
January 2023			
Autism Strategy	Autism Strategy	<p>Committee to receive an update on Autism Services following initial report in January 2021. Scope set out as below:</p> <ul style="list-style-type: none"> ▪ Referral and diagnosis times ▪ Transitions between children and adult services 	

		<ul style="list-style-type: none"> ▪ The number of people across Essex affected by Autism <p>The impact of Covid-19 on Children's Autism services.</p>	
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Items to be programmed	Topic	Theme/Focus	Approach and next steps
TBC	New NHS Hubs	Further scoping required	
TBC	Essex Partnership University Foundation Trust (EPUT Linden Centre review	Further scoping required	
TBC	Hospital waiting times – overview of all Essex hospitals	Further scoping required	
TBC	NHS 111 – impact of GP's directing people to that service	Further scoping required	
TBC	Section 106 monies within the NHS	Further scoping required	
TBC	Digitalisation of access to health	Further scoping required	