

# Health Overview and Scrutiny Committee

<b>10:30</b>	<b>Wednesday, 29 June 2016</b>	<b>Committee Room 1, County Hall, Chelmsford, Essex</b>
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**PLEASE NOTE THERE WILL BE A PRIVATE PRE-MEETING FOR ALL HOSC MEMBERS COMMENCING AT 9:30 IN COMMITTEE ROOM 5**

**Quorum: 4**

**Membership:**

Councillor J Reeves	Chairman
Councillor D Blackwell	
Councillor K Bobbin	
Councillor S Canning	
Councillor P Channer	
Councillor M Fisher	
Councillor R Gadsby	
Councillor K Gibbs	
Councillor D Harris	Vice-Chairman
Councillor R Howard	
Councillor A Naylor	
Councillor A Wood	Vice-Chairman

<b>Co-opted Non-voting members:</b>	Braintree District Councillor J Beavis
	Chelmsford City Councillor M Sismey
	Harlow District Councillor W Forman
	Uttlesford District Councillor S Harris

**For information about the meeting please ask for:**

Graham Hughes, Scrutiny Officer  
 Fiona Lancaster, Committee Officer  
**Telephone:** 033301 34573  
**Email:** [fiona.lancaster@essex.gov.uk](mailto:fiona.lancaster@essex.gov.uk)  
[www.essex.gov.uk/scrutiny](http://www.essex.gov.uk/scrutiny)



Essex County Council

## **Essex County Council and Committees Information**

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Please note that an audio recording may be made of the meeting – at the start of the meeting the Chairman will confirm if all or part of the meeting is being recorded.

## **Part 1**

(During consideration of these items the meeting is likely to be open to the press and public)

		<b>Pages</b>
<b>1</b>	<b>Apologies and Substitution Notices</b> The Scrutiny Officer to report receipt (if any).	
<b>2</b>	<b>Declarations of Interest</b> To note any declarations of interest to be made by Members in accordance with the Members' Code of Conduct.	
<b>3</b>	<b>Minutes</b> To approve the draft minutes of the meeting held on Wednesday 1 June 2016 (attached).	<b>7 - 14</b>
<b>4</b>	<b>Questions from the Public</b> 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. On arrival, and before the start of the meeting, please register with the Committee Officer.	
<b>5</b>	<b>Mid and South Essex Success Regime (HOSC/36/16)</b> a) To consider an overall project update from Andrew Vowles, Programme Director, Mid and South Essex Success Regime, and Dr Ronan Fenton, Medical Director of Mid Essex Hospital. b) To receive a formal response to recommendations arising from the joint HOSC/Healthwatch Essex Citizen Engagement Conference on patient engagement in the Success Regime.	<b>15 - 34</b>
<b>6</b>	<b>HOSC's Obesity Task and Finish Group report</b> Councillor Susan Barker, Deputy Cabinet Member for Healthy Living & Wellbeing, will respond to the recommendations from the Obesity Task and Finish Group scrutiny report (HOSC/37/16).	<b>35 - 52</b>
<b>7</b>	<b>North Essex Partnership Trust - Clacton Hospital</b> To consider the response (HOSC/38/16) received from the North Essex Partnership Trust on issues raised about the Peter Bruff Ward at Clacton Hospital during public question time at the last HOSC meeting.	<b>53 - 60</b>

<b>8</b>	<b>Report by HOSC Members on visit to St Helena Hospice</b> To receive a report (HOSC/39/16) from Councillors D Harris, M Fisher and A Wood - report to follow.	<b>61 - 62</b>
<b>9</b>	<b>Joint working with Safeguarding Boards</b> To consider the report (HOSC/40/16) and accompanying appendix.	<b>63 - 68</b>
<b>10</b>	<b>General update</b> To consider the report (HOSC/41/16) and accompanying appendix.	<b>69 - 76</b>
<b>11</b>	<b>Quality Accounts</b> To consider the report (HOSC/42/16).	<b>77 - 78</b>
<b>12</b>	<b>Work Programme</b> To consider the report (HOSC/43/16).	<b>79 - 82</b>
<b>13</b>	<b>Date of Next Meeting</b> To note that the next meeting will be held at 10.30 am on Wednesday 27 July 2016, in Committee Room 1, County Hall.	
<b>14</b>	<b>Urgent Business</b> 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)

To consider whether the press and public should be excluded from the meeting during consideration of an agenda item on the grounds that it involves the likely disclosure of exempt information as specified in Part I of Schedule 12A of the Local Government Act 1972 or it being confidential for the purposes of Section 100A(2) of that Act.

In each case, Members are asked to decide whether, in all the circumstances, the public interest in maintaining the exemption (and discussing the matter in private) outweighs the public interest in disclosing the information.

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**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.

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**Please note that a HOSC Member Development briefing session will follow immediately after the close of the scheduled meeting in Committee Room 1.**



**MINUTES OF A MEETING OF THE HEALTH/NHS OVERVIEW AND  
SCRUTINY COMMITTEE (HOSC) HELD ON 1 JUNE 2016 AT 10:30 AT  
COUNTY HALL, CHELMSFORD**

County Councillors present:

J Reeves (Chairman)	D Harris
K Bobbin	R Howard
P Channer	A Naylor
M Fisher	C Sargeant (substitute)
K Gibbs	A Wood

Borough/District Councillors present: J Beavis (Braintree District Councillor)  
M Sismey (Chelmsford City Councillor)  
S Harris (Uttlesford District Councillor)

Also in attendance:

County Councillors Graham Butland (Cabinet Member, Health) and Anne Brown (Cabinet Member for Corporate, Communities and Customers)  
David Sollis (Healthwatch Essex observer)

The following Officers were present in support throughout the meeting:

Graham Hughes	- Scrutiny Officer
Fiona Lancaster	- Committee Officer

**1. Constitution, Terms of Reference and Membership**

The Committee considered a report (HOSC/28/16) from the Scrutiny Officer advising on the updated Constitution and reporting that there were no changes to the Terms of Reference or membership of the Committee, including the Chairman of the Committee, as approved at the Council meeting on 10 May 2016.

The Committee **agreed** the approach for co-opted members as outlined in the report, and the Committee Officer undertook to write to Councillors Graham Barker and Edna Stevens to thank them for their contribution to the work of the Committee.

**2. Appointment of Vice-Chairmen**

The Chairman invited nominations for two Vice-Chairmen to serve for the 2016/17 municipal year, and the following nominations were received:

Councillor A Wood (proposed by Councillor Harris and seconded by Councillor Channer);  
Councillor D Harris (proposed by Councillor Fisher and seconded by Councillor Bobbin)

By general consent, it was **agreed** that Councillors Wood and Harris be elected as Vice-Chairmen of the Committee for the next year.

The Chairman thanked Councillor Fisher for her valuable support as a Vice-Chairman over the past three years and was pleased to acknowledge that she would be continuing to serve as a Member of the Committee.

### 3. **Apologies and Substitution Notices**

Apologies for absence had been received from County Councillor D Blackwell (substituted by Councillor C Sargeant), R Gadsby, S Canning and Harlow District Councillor W Forman.

### 4. **Declarations of Interest**

Councillor A Wood declared a personal interest as a Governor of the North Essex Partnership University NHS Foundation Trust (NEPFT), and his association with the local press regarding the Peter Bruff mental health ward at Clacton Hospital (minute 6 below refers).

Councillor P Channer declared a personal interest as a member of the Maldon Community Services and Community Hospital Project Board.

### 5. **Minutes**

The minutes of the meeting of the Health Overview and Scrutiny Committee held on Thursday 14 April 2016 were approved as a correct record and signed by the Chairman.

### 6. **Questions from the Public**

Councillor Wood declared a personal interest in this item (minute 4 above refers).

Mr Tom Wood, a representative of the "Keep Peter Bruff Ward Open in Clacton" campaign commented on information he had been given which suggested that the Peter Bruff ward would be closed as an "Acute" status ward and instead be a "Step Up/Step Down" ward. As a result, he was seeking clarification through the Health Overview and Scrutiny Committee from the NEPFT on the exact position, and on their plans to hold a public consultation if the closure arrangements were accurate.

Councillor Wood reported his concerns regarding the extent to which the NEPFT Board of Governors had been consulted and informed on the proposals.

The Committee **agreed** that a letter would be sent to NEPFT to seek confirmation as to the exact proposals and to ask them to respond to allegations that the Governors of the Trust were not being consulted and kept informed.

## 7. Mental Health Strategy

The Committee considered a report (HOSC/29/16) from Councillor Butland, Cabinet Member, Health, on the *Five Year Forward View for Mental Health* report and the activities which Essex County Council intends to undertake as a result.

Councillor Butland presented the report and participated in a question and answer session. He was supported by the following Officers:

- Clare Hardy, Head of Commissioning - People
- Marcus Roberts, Senior Policy and Strategy Adviser (People)
- Matthew Barnett, Commissioning Support Manager

During the discussion the following was acknowledged, highlighted or questioned:

- (i) The need for an integrated system between health providers and commissioners, and for closer collaboration between the South and the North providers with Essex County Council;
- (ii) Commissioners need to confirm what services are needed;
- (iii) The County's commitment to the Local Authority Mental Health challenge;
- (iv) Around £160m is spent on healthcare, with £130m of this expenditure being spent on adults suffering with dementia;
- (v) The review of the role and governance arrangements of the Essex Health and Wellbeing Board. Local district and borough health panels should be involved with the work of the Board;
- (vi) Mental Health issues had now been brought into the Success Regime work;
- (vii) The shortage of qualified Approved Mental Health Professionals, with 84 currently employed in the County;
- (viii) The significance of the challenge for the County and for health and other public service providers;
- (ix) The new focus of expenditure being on early intervention and prevention services;
- (x) The journey for Essex and the launch of a new Emotional Wellbeing and Mental Health Service for Children and Young People which was producing good results;
- (xi) The need for the Council to work with MIND and other relevant partners, including the armed services, to drive through improvements across the County;
- (xii) Councillor Butland undertook to circulate a copy of the draft Dementia strategy;
- (xiii) The funding already being invested to provide better support for schools, with training programmes focused on suicide and self-harm issues;
- (xiv) The use of national campaigns to try to reduce the stigma of mental health;
- (xv) Ways in which the Health Overview and Scrutiny Committee Members could be more actively involved and help raise awareness across the County;
- (xvi) If patients have to wait for a significant amount of time to be referred from GPs for treatment.

The Committee indicated its support for the proposed way forward and welcomed Councillor Butland's offer to provide Members with future drafts of the strategy, by email, so that they would have the opportunity to be involved with the development of a published strategy and be aware of how the work progresses at each stage.

The Scrutiny Officer **noted** that there was agreement for email copies of the following to be circulated with subsequent email updates as appropriate:

- 1) Current draft of the Essex Dementia Strategy;
- 2) Essex Mental Health Joint Strategic Needs Assessment (March 2016);
- 3) Essex Mental Health Review (September 2015);
- 4) The Five 'wellbeing' messages from the recent Mental Health Awareness Week.

The report was otherwise **noted**.

The Chairman thanked Councillor Butland for his attendance and helpful presentation and he left the meeting at this point.

## 8. Complaints Handling

The Committee received a report (HOSC/30/16) from the Scrutiny Officer, together with written updates from each of the five Acute Trusts in Essex on the implementation of the recommendations directed at them by the HOSC's Task and Finish Group on Complaints Handling in the Acute Trusts.

The following were in attendance to participate in a joint question and answer session on this item:

- Tammy Diles, Head of Patient Experience, Colchester Hospital
- Shahid Sardar, Associate Director, Patient Engagement and Experience Team, Princess Alexandra Hospital, Harlow
- Nadine Lipscombe, Manager PALS and Complaints, Mid Essex Hospital
- Laura Mansfield, Head of Patient Experience, Southend Hospital

During the discussion the following was acknowledged, highlighted or questioned:

- (i) Members noted the overall increase in the number of patient representative groups and on the increased level of engagement. The Trusts welcomed the benefits of the groups identifying where improvements were needed;
- (ii) Members acknowledged some of the difficulties the Trusts had in trying to co-locate PALS and Complaints Handling offices into one area, and the impact on the volume of complaints coming forward with the teams being more readily accessible in Trust sites, although this had led to issues being dealt with at an early stage;
- (iii) Some Members expressed concern regarding their personal experiences with automated telephone systems and call back services which had

caused some anxiety to patients and carers. Mid-Essex Hospital reassured Members that changes had been made to their system as a result of issues being raised, and that some groups such as cancer therapy and expectant mothers had been taken off their system as a result of concerns about automated call backs. Members urged the Trusts to ensure that their systems indicate who is calling from the outset, and to ensure that patients were advised in their documentation if they needed to expect an automated call;

- (iv) The increased frequency of meetings to share learning and best practice internally and externally;
- (v) Healthwatch Essex indicated that it could host a one-off meeting to bring together patient representative groups, Trusts and Clinical Commissioning Groups, and Members encouraged the Trusts to take up the offer;
- (vi) How the Trusts were carrying out induction and refresher training for staff on how to handle complaints, plus new initiatives such as “lunchtime learning” and conferences. Trusts were keen to empower staff to take responsibility for problems at an early stage;
- (vii) The positive influence of the HOSC’s Task and Finish Group report and its support to the Acute Trusts in instigating change and improvement.

The Committee was satisfied with the improvements being made to patient communications and engagement, and the sharing of knowledge and learning across the Trusts as a result of its report.

The Scrutiny Officer also provided the Committee with an oral update in relation to Recommendations 13 to 15 inclusive, as follows:

*Recommendation 13:* The Cabinet Member was currently reviewing Essex County Council representation on all health bodies.

*Recommendation 14:* The Scrutiny Officer was working with the Acute Trusts to plan for a regular information flow on patient feedback/complaints to the Committee. Members indicated that they would like to receive details on further development/progress by early 2017.

*Recommendation 15:* The Committee was now beginning to receive more regular briefings from Healthwatch Essex and had jointly hosted a recent Conference with them to encourage patient engagement in the Success Regime.

The reports were otherwise **noted**.

The Chairman thanked all the contributors for their attendance and input and they left the meeting at this point.

## **9. Citizen Engagement in the Success Regime – Conference Report**

The Committee considered a report (HOSC/31/16) from the Scrutiny Officer, together with a copy of the draft report of Healthwatch Essex and the Health Overview and Scrutiny Committee on their jointly hosted Conference.

David Sollis, Healthwatch Essex, reported that feedback had indicated that more of these types of events would be welcomed by the health services, patient groups and the community and voluntary sector, and that plans were underway to organise similar events in the Castle Point & Rochford and Southend areas.

The Committee **agreed** the recommendations outlined in the report, and were pleased to note the success of the event. The Committee also **agreed** that NHS England would be formally requested to respond to the recommendations.

The report was otherwise **noted**.

#### 10. Colchester Hospital University NHS Foundation Trust (CHUFT)

The Committee noted a report (HOSC/32/16) from the Scrutiny Officer providing an update on the recent changes at CHUFT, including the arrangement for a long-term partnership with the Ipswich Hospital NHS Trust.

The Committee **agreed** to consider its future approach to the scrutiny of CHUFT and Ipswich Hospital under the work programme item.

The Committee noted the current Network Rail Card restrictions for journeys beyond Manningtree.

The report was otherwise **noted**.

#### 11. Quality Accounts

The Committee considered a report (HOSC/33/16) from the Scrutiny Officer providing details on the approach being undertaken in providing Health Overview and Scrutiny Committee comments on draft Quality Accounts submitted to it by Essex health bodies.

The Committee **noted** the report, which included a copy of the responses given to date, and ratified the approach being taken.

The report was otherwise **noted**.

#### 12. General Update

The Committee noted a report (HOSC/34/16) from the Scrutiny Officer outlining updates on local Clinical Commissioning Groups, Health providers, NHS England GP matters, details on Care Quality Commission inspections, and forthcoming meeting dates for 2016 public meetings.

At the request of Councillor Wood, the Scrutiny Officer undertook to find out if a further Clacton GP Surgery was intending to close in September 2016.

Councillor Beavis reported that she had asked to meet with Mid-Essex CCG representatives regarding the decision taken to transfer services from the Rapid

Assessment Unit at Braintree Community Hospital to other community services, and would provide an update to the Committee after that meeting had been held.

The report was otherwise **noted**.

### 13. Work programme

The Committee considered a report (HOSC/35/16) from the Scrutiny Officer setting out the Committee's current work programme and the intention to commence a Task and Finish Group on Mental Health Services for Children and Young People now that the work of the Obesity Task and Finish Group had finished. Councillors Beavis, Bobbin, Gibbs and Wood re-affirmed their interest to serve on a Mental Health Services Task and Finish Group.

The Scrutiny Officer provided the Committee with a snapshot of the future work to be scheduled over the next year and the priorities which had been identified. Members considered the possibility of having fewer meetings to enable more Task and Finish Groups to undertake detailed scrutiny work. Members were reminded that Task and Finish Group meetings could be held in public and they welcomed the future undertaking by the Scrutiny Officer to publicise the dates of such meetings.

The Committee indicated that regular updates on the Success Regime were needed, including the impact of this work on the Complex Urological Cancer Surgery proposals and also the location of the South Essex PET CT Scanner. There may be further detailed work undertaken by HOSC Members in smaller groups to look at some of the Success Regime's particular work streams.

The Committee **agreed** that it would be helpful to have a specific briefing from NHS England on specialist commissioning.

The report was otherwise **noted**.

### 14. Date and Time of Next Meeting

The Committee **noted** that the next meeting was scheduled to take place at **10.30 am on Wednesday 29 June 2016**, in Committee Room 1 at County Hall (preceded by a private pre-meeting for Members only at **9.30 am**).

There being no further business the meeting closed at 13:02 pm.

Chairman  
29 June 2016



# HOSC/36/16

**Committee** Health Overview and Scrutiny

**Date** 29 June 2016

## **MID AND SOUTH ESSEX SUCCESS REGIME**

Report by Graham Hughes, Scrutiny Officer

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

### **Recommendation:**

- (i) To consider the overall project update given by NHS England and issues arising;
- (ii) To consider the format of future HOSC scrutiny of the Success Regime which may also include arrangements for detailed review of specific Success Regime work streams;
- (iii) To consider the formal response from NHS England to the recommendations made to it by the HOSC on ensuring citizen engagement in the Success Regime.

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#### (a) Overall project update

To consider an update on the Success Regime from the following:

- Andrew Vowles, Programme Director, Mid and South Essex Success Regime;
- Ronan Fenton, Medical Director, Mid-Essex Hospital Trust;
- Wendy Smith, Interim Communications Lead, Mid and South Essex Success Regime

A copy of the latest Stakeholder Progress Update dated 12 May 2016 is attached as a refresher (**Appendix 1**). No further stakeholder progress updates will be issued by NHS England until after the 23<sup>rd</sup> June EU Referendum. However, the HOSC will receive a power-point presentation update at the meeting on the 29<sup>th</sup> and it is

expected that this can be circulated in advance to members early next week for preliminary reading (**Appendix 2**).

(b) Formal response to recommendations made on citizen engagement

In April the HOSC and Healthwatch Essex jointly hosted a conference on ensuring citizen engagement in the Success Regime. A number of recommendations were made by delegates at the conference, which were subsequently endorsed by the HOSC at its meeting on 1<sup>st</sup> June 2016 and the HOSC resolved to forward the recommendations to NHS England for formal response. Accordingly, the HOSC Chairman wrote to NHS England (**Appendix 3**) on 7 June 2016 asking for their formal response to the recommendations. The NHS England response is attached as **Appendix 4**.

## Mid and South Essex Success Regime

A programme to sustain services and improve care

### Progress update

Update no.3 – 12 May 2016

### What's in this briefing

- Quick recap
- Progress update
- Workstreams in progress
- Next steps and milestones
- How to have your say
- Further information

### Quick recap

The Success Regime brings national support to those areas in the country where there are deep-rooted, systemic pressures. Building on transformation that is already happening, it offers management support, financial support and a programme discipline to speed up the pace of change.

The Success Regime in mid and south Essex gives us the opportunity to realise the full potential of our workforce and provide the best of modern healthcare for local people.

### Area and services involved

#### Service providers

Basildon and Thurrock University Hospitals NHS Foundation Trust  
East of England Ambulance Service NHS Trust  
Mid Essex Hospital Services NHS Trust  
NELFT NHS Foundation Trust  
North Essex Partnership University NHS Foundation Trust  
Provide  
Southend University Hospital NHS Foundation Trust  
South Essex Partnership University NHS Foundation Trust

**Clinical commissioning groups (CCGs)**

Basildon and Brentwood  
Castle Point and Rochford  
Mid Essex  
Southend  
Thurrock

**Local authorities:**

Essex County Council  
Southend-on-sea Borough Council  
Thurrock Council

All health and social care services are involved in the programme, including some 183 GP practices, community services, mental health and social care and hospital services.

**Six areas for change**

- 1. Address clinical and financial sustainability of local hospitals by:**
  - Increasing collaboration and service redesign across three sites
  - Sharing back office and clinical support services.
- 2. Accelerate plans for changes in urgent and emergency care, in line with national recommendations e.g.:**
  - Doing more to help people avoid problems and get the right help
  - Developing same day services and urgent care in communities, to reduce unnecessary visits and admissions to hospital
  - Designating hospital sites for specialist emergency care.
- 3. Join up community-based services** – GPs, primary, community, mental health and social care – around defined localities or hubs.
- 4. Simplify commissioning**, reduce workload and bureaucracy e.g.:
  - Reduce the number of contracts from around 300 to around 50
  - Commission services on a wider scale e.g. with one lead provider where several may be involved
  - Agree a consistent and common offer to focus on priorities and identify limits of NHS funding.
- 5. Develop a flexible workforce** that can work across organisations and geographical boundaries.
- 6. Improve information, IT and shared access to care records.**

**Why we are doing this**

We need to keep up with the pace of change and demands on health and care so that we can do more for people now and in the future. If we took no action, the current NHS deficit in mid and south Essex could rise to over £216 million by 2018/19, and we would not be able to meet year on year growing demands.

Our aim is to get the system back into balance by 2018/19 and deliver the best joined up and personalised care for patients. The kinds of changes we are looking to make have major benefits for patients, such as:

- More emphasis on helping people to stay well and tackling problems at an earlier stage to avoid crises.
- Joined up health and care services to provide more care for people at home and in the community, avoiding the need for a visit to hospital.
- New technologies and treatments to do more for people without the need to be in hospital, even in a crisis.
- When people do need the specialist care that only a hospital can provide, collaboration between hospitals and other services will ensure the best possible clinical staff and facilities.
- By redesigning some hospital services, the improvements in staffing levels and capability will mean safer, more effective, more compassionate care for patients.

## Progress update

- An overall plan to develop options for change was published on 1 March. For further information, please visit:  
<http://castlepointandrochfordccg.nhs.uk/success-regime>
- The three acute hospitals have agreed arrangements in principle for working as a group with a joint committee to oversee collaboration. The joint committee arrangements are due for approval by Trust boards in May.

Clare Panniker is lead chief executive for the committee. Clare is chief executive of Basildon and Thurrock University Hospitals NHS Foundation Trust and interim chief executive of Mid Essex Hospital Services NHS Trust. Professor Sheila Salmon, chair of Mid Essex Hospital Services NHS Trust, is the joint committee chair. Alan Tobias, chair of Southend University Hospital NHS Foundation Trust is vice-chair of the joint committee.

- The five CCGs are working on collaborative arrangements to be agreed over the summer to improve commissioning and reduce bureaucracy e.g. reducing the number of contracts for commissioning healthcare.
- Workstreams have been set up under the two broad headings of:
  - *Local Health and Care* – developing and integrating services in the community
  - *In Hospital* – involving further collaboration and service redesign between the three main hospitals in mid and south Essex.

Other workstreams led by the Success Regime programme office include shared care records, communications and engagement and finance.

- Workstreams under Local Health and Care currently involve a range of clinicians and frontline staff from primary, community and social care, with plans to involve service users and voluntary and independent sector representatives.
- The In Hospital workstream currently has an acute leaders group of around 30 clinicians and service leaders. They have already held a listening event with service users and more will follow.
- Early discussions with stakeholders have so far involved, for example:
  - Healthwatch Essex, Thurrock and Southend
  - Lead officers and members of the three local authorities
  - Essex, Southend and Thurrock Health and Wellbeing Boards
  - Essex and Southend local authority scrutiny committees
  - Local MPs
  - CCG governing bodies and primary care practice members
  - Staff in CCGs and acute trusts

The three Healthwatch bodies and Essex Health Overview and Scrutiny Committee organised an all-day conference on 18 April for patient experience and service user representatives. Involving around 70 people, the delegates discussed ways in which service users could be involved.

*In Your Shoes*, a listening event took place on 28 April with around 30 clinicians and 30 service users. The event invited people to talk about their experiences in emergency care, what matters to them and how they would like to see improvements. Among various themes, the overall top priority for improving urgent and emergency care was considered by those who attended to be “access to GPs and prevention”.

## Workstreams in progress

The following workstreams have been set up to tackle the priorities identified by the Success Regime diagnostic review, which took place towards the end of last year. Other workstreams will be added to the programme over the next year.

### Local Health and Care – current workstreams

#### Frailty and End of Life care

- Initial focus is on the over 75 age group, but the work will expand at a later date to include care for adults of all ages with complex long term conditions
- The work is looking at:
  - Care at the interface between community and hospital, including the development of frailty assessment units
  - Identifying people at risk and systems to manage care around individuals
  - Proactive health and care, such as health and social care planning, falls prevention and support to care homes.

Workstream leads – Bryan Spencer, Jane Hanvey

Communications and engagement leads – Rachel Harkes (Frailty) [rachelharkes@nhs.net](mailto:rachelharkes@nhs.net) and Romina Bartholomeusz (End of Life) [romina.bartholomeusz@nhs.net](mailto:romina.bartholomeusz@nhs.net)  
For further information contact [rachelharkes@nhs.net](mailto:rachelharkes@nhs.net)

### **Redesign of Pain services and Dermatology**

- Looking at options for shifting outpatient services from acute hospital settings to community services
- Pain and Dermatology have been identified by clinical leaders as areas that need to shift in line with clinical good practice and opportunities for improving patient outcomes
- Other potential services for similar moves will follow

Workstream leads – Dan Doherty, Ravi Suchak (Dermatology), Simon Thomson (Pain services)

Communications and engagement leads – Claire Hankey (Pain services) [claire.hankey@southend.nhs.uk](mailto:claire.hankey@southend.nhs.uk), Victoria Parker (Dermatology) [Victoria.parker@meht.nhs.uk](mailto:Victoria.parker@meht.nhs.uk)

For further information contact [claire.hankey@southend.nhs.uk](mailto:claire.hankey@southend.nhs.uk)

### **“Common offer”**

- Reviewing current commissioning policies and thresholds to improve consistency across mid and south Essex.

Workstream lead – Dan Doherty

Communications and engagement lead – Paul Ilett [paulilett@nhs.net](mailto:paulilett@nhs.net)

For further information contact [danieldoherty@nhs.net](mailto:danieldoherty@nhs.net)

### **Primary and community care**

- Building on developments that are already taking place within the five CCG areas to join up primary, community and social care around GP practices.
- Looking at the benefits of groups of practices working together in localities.

Workstream lead – Ian Stidston

Communications and engagement lead – Claire Routh [crouth@nhs.net](mailto:crouth@nhs.net)

For further information contact Claire Routh [crouth@nhs.net](mailto:crouth@nhs.net)

## **In Hospital – current workstreams**

### **Clinical services**

Hospital clinicians from a range of professions and specialties are gathering evidence and service user insight to develop options for some services to work as single services across the three hospitals.

Broad principles for this work:

- Start from a service user perspective
- Avoid moving or replicating high fixed cost services: maintain some "givens"

- Ensure deliverability in 2-3 years: no major new builds, use of existing infrastructure
- Ensure clear rationale for any service redesign: if no clear rationale, then no change
- Design along pathways: move care between hospital and community, and increase integrated working
- Consider opportunities to incorporate technology and innovation

Criteria for service change:

- Better clinical outcomes: meet national recommendations and move towards best practice quality standards e.g. Royal Colleges
- Sustainable clinical workforce: move towards best practice workforce standards and improve training opportunities e.g. Royal Colleges
- Efficiency and productivity: deliver services at a lower cost, where possible
- Access: maintain appropriate access to services
- Interdependencies: maintain appropriate clinical adjacencies

Workstream leads – Ronan Fenton, Celia Skinner, Neil Rothnie

Communications and engagement lead – Wendy Smith [wendy.smith60@nhs.net](mailto:wendy.smith60@nhs.net)

For further information contact [claire.hankey@southend.nhs.uk](mailto:claire.hankey@southend.nhs.uk)

### **Clinical support**

- Building on current collaboration between the hospitals in terms of clinical support services
- Current scope includes Pharmacy, Radiology, Medical Physics, Pathology, Clinical Sterile Services

Workstream lead – Jon Findlay

Communications and engagement lead – Ian Lloyd [ian.lloyd@btuh.nhs.uk](mailto:ian.lloyd@btuh.nhs.uk)

For further information contact Jon Findlay [jon.findlay@southend.nhs.uk](mailto:jon.findlay@southend.nhs.uk)

### **Back office functions**

- Looking at opportunities to share and standardise functions across the three hospitals
- Currently involves 11 sub-workstreams

Workstream lead – James O'Sullivan

Communications and engagement lead – Ian Lloyd [ian.lloyd@btuh.nhs.uk](mailto:ian.lloyd@btuh.nhs.uk)

For further information contact [ian.lloyd@btuh.nhs.uk](mailto:ian.lloyd@btuh.nhs.uk)

## **Next steps and milestones**

May-Aug	Further detailed planning within workstreams, includes service user involvement
June/July	Wider patient, clinical and staff engagement
July	Update on options development and further engagement

Sep	Notification of details for consultation
Oct – Dec	Main consultation on proposed options for change
Jan 2017	Outcome of consultation
Feb	Discussions with HOSC and others prior to decision-making
March	Formal decisions for change
April and ongoing	Implementation

## How to have your say

1. Send us your views in writing

Please write to us at [england.essexsuccessregime@nhs.net](mailto:england.essexsuccessregime@nhs.net)

2. Hold a discussion within your team, group or organisation

Local trusts, CCGs and other organisations are arranging staff briefings. Check your staff news, talk to your line manager or contact your local Communications team.

3. Invite us to attend your meeting

If you would like a representative to attend your meeting, please contact us on [england.essexsuccessregime@nhs.net](mailto:england.essexsuccessregime@nhs.net)

## Further information

<http://castlepointandrochfordccg.nhs.uk/success-regime>

If you would like further information, to arrange a meeting or you would like to send us your views, please write to us at [england.essexsuccessregime@nhs.net](mailto:england.essexsuccessregime@nhs.net)

### Key contact:

Wendy Smith, Interim Communications Lead



**Members' Suite**

PO Box 11,  
County Hall,  
Chelmsford CM1 1LX  
Email: [cllr.jillian.reeves@essex.gov.uk](mailto:cllr.jillian.reeves@essex.gov.uk)



7 June 2016

**BY EMAIL**

Wendy Smith  
Interim Communications Lead,  
Mid and South Essex Success Regime,  
NHS England, Swift House,  
Hedgerows Business Park,  
Colchester Road, Chelmsford, CM2 5PF

Dear Wendy

**NHS ENGLAND  
MID AND SOUTH ESSEX SUCCESS REGIME**

I write further to the Health Overview and Scrutiny Committee (HOSC) and Healthwatch Essex jointly holding a conference on 18 April 2016 to discuss ensuring citizen engagement in the Success Regime.

A copy of the draft report of the conference is attached. The recommendations in the report were endorsed by the HOSC last week. The HOSC requested that NHS England formally respond to each of the recommendations. Accordingly, the recommendations are reproduced overleaf for this purpose. Can I ask that the HOSC receives a response to these in time for its 29 June 2016 meeting and that you liaise with Graham Hughes, the HOSC's Scrutiny Officer, on the submission of your response.

Yours sincerely

A handwritten signature in black ink, appearing to read "Jill Reeves", with a long horizontal line extending from the end of the signature.

Councillor Jillian Reeves  
Chairman  
Health Overview and Scrutiny Committee

c.c. Members of the Health Overview and Scrutiny Committee  
David Sollis, Engagement Manager, Healthwatch Essex

Summary of recommendations arising from the Citizen Engagement in the Success Regime conference held on 18 April 2016

**Engagement (pages 9-12 of the report)**

- That the following principles should be observed for all engagement:
  - To ensure that public understanding of the scope and purpose of the changes proposed are strong enough and thus the importance of their participation.
  - To distinguish between public engagement and service user and staff engagement and adapt communication approach accordingly.
  - Involve service users at the beginning of service redesign processes.
  - Patients should still have a choice
  - There needs to be a clear demonstration that all proposed changes will improve patient/service user pathway
  - Communication should not build expectations to such an extent that they cannot be delivered. Be realistic – if cannot deliver then say why not.
  - Patients to be empowered with accurate and comprehensive information so that they can 'own' or manage their condition and situation.
  - Communication should be open and transparent to minimise patient fear and anxiety about change.
  - Engagement should 'reach out' to patients and go beyond just making information available via road shows and similar.
  - There needs to be a strategy for including hard-to-reach groups
- Multi-channel and multiple forms of engagement should be used.
- There should be a dedicated website for the Success Regime so that patients and service users can access information easily and quickly.

- Commissioners should adopt a case study approach with individual service users so they can demonstrate how they will be impacted by certain changes being made.
- Commissioners should demonstrate how they will engage early with patient groups and community and voluntary organisations so that they can ‘drip-drip’ information into the local community.
- Commissioners should demonstrate how they will engage early with GP surgeries and wider primary care services.
- Commissioners should train information champions, using social prescribers and volunteers, to communicate NHS England messages to service users.
- Communications should clearly and unambiguously address what really matters to patients and service users and address those issues up-front.
- Commissioners should specifically seek feedback from, and consider the impact of changes on, those patients who have on-going conditions which require repeated health appointments and treatment and for whom good accessibility to services was paramount
- Commissioners should specifically ask patients/carers and service users what changes they would like to see made?

#### **Feedback (see Page 13 of the report)**

- Commissioners should ensure that there is sufficient time allowed for meaningful engagement prior to formal proposals being determined
- Patient consultation should be embedded in all service planning, delivery, review and monitoring
- Commissioners should also consult complaints data and general patient feedback, and use questionnaires particularly post treatment
- The Success Regime should be obligated to show how they have used ‘lived experience’ to develop proposals for service change





**Mid and South Essex  
Success Regime**

Mid and South Essex Success Regime Programme Office  
c/o NHS England  
Swift House  
Hedgerows Business Park  
Colchester Road  
Chelmsford, CM2 5PF

**By email to:**

Councillor Jillian Reeves  
Chairman, Health Overview and Scrutiny Committee  
Members' Suite  
PO Box 11  
County Hall,  
Chelmsford, CM1 1LX

21 June 2016

Dear Councillor Jillian Reeves,

Thank you very much for your letter of 7 June and the copy of the draft report from the Health Overview and Scrutiny Committee (HOSC) and Healthwatch Essex conference on 18 April.

I have read the report with great interest and the recommendations, which you also highlighted in your letter. Many of the recommendations concur with the principles and operational details of the original communications and engagement strategy for the Success Regime (SR) and some of the recommendations have informed our development of operational plans.

We are currently refreshing the strategy and operational plan to take account of developments within the SR programme itself and this is an opportunity to adopt nearly all of your recommendations in the next version of the plan. There is just one recommendation, which may require further discussion to understand its meaning and implications. I have addressed each point in the table attached, as you requested.

This letter, your letter and the report has been shared with the SR Programme Executive and Communications and Engagement Group, which has representatives from every partner organisation, including Healthwatch. I will also feed back to the SR System Leaders Group as part of my update at the next meeting on Thursday

this week.

As you may know, Graham Hughes and I speak regularly about these matters and recently had a most productive meeting to discuss next steps. We are looking forward to our next discussion with HOSC on 29 June 2016, where we will provide further details on the SR programme itself and the communications and engagement strategy and operational plan.

Yours sincerely

**Wendy Smith**

Interim Communications Lead

Mid and South Essex Success Regime

Cc: SR Communications and Engagement Group and Programme Executive  
David Sollis, Engagement Manager, Healthwatch Essex

## Responses to recommendations from Essex HOSC

Based on a report on the Citizen Engagement in the Success Regime conference held on 18 April 2016

21 June 2016

Recommendation	Response
To ensure that public understanding of the scope and purpose of the changes proposed are strong enough and thus the importance of their participation	Agreed and adopted as a principle in the communications and engagement strategy. Operational plans include a range of information to be available from July, which meets this recommendation.
To distinguish between public engagement and service user and staff engagement and adapt communication approach accordingly.	Agreed and adopted as a principle in the communications and engagement strategy. The communications plan already has a distinction between overall SR engagement with local stakeholders and public and targeted service user engagement for which there are specific and separate plans for each of the SR workstreams.
Involve service users at the beginning of service redesign processes	<p>Agreed and adopted as a principle in the communications and engagement strategy.</p> <p>This was agreed early on in the SR programme by the Clinical and Professional Leaders Group as the advisory group for clinically-led change. The “In hospital” side of the work programme has already gathered service user input through a structured method called “In Your Shoes”. Other workstreams are employing a range of methods as appropriate to the nature of the work.</p> <p>In addition, we are collating the outcomes of engagement work that has gone before as part of the commissioners’ ongoing patient and public engagement in strategies and plans. There are a number of examples of this including work previously undertaken by Healthwatch.</p> <p>All of this work and future plans will be the subject of discussions with a Service User Forum that will be part of the SR governance structure. The first meeting for this group is on 8 July.</p>

Patients should still have a choice	This is a very broad statement and we would like to discuss this further with your officer and/or members to understand fully what this principle covers.
There needs to be a clear demonstration that all proposed changes will improve patient/service user pathway	Agreed and adopted as a principle in the communications and engagement strategy. This was agreed early on in the SR programme by the Clinical and Professional Leaders Group as the advisory group for clinically-led change.
Communication should not build expectations to such an extent that they cannot be delivered. Be realistic – if cannot deliver then say why not.	Agreed and adopted as a principle in the communications and engagement strategy.
Patients to be empowered with accurate and comprehensive information so that they can 'own' or manage their condition and situation.	This is part of the vision for new models care across the whole SR plan. Part of the engagement activities in July and September will include gaining insight into how this may be implemented.
Communication should be open and transparent to minimise patient fear and anxiety about change	Agreed and adopted as a principle in the communications and engagement strategy.
Engagement should 'reach out' to patients and go beyond just making information available via road shows and similar.	Agreed and adopted as a principle in the communications and engagement strategy.  The operational plans for communications and engagement will show how we propose to reach out to patients using a range of methods. A complete plan will be available and sent via the HOSC officer for circulation following the 29 June HOSC meeting.
There needs to be a strategy for including hard-to-reach groups	Agreed and adopted as a principle in the communications and engagement strategy.  We will be developing this with local advocates for protected groups and we welcome further help and advice from HOSC when we share the operational plan following the 29 June.

Multi-channel and multiple forms of engagement should be used	<p>We have been working with Healthwatch to establish a multi-channel engagement programme. This now includes written information, website, online surveys, short films, workshop exercises, public events, social networking and “on the street” engagement.</p> <p>The operational plans for communications and engagement will show how we the range of methods. A complete plan will be available and sent via the HOSC officer for circulation following the 29 June HOSC meeting.</p>
There should be a dedicated website for the Success Regime so that patients and service users can access information easily and quickly	This is in progress and will be online from July.
Commissioners should adopt a case study approach with individual service users so they can demonstrate how they will be impacted by certain changes being made.	We welcome this recommendation and will adopt this approach in the information and consultation packages.
Commissioners should demonstrate how they will engage early with patient groups and community and voluntary organisations so that they can ‘drip-drip’ information into the local community.	Agreed. We are engaging with these groups during July and continuing in September/October prior to consultation later in the year.
Commissioners should demonstrate how they will engage early with GP surgeries and wider primary care services.	Agreed. SR plans have already been discussed with primary care communities across the five CCGs involved. There will be more of this in July and September.
Commissioners should train information champions, using social prescribers and volunteers, to communicate NHS England messages to service users	We welcome this recommendation and will pursue the idea with the Service User Forum, as mentioned above.
Communications should clearly and unambiguously address what really matters to patients and service users and address those issues up-front.	Agreed. This will be adopted within the communications and engagement strategy and will be the explicit aim of activities in July and September to gain insight into what matters to patients.

Commissioners should specifically seek feedback from, and consider the impact of changes on, those patients who have on-going conditions which require repeated health appointments and treatment and for whom good accessibility to services was paramount	Agreed. This will be adopted within the communications and engagement strategy and will be the explicit aim of workstream-based communications and engagement plans, which will be ongoing in future years, not just as part of lead up to public consultation this year.
Commissioners should specifically ask patients/carers and service users what changes they would like to see made?	As above.
Commissioners should ensure that there is sufficient time allowed for meaningful engagement prior to formal proposals being determined	Agreed. This is driving our detailed activities starting in July and continuing in September, as mentioned above.
Patient consultation should be embedded in all service planning, delivery, review and monitoring	Agreed. This will be adopted within the communications and engagement strategy and will be the explicit aim of workstream-based communications and engagement plans, which will be ongoing in future years, not just as part of lead up to public consultation this year.
Commissioners should also consult complaints data and general patient feedback, and use questionnaires particularly post treatment	Agreed. This already happens within the CCGs and trusts, who keep details track of complaints and report these to their boards in public business. This is part of the ongoing responsibilities of patient experience teams.
The Success Regime should be obligated to show how they have used 'lived experience' to develop proposals for service change	Agreed. This will be adopted within the communications and engagement strategy and will be the explicit aim of workstream-based communications and engagement plans, which will be ongoing in future years, not just as part of lead up to public consultation this year.

<b>HOSC/37/16</b>
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**Committee** Health Overview and Scrutiny

**Date** 29 June 2016

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**Report by: Graham Hughes, Scrutiny Officer**

**CABINET MEMBER RESPONSE TO RECOMMENDATIONS IN THE FINAL  
SCRUTINY REPORT ON OBESITY ISSUES IN ESSEX**

**Recommendation:**

The Committee is asked to:

- (i) To note the distribution of the report;
  - (ii) Consider the initial response to each recommendation received from Cabinet Members and any issues arising;
  - (iii) To agree an Implementation Review being scheduled into the Committee's work programme.
- 

**Background:**

The Task and Finish Group scrutiny report looking at preventative measures pre-birth through to age 11 was endorsed by the Committee on 14 April 2016.

Subsequently, a summary report (attached as **Appendix 1**) has been produced and this is the document that has been widely distributed as follows:

Secretary of State for Health;  
House of Commons Health Committee;  
Essex MPs;  
Leaders of Essex borough, district, unitary councils;  
Chief Executives of Essex borough, district, unitary councils.  
Chief Officers, Clinical Commissioning Groups.  
Members of the Health and Wellbeing Board.

**Cabinet Member response**

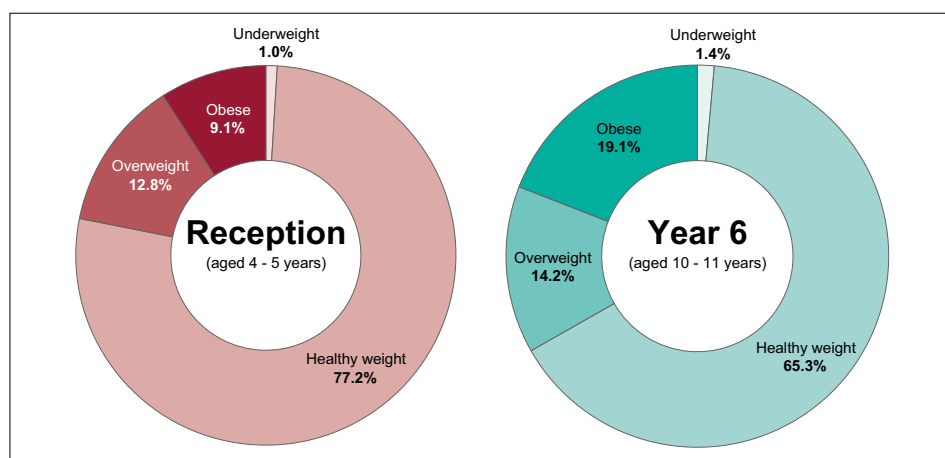
Each of the Group's formal recommendations is directed at either the Cabinet Member for Health, Cabinet Member Education and Lifelong Learning or the Cabinet Member for Corporate, Communities and Customers.

Attached in **Appendix 2** is their initial response to each recommendation. A further implementation review will be scheduled in to the Committee's work programme as indicated under each recommendation.



# Obesity Issues in Essex

A small sub-group of Essex County Council's Health Overview and Scrutiny Committee looked at preventative measures in place for 0-11 year olds to address the increasing national and local trend in the prevalence of obesity in that age group.



Source: Public Health England – Patterns and Trends in child obesity presentation (January 2016)

## The scale of the problem

Nationally one fifth of children will be obese or overweight when they start school in Reception Class. By the time they leave primary school this figure will have increased to one third. Children from deprived backgrounds are twice as likely to be obese at both the start and finish of primary school which points to a significant health inequality issue resulting in an even greater need now for the targeting of services at areas with higher rates of deprivation. There are also specific areas in Essex such as Basildon, Castle Point, Harlow and Tendring where the prevalence of obesity at year 6 is noticeably higher than elsewhere in the county and higher than the regional average.

The trends are not improving and, to the contrary, highlight the numbers obese at Year 6 actually to be increasing so what is currently being targeted at children and young people is not enough. Urgent and bold action is required to address this. The most effective interventions will be those that focus on prevention and promoting a healthy lifestyle from an early age.

The cost of ineffective action is significant with the total cost of obesity to the health system currently estimated to exceed £5 billion per year. It is also one of the risk factors for Type 2 diabetes, which accounts for spending of £8.8 billion a year – almost 9% of the NHS budget. The wider costs of obesity to society will be significantly more than this.

## Recommendations

### Early Years provision

- 1 That a breastfeeding support service should continue to be resourced to promote the benefits of breastfeeding either as a standalone service or as part of a more integrated 0-19 service offer.
- 2 Health Visitors should take every opportunity to signpost to other related prevention services.
- 3 A wider and continual promotion of the Healthy Start programme should be established using supermarkets, pharmacists and other relevant retail outlets.
- 4 The focus by Children's Centres to increasingly target their services and use Outreach services to improve access to traditionally hard to reach groups should be encouraged and supported.

### Working with schools

- 5(i) That efforts should continue to increase Universal Infant Free School Meals uptake.
- (ii) Schools should be encouraged to positively market Universal Infant Free School Meals all year round and not just at census time.
- (iii) Any new pilots to improve uptake, and promotion of Universal Infant Free School Meals should start in the most deprived areas which have the lowest current uptake.

*Continued...*

## Recommendations

- 6 Local Education Authority maintained schools should further publicise the need for parents still to apply for Free School Meals so that the school receives Pupil Premium Funding for that child.
- 7 Further influence needs to be exerted by schools, and through the Healthy Schools Programme, to encourage parents to include healthier choices in packed lunches.
- 8 Universal School Food Standards should apply to academies and free schools in addition to local authority controlled schools.
- 9 The School Meals Service Advisor should speak at local/regional School Governor conference(s) to (i) raise the profile of Universal Infant Free School Meals (ii) encourage further improvement in uptake; and (iii) encourage eligible parents still to formally register for entitlement to free school meals so that schools do not lose pupil premium funding.
- 10 Leverage should be exerted over those schools applying for, or maintaining, Healthy Schools' status to get them to promote Universal Infant Free School Meals and school meals in Key Stage 2 and beyond.

## Sport and physical activity

- 11 There should be a stronger link between the activities supported in schools by Active Essex and the activities promoted under the Healthy Schools Programme.
- 12 That the expertise of Active Essex as an in-house resource for the County Council should be valued and protected as it provides the foundation for leading co-ordinated working with local partners.

## How to stop the upward trend

The increasing trend of obesity has to stop as society cannot afford the financial, community and social costs of not doing so. There are no easy answers to solve what is now commonly being termed the obesity epidemic. Commentators will push for either improved education and communication, greater exercise, the role of marketing and promotions, portion sizes or a role for sugar tax yet the solution will be a combination of all of these. There is no one factor that should be targeted alone. Our more sedate, inactive modern lifestyle needs to be tackled and regular physical activity and exercise needs to be built into everyone's lifestyle. However, changing the food environment and industry away from promoting high fat, salt and sugar ingredients would also be a significant contributor.

The nutritional ingredients of meals provided at schools is an important part of encouraging and ingraining healthy eating at an early age. The local take-up rates for Universal Infant Free School Meals generally seem to be good although they should be further improved and schools need to encourage parents to continue take-up of both Universal Infant Free School Meals at Key Stage 1 and the merits of continuing with school meals in Key Stage 2 and beyond whether or not they qualify for free school meals.

However, even once children have a healthy eating environment at school there is still the outside school environment. The economic and social environment can be such a large influence on lifestyles and increasing focus on approaching the obesity issue through an all-systems approach has to be encouraged. Therefore, the outcomes from the all-systems pilot in Braintree need to be monitored and, if there is improvement, then the approach must be extended elsewhere, concentrating initially on those other areas that have the highest rates of childhood obesity, namely Basildon, Castle Point, Harlow and Tendring.

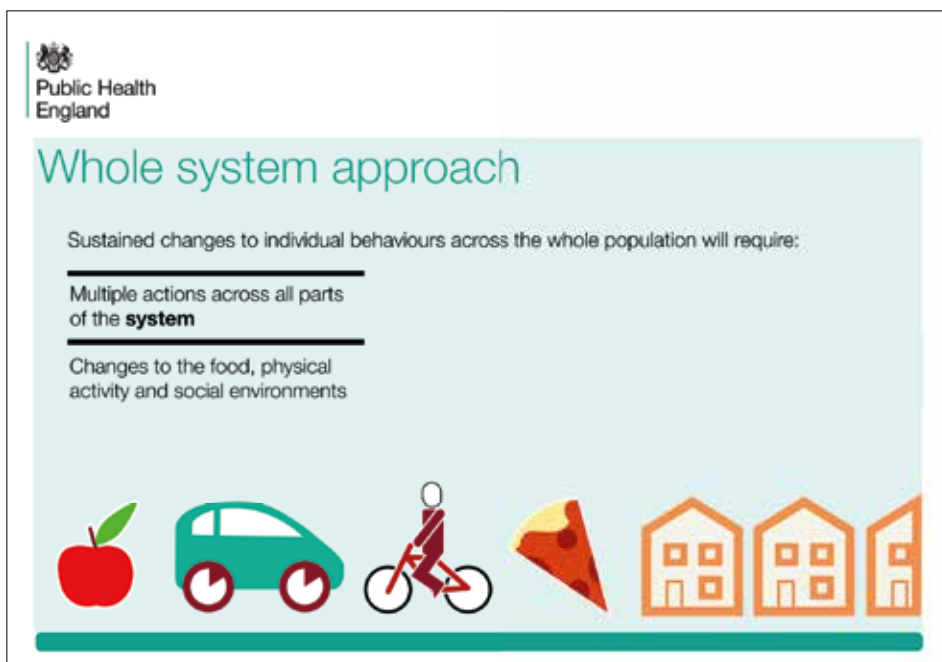


Page 38 of 82  
**Source: Public Health England – Making the case for tackling obesity – why invest?**

## Co-ordination and leadership

The Group's conclusions and formal recommendations reflect that there is significant risk and opportunity around the format of future prevention services. The review has highlighted that the provision of some current services is fragmented yet there is likely to be further financial and resource pressures on all areas of local government in future and it is essential that greater co-ordination and joint working is undertaken to focus attention and resources more effectively and efficiently. Closer relationships with other stakeholders such as districts, community providers, and the private sector, will be important as part of encouraging greater focus on personal responsibility for healthy lifestyles and strengthening local communities to provide support for that.

With Public Health now integrated within the County Council, it provides the opportunity for stronger strategic leadership on prevention on a local level across the county. Strong and visible leadership is essential to take a whole-systems approach to tackling obesity. There is also now a greater opportunity to link up with local government to increase the influence on local planning, encouraging the development of walking and cycling routes, areas for sport and recreation as well as greater regulation of fast food outlets.



Source: Public Health England – Making the case for tackling obesity – why invest?

## Evidence base:

The Group spoke to commissioners and providers of services aimed at pre-birth, pre-school, infant schools, the promotion of physical activity, changing fast food provision and social prescribing.

## Recommendations

### Regulation, planning and enforcement

- 13 Further efforts to drive and expand the Tuck-in scheme should be encouraged with local Environmental Health Officers further incentivised to increase take-up.
- 14 All planning areas and Public Health departments across Essex should promote low fat, sugar and salt in all takeaways.
- 15 Public Health should be a material planning consideration for all business/commercial planning applications for food outlets.

### An All-Systems approach

- 16 The Live Well Child Whole Community Approach pilot in Braintree must be extended elsewhere if it is successful, and concentrate initially on those areas that have the highest rates of childhood obesity – namely Basildon, Castle Point, Harlow and Tendring.

### Integration and partnership working

- 17 The establishment of social prescriptions pan Essex, albeit using different models, should continue to be supported.
- 18 Any commissioned projects to reduce or prevent obesity should make use of local social prescribing programmes, and those local social prescribing programmes should support signposting and referral to local sources of help with obesity reducing behaviours, such as local walking, exercise, cooking, environmental and commercial weight loss groups.

Continued...

## Recommendations

- 19(i) Common branding be developed to link all healthy living initiatives and related prevention programmes.
  - (ii) Learning from the Whole Community Approach pilot in Braintree should be used to inform both the convening of a multi-agency Obesity Summit for Essex and;
  - (iii) The County Council reasserts its commitment to tackling obesity through a vision statement to which every council service and all public sector partners commit and;
  - (iv) This report and the recommendations therein be included as part of a Childhood Obesity Strategy to be developed.
- 20(i) Public Health should explore opportunities for joint working with local celebrities to provide a high profile focal point for the promotion of future campaigns.
- (ii) Public Health explores the local opportunities for investing the proceeds from the Sugar Tax to encourage greater participation in sport and physical exercise.
- 21(i) The Public Health Team should continue to receive the resources necessary to further develop and expand their prevention programmes.
- (ii) The Public Health Team increase its profile within the County Council so that the prevention agenda is incorporated into everyday considerations and decision-making.

## Next steps

The Obesity crisis is a “ticking time-bomb”. Transformational change, new models of commissioning services and local partnerships should be at the heart of a new integrated approach putting ‘Health Prevention’ firmly on the agenda of Public Health in Essex.

Models of Local Devolution will need to be further explored and expanded across Essex in a targeted approach to meet need and reduce inequalities in Essex. Local Government is the “Sleeping Giant” of Public Health and needs to be fully awake across Essex. Implementation, driven by examples of best practice across Essex, will need to be strongly led and supported.

There is a risk if transformational change, local partnership working and integrating services is not successfully implemented. The risk is reduced if implementation is embedded, through partnership, at a local level (the level closest to people). Strong local leadership and support of community partnerships is key (refer Sir Thomas Hughes-Hallett ‘Who Will Care?’ Commission’s report into health and social care for Essex). Good community wellbeing is dependent on the effectiveness of joined up Public Health collaborative networks and is best coordinated, through local devolution, at a local level. Outcomes and examples of best practice must be captured and measured to demonstrate success.

Councillor Margaret Fisher, Lead member said:

“With obesity trends still increasing, a co-ordinated all-systems approach needs to be taken to look at a child’s community, home, school and local business environments and embed healthy living in all those domains.

“National evidence suggests it is important to influence lifestyles at an early age as it is difficult to treat obesity once it is established. It is considered highly likely obese children will then become obese adults. More needs to be done to integrate existing and new services to improve their effectiveness and efficiency. We must get a stronger message out there amongst the wider population to change from our sedate way of living and lead healthier and more active lifestyles.”

The full report is available online, please [click here](#)

### This information is issued by

Essex County Council, Corporate Law and Assurance

### You can contact us in the following ways

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## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

A Task and Finish Group set up by the HOSC looking at obesity issues in Essex presented its final scrutiny report to the HOSC on 14 April 2016. The Group focussed on preventative measures for pre-birth through to aged 11 and made a total of twenty one recommendations which were directed at one of three separate Cabinet portfolios. The Committee endorsed the report. This report is the initial formal response from the Cabinet Member for Health, as Lead Cabinet Member for this issue, to each recommendation. A further implementation review will be scheduled into the Committee's work programme as indicated against each recommendation.

Recommendation	Owner	Agree Disagree Neutral	Initial Response
<b>EARLY YEARS</b>			
<b><u>Recommendation 1:</u></b> <i>That a breastfeeding support service should continue to be resourced to promote the benefits of breastfeeding either as a standalone service or as part of a more integrated 0-19 service offer.</i>	<u>Owner:</u> Cabinet Member for Health/ Director of Public Health <u>Implementation</u> <u>Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	We support this recommendation. <b>We are committed, through our current and future commissioned children's contracts, to supporting breastfeeding activities</b> , very much as a service integrated within our overall commissioned children's contracts. This is a core part of their activities and there are performance measures in place in current and future contracts on breastfeeding rates. The new pre-birth to 19 contract from 1/4/17 will include work to further build community resilience, which could include, for example, peer support on issues such as breast feeding where this is needed.
<b><u>Recommendation 2:</u></b> <i>That Health Visitors should maximise their influence over behaviours and environment by taking every opportunity to signpost to other related prevention services. (see Page 12)</i>	<u>Owner:</u> Cabinet Member for Health/ Director of Public Health <u>Implementation</u> <u>Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	We support this recommendation. <b>The new pre-birth to 19 contract from 1/4/17 will put health visitors in a better position to signpost and grow their influence as part of a more integrated workforce</b> through currently separately contracted children's centres, 0-5 and 5-19 services being combined into a single contract. It is important to note that health visitors are one part of the total early years workforce, and we will expect our new prebirth to 19 provider to work

			with the entire workforce, including nursery nurses, children's centre staff, as well as other new parents as peer supporters, in maximising influence to promote healthy weight behaviours.
<b><u>Recommendation 3:</u></b> <i>A wider and continual promotion of the Healthy Start programme should be established using supermarkets, pharmacists and other relevant retail outlets.</i>	<u>Owner:</u> Cabinet Member for Health/ Director of Public Health <u>Implementation</u> <u>Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	We support this recommendation and <b>promotion of healthy start is explicitly mentioned in the PB-19 specification. Growing the range of outlets through which Healthy Start and other weight management interventions are promoted is a specific aim of the whole systems approach to obesity</b> currently being piloted in Braintree/Mid Essex. A radical new, place based and environmental approach which looks at how the whole population could be supported for healthy weight behaviour, rather than just resource intensive focus on a few, is essential to tackle population obesity levels.
<b><u>Recommendation 4:</u></b> <i>The focus by Children's Centres to increasingly target their services and use Outreach services to improve access to traditionally hard to reach groups should be encouraged and supported and that appropriate metrics assessing its success should be reported back to the Health Overview and Scrutiny Committee in a years' time.</i>	<u>Owner:</u> Cabinet Member for Health/ Director of Public Health <u>Implementation</u> <u>Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	We support this recommendation. <b>A core principle of the PB-19 contract from 1/4/17 is to better engage with particular groups at greatest overall risk of not achieving outcomes, including good health and healthy weight. An example of this differentiation is a specific key performance indicator relating to the number of children in the most deprived quintile in Essex who are overweight in reception year who return to a healthy weight at year 6, (as measured through the National Child Measurement Programme).</b>

## WORKING WITH SCHOOLS

<p><b><u>Recommendation 5:</u></b></p> <p><b>(i)</b> <i>That efforts should continue to increase Universal Infant Free School Meals uptake and that the HOSC should receive an update on progress made in a year's time;</i></p> <p><b>(ii)</b> <i>Schools should be encouraged to positively market Universal Infant Free School Meals all year round and not just at census time;</i></p> <p><b>(iii)</b> <i>Any new pilots to improve uptake, promotion and/or delivery of Universal Infant Free School Meals should start in the most deprived areas which have the lowest uptake.</i></p>	<p><u>Owner:</u> Cabinet Member Education and Lifelong Learning/ School Meals Service Advisor</p> <p><u>Implementation Review:</u> April 2017</p> <p><u>Impact Review Date:</u> October 2017</p>	<p>Agree</p>	<p>We support this recommendation.</p> <p><b>(i)</b> There is no longer a statutory requirement for schools to report their % uptake of FSM. However, we will be looking at interventions for schools with the lowest uptake in the most deprived areas and putting in place measures to encourage all eligible pupils to take up the lunch offer. We recognise that UIFSM has given us / schools a 5 year opportunity to develop pupils eating habits at an early stage with the intention to reduce consumption of unhealthier foods found in packed lunches (government research). <b>The development of this has already had a positive impact on uptake in ks2 and should therefore continue into ks3 if managed/supported appropriately.</b> Details of interventions and successes will be included within the update to the HOSC as per the recommendation.</p> <p><b>(ii)</b> <b>The school meals support and advice service continues to work on initiatives that monitor uptake and provide interventions to support the development and growth of uptake.</b> Current funding mechanisms/criteria are a barrier to schools developing uptake year round – managing the change of this is sensitive and we would suggest collaboration with EPHA (Essex primary heads association) and links with Healthy schools to establish ways to encourage participation evenly across the year and not just at census points.</p> <p><b>(iii)</b> Work has already begun with the school meals support team on this – <b>this forms part of the support team core performance objectives and progress will be monitored monthly</b> and appropriate intervention/discussion with schools to offer support.</p>
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<p><b><u>Recommendation 6:</u></b> <i>The County Council's Schools Meals Support Service should encourage Local Education Authority maintained schools to further publicise the need for parents to still apply for Free School Meals so that the school receives Pupil Premium Funding for that child.</i></p>	<p><u>Owner:</u> Cabinet Member Education and Lifelong Learning/ School Meals Service Advisor <u>Implementation Review:</u> April 2017 <u>Impact Review Date:</u> October 2017</p>	<p>Agree</p>	<p>We support this recommendation. The responsibility for provision is delegated to schools. <b>The school meals support service will continue to work at both individual school level and strategically to support the development of the recommendation.</b> We agree that the application process for FSM has been affected nationally by the UIFSM programme and has proven to be a barrier for pupil premium. We will look at ways to overcome this. We also recognise that stigma can be a reason why pupils/parents don't apply for FSM, even when they are entitled to. To overcome this, schools have, from Key Stage 3, introduced cashless payment systems to remove stigmatisation at the point of sale. The School Meals Department has also developed a toolkit to help schools identify where improvements can be made. However, there is still more work required with all key stakeholders to focus on those not using the service and why.</p>
<p><b><u>Recommendation 7:</u></b> <i>That further influence needs to be exerted by schools and through the Healthy Schools Programme to encourage parents to include healthier choices in packed lunches.</i></p>	<p><u>Owner:</u> Cabinet Member Education and Lifelong Learning/ School Meals Service Advisor <u>Implementation Review:</u> April 2017 <u>Impact Review Date:</u> October 2017</p>	<p>Agree</p>	<p>We support this recommendation. <b>This is already a component part of the healthy schools criteria</b> to which we are committed. However, we recognise that <b>further collaboration between the healthy schools team and school meals support team on targeted strategy</b> in areas/schools where performance is not consistent is needed and would enhance the programme and improve overall outcomes.</p>
<p><b><u>Recommendation 8:</u></b> <i>That Universal School Food Standards should apply to academies and free schools in addition to local authority controlled schools.</i></p>	<p><u>Owner:</u> Cabinet Member Education and Lifelong Learning/ School Meals Service Advisor <u>Implementation</u></p>	<p>Agree</p>	<p>We support this recommendation. <b>The government have made this a requirement.</b> Ensuring compliance in academies proves to be more of a challenge – particularly with those schools that have opted out of school meals support. Work to develop this further with the healthy schools team and validation process will be key to supporting the development of this.</p>

	<u>Review:</u> April 2017 <u>Impact Review Date:</u> October 2017		
<b><u>Recommendation 9:</u></b> <i>That the School Meals Service Advisor should speak at local/regional School Governor conference(s) (i) to raise the profile of Universal Infant Free School Meals, (ii) encourage further improvement in uptake and (iii) encourage eligible parents still to formally register for entitlement to free school meals so that schools do not lose pupil premium funding.</i>	<u>Owner:</u> Cabinet Member Education and Lifelong Learning/ School Meals Service Advisor <u>Implementation</u> <u>Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	We support this recommendation. <b>We will make contact with the executive officer for EPHA and governors services</b> to review programmes and establish mechanisms for collaboration.
<b><u>Recommendation 10:</u></b> <i>That leverage should be exerted over those schools applying for, or maintaining, Healthy Schools' status to get them to promote Universal Infant Free School Meals and school meals in Key Stage 2 and beyond.</i>	<u>Owner:</u> Cabinet Member Education and Lifelong Learning/ School Meals Service Advisor <u>Implementation</u> <u>Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	We support this recommendation. <b>This is already a component part of the healthy schools criteria</b> to which we are committed. However, we recognise that <b>further collaboration between the healthy schools team and school meals support team on targeted strategy</b> in areas/schools where performance is not consistent is needed and would enhance the programme and improve overall outcomes.

## SPORT AND PHYSICAL ACTIVITY

<b><u>Recommendation 11:</u></b> <i>There should be a stronger link between the activities supported in schools by Active Essex and the activities promoted under the Healthy Schools Programme.</i>	<u>Owner:</u> Cabinet Member Education and Lifelong Learning/Head of Active Essex <u>Implementation Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	We support this recommendation and <b>links with Active Essex have been strengthened over this last year</b> . This is evidenced by Active Essex being a core part of the Healthy Schools accreditation/reaccreditation process. <b>There is also Healthy Schools representation on the Active Essex led PE &amp; School Sports stakeholder group</b> . The considerable school sport offer, supported by Active Essex, makes an important contribution to obesity prevention, and a co-ordinated school sport offer, supported by the School Sport Premium and Active Essex's role in guiding schools on how this could best be used, is critical.
<b><u>Recommendation 12:</u></b> <i>That the role and expertise of Active Essex as an in-house resource for the County Council should be valued and protected as it provides the foundation for leading co-ordinated working with local partners.</i>	<u>Owner:</u> Cabinet Member Education and Lifelong Learning <u>Implementation Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	We support this recommendation and <b>use Active Essex and its links with schools as a primary route for communicating public health messages on obesity</b> . This is evidenced through using Active Essex schools liaison officers as a route by which to disseminate information on healthy weight initiatives, such as the Daily Mile, where school children run a mile a day.

## REGULATION, PLANNING AND ENFORCEMENT

<b><u>Recommendation 13:</u></b> <i>Further efforts to drive and expand the Tuck-in scheme should be encouraged with local Environmental Health Officers further incentivised to increase take-up.</i>	<u>Owner:</u> Cabinet Member for Health/Environmental Health <u>Implementation Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	We support this recommendation <b>subject to the following specific criteria:</b> <ul style="list-style-type: none"> <li>i) That there is robust ongoing evaluation of the Tuck In scheme;</li> <li>ii) Clear outcome data shows that a change has been made to healthier cooking practices and that this is sustained over time through regular external inspection/validation;</li> <li>iii) That the scheme is supported by District, Borough and City Councils who support the scheme with required resource following the start up investment made from the Essex Public Health budget; and</li> <li>iv) That the explicit <i>Tuck In</i> criterion of reduced portion sizes is</li> </ul>
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			promoted,
<b>Recommendation 14:</b> <i>That all planning areas and Public Health departments across Essex should promote low fat, sugar and salt in all takeaways.</i>	<u>Owner:</u> Cabinet Member for Health/Environmental Health <u>Implementation Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	<b>The Tuck In project described above is the vehicle by which this recommendation, which we support, can be established.</b>
<b>Recommendation 15:</b> <i>That Public Health should be a material planning consideration for all business/commercial planning applications for food outlets lodged at each planning authority.</i>	<u>Owner:</u> Cabinet Member for Health/Environmental Health <u>Implementation Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	We support this recommendation, but need to recognise that planning applications are a District, Borough and City Authority function not a County Council one. However, there is considerable scope for ECC to work with other Essex LAs in support of this agenda, as evidenced in the Braintree whole system approach. There is an absence of a useful precedent where the outcome of a food outlet's planning applications has been significantly influenced on public health grounds. However, this is a key part of the place based approach which the emerging Essex Public Health Strategy, and the Braintree whole systems approach to obesity, is trying to address. Agreeing a co-ordinated, systemic approach to obesity creates greater potential for future planning outcomes to be more supportive of efforts to reduce obesity

AN ALL-SYSTEMS APPROACH			
<b>Recommendation 16:</b> <i>The outcomes from the Live Well Child Whole Community Approach pilot in Braintree need to be monitored and, if there is</i>	<u>Owner:</u> Cabinet Member for Health/Director of Public Health	Agree	We support this recommendation. Evidence is clear that a whole system approach to obesity, such as that being piloted in Braintree, is critical to addressing the population obesity problem. <b>Robust evaluation of the Braintree pilot outcomes, process measures</b>

<i>improvement, then it must be extended elsewhere, concentrating initially on those areas that have the highest rates of childhood obesity – namely Basildon, Castle Point, Harlow and Tendring.</i>	<u>Implementation Review:</u> October 2016 <u>Impact Review Date:</u> April 2017		<b>and replicability to other areas must be a core part of this project</b> if it is to succeed in demonstrating reduced obesity level in Braintree and thereby roll out to other areas. This programme will feature a number of themed sub programmes on specific risk factors for obesity, including reducing screen time/sedentary time as an important risk factor for obesity.
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## INTEGRATION AND PARTNERSHIP WORKING

<b><u>Recommendation 17:</u></b> <i>That the Group are encouraged by the potential of social prescriptions and request that its establishment pan Essex, albeit using different models, continues to be supported.</i>	<u>Owner:</u> Cabinet Member for Corporate, Communities and Customers/Director of Public Health <u>Implementation Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	We support this recommendation. <b>Social prescription programmes are part of a wider programme of effort in which all obesity stakeholders need to invest</b> to build community resilience in health promoting behaviours. This is a core principle of the emerging Essex Public Health Strategy; future commissioning of obesity related services will need to support more of a population based approach, harnessing the considerable resource within communities and rely less on intensive face to face weight management programmes directly commissioned by ECC, which service only a small proportion of the population who are overweight or have multiple obesity risk factors.
<b><u>Recommendation 18:</u></b> <i>That any commissioned projects to reduce or prevent obesity should make use of local social prescribing programmes, and that those local social prescribing programmes should support signposting and referral to local sources of help with obesity reducing behaviours - such as local walking, exercise, cooking, environmental and commercial weight</i>	<u>Owner:</u> Cabinet Member for Corporate, Communities and Customers/Director of Public Health <u>Implementation Review:</u> April 2017 <u>Impact Review Date:</u> October 2017	Agree	We support this recommendation and again <b>highlight the role of social prescribing programmes in signposting and referring to a range of community options which support healthy weight management.</b> The real potential of social prescribing programmes lies as much, if not more, in developing local social networks to support healthy weight behaviours, as in referral to current structured health promotion programmes. Weight management must become a daily routine activity supported by social networks, not one or two hours out of a week in the face of an obesity promoting environment.

loss groups.			
<p><b><u>Recommendation 19:</u></b></p> <p>(i) <i>That common branding be developed to link all healthy living initiatives and related prevention programmes to make them highly visible and easily identifiable;</i></p> <p>(ii) <i>That learning from the Live Well Child Whole Community Approach pilot in Braintree (see Recommendation 16) be used to inform the convening of a multi-agency Obesity Summit for Essex as part of a co-ordinated and integrated drive to tackle obesity.</i></p> <p>(iii) <i>That, as part of (ii) above, the County Council reasserts its commitment to tackling obesity through a vision statement to which every council service and all public sector partners commit;</i></p> <p>(iv) <i>That, as part of (iii) above, this report and recommendations herein be included as part of a County Council Childhood Obesity Strategy to be developed by the Cabinet Member for Health.</i></p>	<p><u>Owner:</u> Cabinet Member for Health/Director of Public Health <u>Implementation Review:</u> April 2017 <u>Impact Review Date:</u> October 2017</p>	Neutral	<p>(i) <b>We must focus and build on the existing trusted national Change 4 Life brand</b> and the extensive insight work which informed its original development.</p> <p>(ii) When sufficient results on outcomes and process are available, these should be widely shared and used as a catalyst to stimulate wider application of the whole system approach to obesity, which could be via an obesity summit.</p> <p>(iii) <b>Any vision statement must be supported by a robust programme of implementation.</b> This programme of implementation needs to be driven by the outcomes and process of the Braintree whole system approach pilot.</p> <p>(iv) We will await the national childhood obesity strategy, which will undoubtedly inform the activities undertaken by ECC and partners to support healthy weight.</p>
<p><b><u>Recommendation 20:</u></b></p> <p>(i) <i>That Public Health explores opportunities for joint working with local celebrities to provide a high profile focal point for the promotion of</i></p>	<p><u>Owner:</u> Cabinet Member for Health/Director of Public Health <u>Implementation</u></p>	Agree	<p>(i) We support this recommendation and <b>should make use of appropriate local celebrities who are able to commit to supporting the specific programmes of work</b> to which the County Council and partners are committed.</p> <p>(ii) We support the government's commitment to introducing a</p>

future obesity campaigns and (ii) That Public Health explores the local opportunities for investing the proceeds from a Sugar Tax to encourage greater participation in sport and physical exercise.	Review Date: April 2017 Impact Review Date: October 2017		sugar tax and to investing the revenue raised from it on increasing the funding for sport in primary schools. However, ECC will need to be guided by national policy, which will determine the role that Local Authorities have relative to national government in implementing this policy. Obesity is a societal problem with a society wide cost. Investment should not be confined to the County Council, which has primary commissioning responsibility for obesity prevention and first line weight management, because the burden of obesity is distributed across the public sector and society more generally. The funding which will be coming to Essex via the Sustainability and Transformation Plans (STP) being developed in conjunction with the Clinical Commissioning Groups is an opportunity to be grasped.
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### THE ROLE OF THE PUBLIC HEALTH TEAM

<p><b><u>Recommendation 21:</u></b></p> <p>(i) Public Health programmes to encourage healthy lifestyles can save the NHS and Essex County Council significant sums of money by reducing avoidable health and social care costs and the Group requests that the Public Health Team continues to receive the resources necessary to further develop and expand their prevention programmes.</p> <p>(ii) The County Council should maximise the opportunity to fully utilise the potential of the in-house Public Health expertise and</p>	<p>Owner: Cabinet Member for Health/Director of Public Health</p> <p><u>Implementation</u></p> <p><u>Review Date:</u> April 2017</p> <p><u>Impact Review Date:</u> October 2017</p>	Agree	<p>(i) We support this recommendation. Overweight and obesity will remain a public health priority in Essex and plans to make most efficient use of limited existing resources, and grow the total resource available, will be maximised.</p> <p>(ii) We support this recommendation, and current innovative work on supporting work place health, including the ECC workforce, such as development of healthy lifestyle apps, which include weight management, <b>are a part of existing ECC workplace health plans.</b></p>
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<p><i>resource, increase its profile internally with employees encouraging them, for example, to become health champions, and transform the culture of the organisation so that the prevention agenda is incorporated into everyday considerations and decision-making.</i></p>			
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**HOSC/38/16**

**Committee** Health Overview and Scrutiny

**Date** 29 June 2016

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**CLACTON HOSPITAL – PETER BRUFF WARD**

Report by Graham Hughes, Scrutiny Officer

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

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**Recommendation:**

- (i) To consider the response received from NEPFT;
  - (ii) To consider any further information, representation or action required:
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**Background**

At the meeting of the Health Overview and Scrutiny Committee held on 1<sup>st</sup> June 2016, an issue was raised under the Public Questions item by Mr Tom Wood.

In summary, Tom Wood highlighted the intention by North Essex Partnership Foundation Trust (NEPFT) to relocate the Peter Bruff in-patient ward currently at Clacton Hospital to another location at Colchester Hospital. It was suggested that the 'relocated' ward at Colchester Hospital would not have the same classification as the ward being moved from Clacton despite there still being local demand for the acute in-patient beds currently being provided in the Peter Bruff Ward at Clacton Hospital.

In addition, during discussion, it was suggested that Governors at NEPFT felt that they had not been given sufficient notice or information, or been sufficiently consulted, on this proposal.

The HOSC Chairman sent a letter to NEPFT requesting further information and clarification on the proposal (**Appendix 1**) and the response from NEPFT to that letter is attached (**Appendix 2**).



**Members' Suite**

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County Hall,  
Chelmsford CM1 1LX  
Email: [cllr.jillian.reeves@essex.gov.uk](mailto:cllr.jillian.reeves@essex.gov.uk)



3 June 2016

**BY EMAIL**

Christopher Butler, Interim Chief Executive  
North Essex Partnership University NHS Foundation Trust  
Trust Headquarters,  
Stapleford House,  
103 Stapleford Close,  
Chelmsford CM2 0QX

Dear Chris

**PROPOSED CHANGES IN RELATION TO PETER BRUFF WARD**

At the meeting of the Health Overview and Scrutiny Committee held on 1<sup>st</sup> June 2016, an issue was raised under our Public Questions item by Mr Tom Wood. The exact content of his question is reproduced overleaf.

In summary, Tom Wood highlighted the proposals by North Essex Partnership Foundation Trust (NEPFT) to relocate the Peter Bruff in-patient ward currently at Clacton Hospital to another location at Colchester Hospital. It was suggested yesterday that the 'relocated' ward at Colchester Hospital will not have the same classification as the ward being moved from Clacton despite there still being local demand for the acute in-patient beds currently being provided in the Peter Bruff Ward at Clacton Hospital.

In addition, during discussion, it was suggested that Governors at NEPFT felt that they had not been given sufficient notice or information, or been sufficiently consulted, on this proposal.

The HOSC yesterday was concerned to hear about the above issues and requested that NEPFT provide further information and clarification on the proposal for its next meeting to be held on 29 June 2016. In particular, can I ask that your written response to me includes the following:

1. Confirmation of the proposed change including the classification of the 'new' ward at Colchester Hospital;
2. What consideration has been given to the current and future anticipated demand for the service being provided in the Peter Bruff Ward?
3. What consideration has been given to any changes in patient accessibility to any relocated service?
4. Any relevant clinical and operational considerations.
5. The extent to which the NEPFT Board of Governors have been consulted and informed on the proposals.

In view that the HOSC needs further information and confirmation from you as to the exact proposal, it has not had any discussion yet as to whether it views the change to be material enough for it to be formally consulted. At the moment it is content to receive a written update from you for its next meeting.

For expediency, and so that your written response to me can be included in our agenda papers for the 29<sup>th</sup> June meeting, can I ask that you respond by Thursday 16<sup>th</sup> June 2016.

Thank you for your consideration in this matter and I look forward to receiving your reply.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jill Reeves', followed by a long horizontal line.

Councillor Jillian Reeves  
Chairman  
Health Overview and Scrutiny Committee

c.c. Sam Hepplewhite, Chief Officer, North East Essex Clinical Commissioning Group (Lead Commissioner),  
Members of the Health Overview and Scrutiny Committee  
Essex County Council Cabinet Member, Health.  
Barbara Herts, Director for Commissioning: Mental Health

Our Ref: CB/ejm

16<sup>th</sup> June, 2016

Chief Executive's Office  
Trust Headquarters  
Stapleford House  
103 Stapleford Close  
Chelmsford CM2 0QX

Tel: 01245 546400

Via Email: [cllr.jillian.reeves@essex.gov.uk](mailto:cllr.jillian.reeves@essex.gov.uk)

Councillor Jillian Reeves,  
Chairman,  
Health Overview and Scrutiny Committee,  
Essex County Council,  
PO Box 11,  
County Hall,  
Chelmsford CM1 1LX

Dear Cllr Reeves,

**Re: Peter Bruff Ward**

Thank you for your letter of 3rd June concerning the move of Peter Bruff Ward from Clacton Hospital to the Kings Wood Centre. Please accept my unreserved apology for the delay in this reply.

May I first put this move into the context of changes at the Trust following the results of the Care Quality Commission (CQC) report on the Trust at the beginning of the year. You will recall that their review rated the Trust as 'Requires Improvement'. One of the points raised by the CQC that contributed to this rating was breeches of the NHS single sex/privacy and dignity rules, where Peter Bruff ward was specifically mentioned. Peter Bruff is a 17 bed mixed sex Functional Mental Health Ward treating patients with various complex mental health issues. It is housed in the Clacton Hospital building and rented by the Trust from NHS Property Services. The internal layout of the building, specifically the placing of bathrooms and toilets, means that the ward cannot be fully used and meet the NHS single sex/privacy and dignity rules. These are national requirements which must be complied with.

Consideration of changes to inpatient mental health wards in the north east of the County had been under consideration for some time, in particular the renting of the space in Clacton Hospital while the Trust had other vacant ward space in the Landermere Centre, which is opposite.

*J...*

The space available at the Landermere is too small to accommodate a 17 bed ward for working age adults with mental health problems, however, the space occupied by Bernard Ward at the Kings Wood Centre is large enough and was being underused as a ward for male older adults with mental health problems. The Board of Directors of the Trust, therefore, took the decision to move the existing Bernard Ward to the vacant ward in the Landermere Centre and Peter Bruff Ward to the space that would be vacated in the Kings Wood Centre. Both wards are being fully refurbished as part of the move at a cost of £600,000 which I am sure you appreciate is a major investment in the improvement of inpatient facilities.

This move has the additional advantage of centralising older adult inpatient care at the Landermere Centre, and adult inpatient care in Colchester, reducing the need for specialist staff to travel between sites. It also frees up the space in Clacton Hospital and so reduces rental costs to the Trust. Bernard Ward has already been refurbished in the Landermere and patients transferred and they have settled in well. Work is now progressing on the new Peter Bruff Ward and should be completed next month.

In regard to your specific issues I can give you a categorical assurance that Peter Bruff Ward in its new home will continue to treat and care for the same group of patients in exactly the same way as it does currently. It will not be a 'step up' or 'step down' or 'assessment' centre as is being rumoured currently.

In its new location Peter Bruff Ward will still have a 17 bed capacity but far greater flexibility for male and female beds through the use of a 'swing zone'. This means there will be no need to transfer patients between Colchester and Clacton locations to enable them to be admitted to a specific male or female bed.

Work to the new wards also includes the introduction of assistive technology, a serenity suite, decoration and the development of a dementia friendly garden at Barnard Ward, and a new female lounge, new beverage unit, new dispensing counter, assisted toilets to each pair of bedrooms, a bariatric room and anti-ligature works in Peter Bruff Ward.

My firm view is that overall the changes not only improve the environment for all our patients but give staff more time with patients as they are not traveling between centres and release cash to put back into front line care.

On your last point, there were discussions about changes for some time prior to the final plan being announced. In saying this, I readily acknowledge that any change to established services is a legitimate cause for anxiety on the part of existing service users, their family, carers, and partner agencies. In hindsight, I must say that we should have engaged with local people earlier and explained more fully the reasoning behind the changes.

.../...

I hope I have fully answered all your questions but would be happy to give you any further information should you or the Committee require. I would also add that our Director of Operations, Vince McCabe, and Associate Director of Communications, Martin Cresswell, attended a public meeting called by Mr Tom Wood in Clacton on Tuesday, 14<sup>th</sup> June and answered questions. A few issues were raised which we are now looking into and we will be replying to Mr Wood.

With my best regards,

Yours sincerely,



**Christopher Butler**  
**Interim Chief Executive**

- c.c. Sam Hepplewhite, Chief Officer, North East Essex Clinical Commissioning Group (Lead Commissioner),  
Members of the Health Overview and Scrutiny Committee  
Cllr Graham Butland, Essex County Council Cabinet Member, Health.  
Barbara Herts, Director for Commissioning: Mental Health  
Vince McCabe, NEP Director of Operations



## HOSC/39/16

**Committee** Health Overview and Scrutiny

**Date** 29 June 2016

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### **ST HELENA HOSPICE**

Report by Graham Hughes, Scrutiny Officer

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

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### **Recommendation:**

The Committee is asked to:

- (i) Note the report to be given at the meeting;
  - (ii) Discuss any issues raised and any further actions required.
- 

### **Overview**

On 2<sup>nd</sup> June 2016 St Helena's Hospice hosted Councillors Fisher, Harris and Wood on a HOSC sanctioned visit.

A report will be given to the meeting of issues raised and discussed.



**HOSC/40/16**

**Committee** Health Overview and Scrutiny

**Date** 29 June 2016

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**Joint Working with the Safeguarding Boards**

Report by Graham Hughes, Scrutiny Officer

Contact details: graham.hughes@essex.gov.uk Tel: 033301 34574

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**Background:**

The Essex Safeguarding Children Board and the Essex Safeguarding Adult Board are both statutory bodies which seek assurance on the robustness and sustainability of local safeguarding arrangements for children and adults respectively and that all statutory partners are acting to help and protect the vulnerable.

The HOSC Chairman and Vice Chairman and the Scrutiny Officer have been in various discussions with the Independent Chairman of the two Safeguarding Boards and supporting officers to identify opportunities for co-operation and joint working, and the sharing of information, between the HOSC and the Safeguarding Boards.

The January 2016 meeting of the HOSC was advised that a Memorandum of Understanding (MoU) was being developed for this purpose which will also ensure that each body is also able to continue to focus on its core role and responsibility and maintain its operational and statutory independence. The MoU has now been finalised and is attached (**Appendix 1**).

**Recommended:**

That the Committee:

- (i) Supports identifying opportunities for closer co-operation and joint working, and the sharing of information, between the HOSC and the Safeguarding Boards;
- (ii) Are invited to comment on the relationship they wish to see develop with the HOSC and Safeguarding Boards;
- (iii) To consider and approve the draft MoU; and
- (iv) That the HOSC Chairman be authorised to agree and sign the final version of the MoU for and on behalf of the Committee.



## **Memorandum of Understanding between the Essex Health Overview & Scrutiny Committee, the Essex Safeguarding Children Board and the Essex Safeguarding Adults Boards**

### **Introduction**

1. There is a desire for the Essex Safeguarding Children Board and the Essex Safeguarding Adults Boards ('the Safeguarding Boards') to support the Essex Health Overview & Scrutiny Committee (HOSC) in providing a robust scrutiny challenge to health commissioners and providers.
2. This Memorandum of Understanding ("Memorandum") sets out the framework for co-operation and joint working between the HOSC and the Safeguarding Boards.
3. Through this Memorandum we aim to ensure that each body is also able to continue to focus on its core role and responsibility and maintain its operational and statutory independence.

### **Statutory responsibilities and role of Essex HOSC and the Safeguarding Boards**

4. **The HOSC** is an Essex County Council (the Council) committee fulfilling the Council's responsibilities under 'The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013' to have a health scrutiny provision. Its role is to hold NHS bodies to account for the quality of their services through their powers to obtain information ask questions in public and make recommendations for improvements that have to be considered. HOSC can refer matters via full Council to the Secretary of State. All commissioners and providers of publicly funded health and social care are covered by HOSC.

#### **5. The Safeguarding Boards**

The Essex Safeguarding Children Board is a statutory body which acts as a mechanism for agreeing how relevant organisations in Essex co-operate to safeguard and promote the welfare of children and young people.

Section 14 Children Act 2004 sets out the objectives of LSCBs, which are:

- (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- (b) to ensure the effectiveness of what is done by each such person or body for those purposes.

The Essex Safeguarding Adult Board is a statutory body created by Section 43 of the Care Act 2014 (ESAB). The Act sets out the ESAB's main objective which is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its local area who:

## APPENDIX

- Have needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Are experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect

Both ESAB and ESCB have a duty to ensure that agencies co-operate and the purpose of this document is to ensure that the co-ordination of the activities of the two Boards and the HOSC is achieved as far as possible.

### Principles of cooperation

6. The HOSC and the Safeguarding Boards have agreed that the following principles will shape their working relationship:
  - a. **Clear accountability** – each body must be accountable for its actions and will respect each other's formal roles;
  - b. **Openness and transparency** – the HOSC has a duty to operate in a public forum and where appropriate its scrutiny work is undertaken in this way. The majority of the work of the Safeguarding Boards is conducted in private with the Annual Report, limited information on work plans and thematic trends identified from serious case reviews published on their respective websites. Joint working arrangements will need to be cognisant of this.
  - c. **Sharing of information** –
    - (i) To share appropriate information around each other's activities enabling us to identify areas for joint working and added value.
    - (ii) It is accepted and understood that HOSC members will be expected to treat some information provided on a confidential basis, where indicated.
    - (iii) Any concerns about whether information should or can be shared with the HOSC will be adjudicated by the Independent Chairman advised by the ESCB/ESAB legal adviser .

### Areas of cooperation

The HOSC and the Safeguarding Boards have agreed to work together in the following areas:

7. **Information sharing** -:
  - (a) As soon as possible after publication, a member of the ESCB & ESAB Business Support Teams will notify and provide copies to the HOSC Scrutiny Officer of:
    - (i) The latest business plans and Annual Reports of each of the Safeguarding Boards;

## APPENDIX

- (ii) Key safeguarding themes arising from the business of the Safeguarding Board. It is acknowledged that the level of public disclosure on this is very limited and the Safeguarding Boards will try to identify opportunities where some extra detail can be provided (if necessary on a confidential basis); and
  - (iii) The final reports of Serious Case Reviews (that are relevant to the HOSC) and particularly, systemic failings identified at the end of the review.
- (b) A member of the ESCB & ESAB Business Support Teams will provide to the HOSC Scrutiny Officer the Quarterly Board Manager Report that is presented to each Safeguarding Board. Further distribution of this will be determined on a case by case basis by the Scrutiny Officer in consultation with the ESCB & ESAB Business Support Teams.
- (c) A member of the ESCB & ESAB Business Support Teams will alert the HOSC Scrutiny Officer that a serious case review is being initiated (although the HOSC may only be advised of the general nature of the review).
- (d) That the ESCB & ESAB Business Support Teams consider areas for HOSC involvement and/or advance notification as part of the respective Boards annual planning exercise.
- (e) The HOSC Scrutiny Officer will ensure that the ESCB & ESAB Business Support Teams are kept informed of the HOSC work programme and scheduling of business and highlight issues where the HOSC is suggesting a joint approach.
- (f) Where deemed appropriate the HOSC will be assisted by expertise derived from the Boards to carry forward their lines of enquiry.

### **8. Briefing and training -:**

That the ESCB & ESAB Business Support Teams may provide some periodic briefings or training sessions for the HOSC which are pertinent to the work of the Safeguarding Board and/or which can help support the HOSC in fulfilling its duties.

### **9. Conduct of scrutiny reviews**

It is proposed that in appropriate cases where the Boards and the HOSC have shared responsibility consultation would take place to ascertain the appropriate lead on scrutiny activities and on subsequent review of the effectiveness of mitigation measures.

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### Limitation

It is acknowledged that the type of information going to Safeguarding Boards on commissioner and/or providers may be very specific and limited and, in providing any of that information to the HOSC, it may not be comprehensive enough to highlight sufficiently all risks to patient care and quality.

### Duration and review of this MoU

10. This Memorandum will be immediately effective and will be reviewed annually or at any other time as necessary and terminated by either party with reasonable notice.

### Signatures

**Cllr TBC**  
**Chair of Health Overview**  
**and Scrutiny Committee**

**TBC**

**Date:**

<b>HOSC/41/16</b>
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**Committee** Health Overview and Scrutiny

**Date** 29 June 2016

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**GENERAL UPDATE**

Report by Graham Hughes, Scrutiny Officer

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

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**Recommendation:** To note the update below:

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Health bodies - Public meetings 2016

A list of forthcoming meeting dates for CCGs, Acute Trusts and Essex Mental Health Services is attached for your information (**Appendix 1**). If members attend any of these meetings can they please feed-back to the HOSC any significant or topical issues that may be of interest to the wider committee membership.

**Local Clinical Commissioning Groups – news**

Web addresses

<http://www.basildonandbrentwoodccg.nhs.uk/news>

<http://castlepointandrochfordccg.nhs.uk/news-a-events>

<http://www.midessexccg.nhs.uk/news-events>

<http://www.neessexccg.nhs.uk/News%20and%20Events/News/Current%20News.html>

<http://www.westessexccg.nhs.uk/news>

*West Essex CCG*

West Essex CCG has announced that Deborah Fielding will be their new Chief Officer effective Monday 15 August. She is currently Chief Officer at Wiltshire CCG, and previously been Deputy CEO at NHS Havering.

## Castle Point and Rochford CCG

Castle Point and Rochford CCG are holding an 'Effective Local Engagement' event on Tuesday 19 July 2016. At this event, they will be explaining who they are and what they do as a CCG and asking for ideas on how they can effectively engage with the local community.

- Time: 2.30 to 4pm
- Venue: Audley Mills Education Centre, 57 Eastwood Road, Rayleigh SS6 7JF

If you would like to attend, please contact [angela.wongkeet@nhs.net](mailto:angela.wongkeet@nhs.net) or 01268 464594 by Tuesday 12 July.

## Primary care

### Ongar Surgery

NHS England has previously advised that it had received a contract termination notice from Dr Luxman, at the Ongar Surgery, High Street, Ongar, Essex, CM5 9AA. Dr Luxman is a single handed GP with a current patient list size of 1,793.

Dr Luxman's practice is currently sited in the High Street in Ongar but there is a brand new purpose built medical centre at the Ongar War Memorial site (0.7 miles away) which was initially designed for a merged Ongar Practice where the Ongar Medical Centre GP surgery is based and the building is now underutilised.

NHS England has decided that there will be an-open list dispersal for the patients currently registered at the Ongar Surgery. NHS England will be writing to patients to ask them to register with a new practice by the 5<sup>th</sup> August 2016. Patients can register with any practice as long as they live within the practice catchment area. Some practices will accept patients outside their catchment area but this is at the discretion of the practice. There are other surgeries within the surrounding area that are accepting new patients. A list of these is provided below:

<b>GP Name</b>	<b>Address</b>
Ongar Health Centre	Ongar War Memorial Medical Centre, Fyfield Road, Ongar, CM5 0AL
The Limes Medical Centre	The Plain, Epping, CM16 6TL <i>Please note: The Limes have a branch surgery at North Weald - 67 Wheelers Farm Gardens, Epping, CM16 6HZ</i>
Dr A Perumpallil	Deal Tree Health Centre, Blackmore Road, Doddinghurst, CM15 0HU

NHS England will be holding two patient information events as follows:

Thursday 14<sup>th</sup> July 2016 between 5pm & 7pm and  
Wednesday 20<sup>th</sup> July 2016 between 1pm & 3pm

## *Sutherland Lodge Surgery, Chelmsford*

NHS England have announced that Virgin Care Services has been identified as the preferred bidder to provide medical services for GP registered patients from the Sutherland Lodge Surgery from Friday 1 July 2016. The premises are currently being purchased by a property investment company and therefore patients will continue to be seen at Sutherland Lodge surgery.

All registered patients should receive a letter to inform them of the changes and provide advice and support. NHS England are working with the existing practice staff to ensure there will be minimal disruption to medical services during the transition and that patients will continue to have access to the same services.

### **Care Quality Commission**

The Care Quality Commission has announced their scheduled inspection plans for July - September 2016. The inspections are categorised as follows:

Inspections being undertaken by the Hospitals Directorate:

- Acute Hospitals
- Mental Health Services (MH)
- Community Health Services (CHS)
- Independent Health Care Providers
- Substance Misuse Services (SMS)

Inspections being undertaken by the Primary Medical Services (PMS) Directorate:

- GP Practices
- GP Out of Hours
- 111 Services

Inspections being undertaken by Adult Social Care (ASC) Directorate:

- Community adult social care services
- Residential adult social care service
- Hospice services

#### Inspections in Essex:

Baddow Hospital, CM2 8HN	5 September 2016
The Chelmsford, CM2 0PP	18 September 2016
Nuffield Health Brentwood Hospital, CM15 8EH	26 September 2016
G4S Facilities Management (UK) Limited – Bardfield, CM7 4SL	28 July 2016
St Andrews Healthcare Essex, SS12 9JP	19 September 2016
NEPT SMS Services, CM2 6HE	23 August 2016
Passmores House, CM18 6YL	15 September 2016

Cont....

## How to give feedback about the quality of care

Quality of *acute* services to [hospitalinspections@cqc.org.uk](mailto:hospitalinspections@cqc.org.uk),  
*Community health* services to [chinspections@cqc.org.uk](mailto:chinspections@cqc.org.uk) and  
*Mental health* services and *Specialist Substance Misuse* services to  
[mhinspections@cqc.org.uk](mailto:mhinspections@cqc.org.uk) .  
*primary care* services to [pmsinspections@cqc.org.uk](mailto:pmsinspections@cqc.org.uk).  
*independent health care services at any time* to [ihcinspections@cqc.org.uk](mailto:ihcinspections@cqc.org.uk)  
*adult social care* services via [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

Primary medical services (GPs, out of hours services and dentists) and adult social care service inspections take place on a rolling programme across the country and are **not** announced individually.

## Essex Clinical Commissioning Groups - Board Meeting dates 2016

Date	Time	Location	Event
28 July	13:15	The Board Room Phoenix Place Basildon	Basildon and Brentwood CCG
22 September	13:15	The Board Room Phoenix Place Basildon	Basildon and Brentwood CCG
28 July	14:00	Audley Mills Education Centre 57 Eastwood Road Rayleigh SS6 7JF	Castle Point and Rochford CCG – Governing Body meeting
8 September	14:00	The Freight House Bradley Way Rochford SS4 1BU	Castle Point and Rochford CCG – Annual General Meeting
4 August	13:30	Chelmsford City Football Club Melbourne Stadium Salerno Way Chelmsford CM1 2EH	Mid Essex CCG
29 September	13:30	Witham Public Hall Collingwood Road Witham Essex CM8 2DY	Mid Essex CCG
26 July	14:30	Columbine Centre Princes Esplanade Walton on the Naze C014 8PZ	North East Essex CCG
27 September	TBA	TBA	North East Essex CCG
21 July	9:30	Council Chamber Uttlesford District Council Offices Saffron Walden	West Essex CCG
29 September	9:30	Essex Studio Zincs Arts Ongar	West Essex CCG

## Acute Trusts – Board of Directors Meeting dates 2016

Date	Time	Location	Event
7 September	14:30	The Essex Cardiothoracic Centre Rooms 4/5 Basildon and Thurrock Hospital	Basildon and Thurrock University Hospitals NHS Foundation Trust – Board of Directors meeting
5 October	14:30	The Essex Cardiothoracic Centre Rooms 4/5 Basildon and Thurrock Hospital	Basildon and Thurrock University Hospitals NHS Foundation Trust – Board of Directors meeting
27 July	14:00 (tbc)	Postgraduate Medical Centre, Colchester General Hospital	Colchester Hospital University NHS Foundation Trust – Board of Directors meetings
22 September	TBC	Postgraduate Medical Centre, Colchester General Hospital	Colchester Hospital University NHS Foundation Trust – Annual Members' Meeting
25 July	13:30	Lecture Theatre 1 Medical Academic Unit (MAU) Broomfield Hospital Court Road Broomfield CM1 7ET	Mid Essex Hospital Services NHS Trust – Trust Board/Board of Directors meetings
26 September	13:30	Lecture Theatre 1 Medical Academic Unit (MAU) Broomfield Hospital Court Road Broomfield CM1 7ET	Mid Essex Hospital Services NHS Trust – Trust Board/Board of Directors meetings
3 August	9:30	The Boardroom Education Centre 2 <sup>nd</sup> floor Southend Hospital	Southend University Hospital NHS Foundation Trust – Trust Board meetings
5 October	9:30	The Boardroom Education Centre 2 <sup>nd</sup> floor Southend Hospital	Southend University Hospital NHS Foundation Trust – Trust Board meetings

Date	Time	Location	Event
30 June	TBC	Trust Board Room (Lower Ground Floor) The Princess Alexandra Hospital Hamstel Road Harlow	The Princess Alexandra Hospital NHS Trust – Trust Board Meetings
28 July	TBC	Trust Board Room (Lower Ground Floor) The Princess Alexandra Hospital Hamstel Road Harlow	The Princess Alexandra Hospital NHS Trust – Trust Board Meetings

### Essex Mental Health Services - Meeting dates 2016

Date	Time	Location	Event
20 July	09:00	Stapleford House 103 Stapleford Close Chelmsford CM2 0QX	North Essex Partnership University NHS Foundation Trust – Public Board Meeting
28 September	09:00	Stapleford House 103 Stapleford Close Chelmsford CM2 0QX	North Essex Partnership University NHS Foundation Trust – Public Board Meeting
29 June	10:30	Training Room 1 The Lodge Runwell Chase Wickford SS11 7XX	South Essex Partnership University NHS Foundation Trust – Board of Directors Meeting
27 July	10:30	Training Room 1 The Lodge Runwell Chase Wickford SS11 7XX	South Essex Partnership University NHS Foundation Trust – Board of Directors Meeting

### **NOTE:**

**Agendas are normally published one week before public meetings. Please check the time and venues in case there have been any changes.**



# HOSC/42/16

**Committee** Health Overview and Scrutiny

**Date** 29 June 2016

## **QUALITY ACCOUNTS**

Report by Graham Hughes, Scrutiny Officer

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

### **Recommendation:**

The Committee is asked to note the Quality Accounts received for comment and how these were dealt with.

### **Overview**

At the HOSC Meeting on 14 April 2016 the Committee agreed the approach to take in relation to commenting on draft Quality Accounts submitted to it by Essex health bodies.

This provides a further update to that given at the 1<sup>st</sup> June 2016 HOSC.

### **Quality Accounts received from Essex health bodies:**

Anglian Community Enterprise (no comments submitted)  
 Colchester Hospital University Foundation Trust (no comments submitted)  
 Farleigh Hospice (no comments submitted)  
 Mid Essex Hospitals Trust (comments submitted)  
 Southend University Hospital NHS Foundation Trust (comments submitted)  
 Princess Alexandra Hospital Trust (comments submitted)  
 North Essex Partnership Trust (no comments submitted)  
 St Clare Hospice (no comments submitted)  
 Saint Francis Hospice (no comments submitted)  
 South Essex Partnership Trust (no comments submitted)

Since the last meeting some comments have been submitted to Princess Alexandra Hospital (Harlow) and these are reproduced overleaf.

HOSC response to Quality Accounts prepared by Princess Alexandra Hospital  
(Harlow)

The accounts were reviewed by Cllr Naylor and comments agreed with the HOSC Chairman:

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

This a clear reflective document covering performance and outcomes during 2015-16. There is a justifiable sense of pride in the way that challenges are acknowledged and outcomes have mostly been achieved . Data for 2015-16 is still awaited.

Patient safety, patient experience and staff experience are at the forefront in the report.

Patient reported outcome measures and managed incident reporting are clearly important to the Trust.

The clinical areas where most pressure has been experienced are outlined in some detail and the importance of working with partners is acknowledged. In particular, steps to manage pressure in the ED during the winter but also now all year round, are spelled out in clear steps..

There are clear plans for the future - again based on putting the patient first, in terms of outcomes and experience.

This is an excellent document.

<b>HOSC/43/16</b>
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**Committee** Health Overview and Scrutiny

**Date** 29 June 2016

**Report by:** Graham Hughes, Scrutiny Officer

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### **Work Programme 2016/17**

#### Purpose of report

The purpose of this report is to consider the current Work Programme and invite discussion on future items both for the full Committee and detailed scrutiny to be undertaken both in full Committee and by smaller specific Task and Finish Groups.

#### *Scheduled Work Programme*

At the last meeting it was *agreed* that the focus for the remaining space in the 2016/17 HOSC work programme should be on:

- (i) **Community healthcare** (taking in primary care, development of hubs and mental health and expanding and facilitating prevention) – this mirrors one of the two main work streams identified by the Success Regime to develop and integrate *Local Health and Care services* in the community.
- (ii) **Transformation of services** – the HOSC should be consulted on service reconfigurations/variations.
  - Under the Success Regime this can be expected to focus largely on acute services initially – this mirrors the other main work stream identified by the Success Regime (*In Hospital* – further collaboration and service redesign between the three main hospitals in mid and south Essex).
  - Sustainability and Transformation Plans being developed in the north east and west of Essex

As part of the earlier agenda item on the Success Regime and/or this item it is suggested that HOSC members discuss the future format of scrutiny work (“ways of working”) to facilitate the above focus.

### *2016 briefing days*

Members are invited to suggest future items/issues for briefings – please discuss these with the Scrutiny Officer. The following dates should already be held in your diaries:

- Thursday 15 September 2016, 9:00 – 16:00, in CR1, County Hall
- Monday 21 November 2016, 9:00 – 16:00, in CR1, County Hall

### *Offsite Visits*

Members are invited to suggest any visits that they think may be relevant and beneficial to the Committee.

### **Action required by the Committee at this meeting:**

- (i) To discuss “ways of working” for the HOSC to scrutinise Success Regime and transformation proposals;**
- (ii) Make any suggestions for future briefings and/or site visits;**

## HEALTH OVERVIEW & SCRUTINY COMMITTEE – WORK PROGRAMME SNAPSHOT AS AT 29 JUNE 2016: APPENDIX

Current scheduled work (in Full Committee)	Current work (in Task and Finish Group)	Future work to be scheduled (in Full Committee)	Future work to be scheduled (in Task and Finish Group)
Healthwatch Essex work programme updates ( <b>quarterly either in Full Committee or in briefing sessions</b> )	Complex Urological Cancer Surgery proposals (with Southend and Thurrock)	<i>Local Health and Care services in the community</i>	<i>Local Health and Care services in the community (provisional)</i>
Obesity Issues in Essex Scrutiny Report – Implementation reviews ( <b>October 2016 and April 2017 - TBC</b> )	Mental Health Services for children and young people ( <b>to commence</b> )	<i>Transformation of Services – Mid and South Essex Success Regime overall project updates</i>	<i>Transformation of Services – Detailed scrutiny of specific Mid and South Essex Success Regime work streams (provisional)</i>
		<i>Transformation of Services – Sustainability and Transformation Plans for North East and West Essex</i>	<i>Transformation of Services – Detailed scrutiny of specific work streams under Sustainability and Transformation Plans for North East and West Essex</i>
		Mental Health <ul style="list-style-type: none"> <li>- Merger of (mental health) partnership trusts</li> <li>- ECC Strategic review</li> </ul>	
		NHS England Specialist commissioning issues/service variations	NHS England Specialist commissioning issues/service variations – e.g. South Essex CT PET scanner
		Consultations on other service reconfigurations & variations, eligibility & accessibility changes.	

