



Essex County Council

Health Overview Policy and Scrutiny Committee

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| 10:30 | Thursday, 05 October 2023 | Committee Room 1 County Hall, Chelmsford, CM1 1QH |
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For information about the meeting please ask for:

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Telephone: 07809 314835

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| | | Pages |
|----|--|--------|
| ** | Private pre-meeting For committee members only, starting at 9:30am in Committee Room 1. | |
| 1 | Membership, Apologies, Substitutions and Declarations of Interest To be reported by the Democratic Services Manager. | 5 - 5 |
| 2 | Minutes of previous meeting To note and approve the minutes of the meeting held on Thursday 7 September 2023. | 6 - 11 |

3 Questions from the public

A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. No statement or question shall be longer than three minutes and speakers will be timed.

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

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| 4 | Obesity Programme in Essex To receive an update from Public Health. | 12 - 14 |
| 5 | Wellbeing, Public Health and Communities To receive a verbal update on public health and communities. | |
| 6 | Transfer of community paediatric therapies services in North East Essex from ESNEFT to HCRG Care Group To be taken as a written report. | 15 - 16 |
| 7 | Mid and South Essex NHS Foundation Trust update To receive a monthly update from the Mid and South Essex NHS Foundation Trust. | 17 - 21 |
| 8 | Chairman's Report - October 2023 To note the latest update at Chairman's Forum meetings. | 22 - 22 |
| 9 | Member Updates - October 2023 To note any member updates in relation to the committee. | 23 - 23 |
| 10 | Work Programme - October 2023 To note the committee's current work programme. | 24 - 28 |
| 11 | Date of Next Meeting To note that the next meeting will be held on Thursday 2 November 2023, in Committee Room 1, County Hall. | |
| 12 | Urgent Business To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency. | |

Exempt Items

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

The following items of business have not been published on the grounds that they involve the likely disclosure of exempt information falling within Part I of Schedule 12A of the Local Government Act 1972. Members are asked to consider whether or not the press and public should be excluded during the consideration of these items. If so it will be necessary for the meeting to pass a formal resolution:

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

13 Urgent Exempt Business

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

Agenda Item 1

| | |
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| Report title: Membership, Apologies, Substitutions and Declarations of Interest | |
| Report to: Health Overview Policy and Scrutiny Committee | |
| Report author: Richard Buttress, Democratic Services Manager | |
| Date: 5 October 2023 | For: Information |
| Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk | |
| County Divisions affected: Not applicable | |

Recommendations:

To note:

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

Membership

(Quorum: 4)

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

Co-opted Non-Voting Membership

| | |
|----------------------------|-------------------------|
| Councillor Stacy Seales | Harlow Council |
| Councillor Paula Spenceley | Maldon District Council |

**Minutes of the meeting of the Health Overview Policy and Scrutiny Committee,
held in the Committee Room 1, County Hall, Chelmsford on Thursday 7
September 2023 at 10:30am**

Present

| | |
|----------------------------------|-----------------------------------|
| Cllr Jeff Henry (chairman) | Cllr June Lumley |
| Cllr Ian Grundy | Cllr Anthony McQuiggan |
| Cllr Dave Harris (vice-chairman) | Cllr Richard Moore |
| Cllr Eddie Johnson | Cllr Mike Steptoe (vice-chairman) |
| Cllr Daniel Land | Sharon Westfield-de-Cortez (HWE) |

Apologies

| | |
|-------------------|------------------------------|
| Cllr Paul Gadd | Cllr Stephen Robinson |
| Cllr Martin Foley | Cllr Stacy Seales (co-opted) |

The following officers were supporting the meeting:

- Graham Hughes, Senior Democratic Services Officer
- Freddey Ayres, Democratic Services Officer

1. Membership, apologies and declarations

Apologies were received from Cllr Gadd, Cllr Foley, Cllr Robinson and Cllr Seales.

Cllr Henry declared an interest that he sits as a council governor at Mid and South Essex NHS Foundation Trust.

2. Minutes of previous meeting

The minutes of the meeting held on Wednesday 12 July 2023 were approved and signed as an accurate record.

3. Questions from the public

No questions from the public were received.

4. Children's Mental Health Services

The Chairman welcomed to the meeting:

- Gill Burns, Children's Services Director, NELFT
- Sarah Harrington, Programme Director, Hertfordshire Children Services
- Chris Martin, Director for Strategic Commissioning and Policy (ECC)

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

- NELFT set out the broad overview about current commissioned services including aspects of transformation and some of the current issues and challenges
- New 7-year contract awarded to NELFT and the name of the service changed to CAMHS
- Original partners still in place on the commissioning side including Essex, Southend and Thurrock
- Single point of access remains in place
- Focussing on early intervention and they still have a crisis team and learning difficulties team, as well as provision for young offenders
- Recognised there has been a lot of change in terms of landscape with ICB's
- Not many services have been retained across the whole County but CAMHS has been. This is positive and can gain efficiencies from this
- NELFT has a partnership with HCRG (Health Care Resource Group) and makes up 20% of the contract
- Would like HCRG to pick up the lower level and non-clinical interventions which means NELFT can concentrate on the clinical and therapeutic interventions for more complex cases. This is helping with managing overall demand
- Have robust transitions process for small number of children who may have to move into adult services
- Data peaks and troughs on referrals during the year. Referrals have been fairly consistently high in recent years. Main source of referrals usually around behaviour and conduct
- In terms of the crisis pathway, again referral and demand is fairly consistent with some peaks and troughs as would expect
- There is a 24/7 crisis care offer with a 4-hour target for any emergency crisis care
- Less positive feedback is around people deciding to go to A&E although people are discouraged from doing that for mental health conditions as A&E is not the best environment or therapeutic environment for young people with mental health issues
- Vacancy rates can look alarming. Assurance is that this is not a dissimilar picture for other NHS providers. Crisis teams tend to use significant numbers of career agency people
- CAMHS consultants can be difficult to recruit (national shortage). Particular struggle to recruit in west Essex as directly competing with London
- Caseloads tend to be higher for lower interventions
- System wide transformation - the production of all-age mental health strategy has been highlighted and promoted across the ICB's
- Been vocal about putting the right investment into children's services in ICB budgets
- Work in primary care to start more at locality level. Lot of work on eating disorders
- Mental Health in Schools Team across MSE. Also, NELFT have awarded the contract for this same service in north east Essex
- Mental Health in Schools Team practitioners have been grown in a different way - not coming through traditional career (nursing) paths but through universities and colleges

- Working with Health Education England to try and develop something to help retain this new workforce
- Trying to convert agency staff to permanent staff and sell the benefits and security of being a permanent employee. Also have a large apprenticeship scheme as well
- NELFT is also using international recruitment. Have team within nursing directorate to put a whole support package in place for those coming from abroad. Support with qualification transfer equivalences
- Not sure presentations post Covid are vastly different but a lot more cases of generalised anxiety. Need to normalise some day-to-day anxiety as a normal life state
- Can be a disconnect from what health professional thinks is required and what a family thinks is required. If really complex would get a second opinion from another consultant within the team
- Have put in place some training and coaching aimed at family support and commissioned Barnardo's for some of this family centred therapeutic support.

5. Anchor Programme and Quality Improvement – Mid and South Essex NHS Foundation Trust

The Chairman welcomed to the meeting:

- Charlotte Williams, Chief Strategy and Improvement Officer
- Shevaun Mullender, Head of Clinical QI Capability at MSE
- Kevin Garrod, Anchor Programme Manager

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

- Remit to improve operational capability and quality and make it more equitable and be a better employer and promote staff health and wellbeing
- Quality Improvement Facilitators to work alongside care group senior leadership teams
- Anchors are a US idea. Focus on building and supporting social value, sharing knowledge, equity, LU and inclusive employment
- Aim to get more people involved in skills development and become more active in their local area
- Currently 400 participants and 100 jobs. Expect will hit 900 and 300 in a year
- Candidate for the scheme are found via South Essex Community Hubs and also take referrals from wider set – Trustlinks, Princes Trust etc
- Try to be creative to bring about improvements and follow anchor principles
- Recently been talking to recruitment events with HR professionals. Also have support of ICS and other partners to sign up to Anchor charter and will need to measure their intent as to what they will each do
- Offering themselves as a resource to help partners and building on evidence base - evaluation and literature being produced to convince people
- There are Links with ARU medical school and University of Essex. Anticipate some of the cohort from ARU Medical School coming to MSE
- Half aimed to go into primary care (GPs)
- Offering a self-selected module within the fourth year of training to identify on-site work opportunities and see the NHS less from a service perspective and more as a potential employer

- Winner of Health Equality Award 2023 Parliamentary Award
- 80% of staff live in Essex, rest likely in London
- Housing - affordability and proximity of housing is an issue
- Age of admin and clerical staff is older and median age of clinical staff is younger.

6. Healthwatch Essex in prisons

The Chairman welcomed to the meeting:

- Sharon Westfield-de-Cortez, Information & Guidance Manager and Safeguarding Lead, Healthwatch Essex

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

- Format of the review
- Lived experience should be at the heart of health and social care systems
- HWE work recently has focussed more on those who may be heard less
- Decided to look at health care needs for prisoners and those that leave prison
- Visited Young Offenders setting and HMP Chelmsford
- One to one interviews
- Over 50 current and ex-prisoners fed into the project.
- Findings
- Reoffender rate in the focus group HWE set up was high
- So scope of project opened up straightaway to ex-offenders as well
- Physical health was low on inmates and ex offenders' priority list yet what was of greatest concern was their mental health
- There is supposed to be a support framework already in place to help and support prisoners but it is not always effective due to resources and other factors
- Trauma was another issue seen - early life trauma could lead to greater tendency towards offending.
- What happens once released?
- A few might have a support network ready for them. There are teams in the prison to help with this but they are not able to fully engage due to the volume of demand/need
- There are going to be ex-prisoners at addiction and homeless centres. They don't often know where to go for help, once released. CVS sector engagement - told similar stories, people turning up with no money, no accommodation arranged, no food arranged etc
- Release times - Seems to be a significant volume of prisoners being released on a Friday afternoon and then turning up at help centres at 4pm on a Friday just as everything is closing
- Agencies supporting prisoners need more access to them before they leave prison so that they can help prepare them
- No surprise when people go back to their old contacts and reoffend. There is still significant levels of re-offending
- There is a process where veterans can be prioritised for housing allocations etc - ex offenders could be supported similarly.

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

- Further consideration is needed of the issue raised
- Further discussion with Leadership Team
- Need to scrutinise the appropriate and responsible agencies.

7. Chairman's Report – September 2023

The committee noted this report.

8. Member Updates

Cllr Harris reported he had recently walked around Colchester Hospital, specific the development of the new elective care centre. A written update on the centre was requested.

9. Work Programme – September 2023

The committee noted the current work programme.

Regular monthly update from MSE on CQC improvements and action plans.

In relation to arranging a future session on NHS s106 monies Cllr Henry had met with Director of Public Health to initiate planning it.

10. Date of Next Meeting

To note that the next meeting will be held on Thursday 5 October 2023 at 10:30am in Committee Room 1, County Hall.

11. Urgent Business

No urgent business has been received.

12. Urgent Exempt Business

No urgent exempt business has been received.

The meeting closed at 12:42pm.

Chairman

Health Overview Policy and Scrutiny Committee – Matters Arising as of 25 September 2023

| Date | Agenda Item | Action | Status |
|-----------------|--|--|---|
| 7 July 2022 | Mid and South Essex Community Beds programme | Updated position to be presented to the Committee in 6 – 8 months' time | Item added to Committee's Work Programme |
| 1 December 2022 | GP Provision in Essex | To provide an update on community pharmacy work | Item to be added to Committee's Work Programme when update is available |
| 12 July 2023 | Community Musculoskeletal (MSK) and Pain Service | Update on progress to be reported in 3 – 6 months' time Demonstration of the app when appropriate | Item to be added to Committee's Work Programme when update is available |
| 12 July 2023 | Adult Mental Health Services – EPUT | Committee to be updated of EPUT's response to the CQC findings | Circulated to committee when available |

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|--|------------------------|
| Report title: Progress update on healthy weight work in Essex | |
| Report to: Health Overview Policy and Scrutiny Committee | |
| Report author: Adrian Coggins, Head of Wellbeing and Public Health | |
| Date: 5 October 2023 | For: Discussion |
| Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Freddey Ayres, Democratic Services Officer (freddey.ayres2@essex.gov.uk) | |
| County Divisions affected: Not applicable | |

1. Introduction

- 1.1 Essex County Council (ECC) are working with Leeds Beckett University (LBU) to implement the 6-stage Whole Systems Approach to healthy weight in Essex. A key output of this work is to develop the first Essex joint healthy weight strategy (HWS) and action plan, that aims to prevent and treat overweight and obesity in Essex. If we are serious about reducing obesity risk in Essex it is important that we understand what is really driving it and that organisations and functions responsible for creating obesity are held to account as part of collective efforts to solve the problem.

2. Recommendations

- 2.1 Members are asked to:
- Note the summary and activity taken place to date
 - Endorse and support suggested next steps as proposed in this paper and as they emerge
 - Support officers in their evidence-based approach to holding system partners collectively to account for their necessary contributions to reduce population obesity risk

3. Background

- 3.1 Initial consultation commenced with the Essex Health and Wellbeing Board (HWBB) in July 2023 in a series of workshops, to inform the HWS development. Concurrently, there are evidence and policy reviews being undertaken, due for completion in December 2023.
- 3.2 The HWS will support delivery of the Essex Joint Health and Wellbeing strategy. The HWS is likely to cross-cut other national and local strategies, including but not exclusive to the UK government obesity strategy policy paper, The National Food Strategy, and Levelling Up, Everyone's Essex, Early Years and Childcare, Fit for the Future, and Climate Action, respectively.
- 3.3 Alongside the objective evidence based global literature review process, the recommendations from the HWBB workshops are being considered in shaping the work programme, as evidenced in the following points:
- Integrating weight management commissioning, between the NHS and local government, as a key action in the delivery plan

- Some focus on early years, children, and families as a proposed key delivery area of the strategy
 - Narrative of strategy to focus on healthy eating over weight management, and healthy weight rather than obesity
 - Public consultation to assess residents lived experience of obesity and their environment, to run concurrent to stakeholder engagement, to inform strategy
 - Interventions in action plan to focus on individual behaviour change and improvements to the obesogenic environment
 - Some focus on workplaces as another suggested key delivery area of the strategy
 - Partnership delivery of the strategy, whereby no single organisation has responsibility or accountability, with the HWBB as a key vehicle to oversee shared accountability for outcomes across individual organisational boundaries.
- 3.4 Stakeholder engagement continues into April 2024, specifically guided by the commencement of an Essex implementation review to commence early 2024.
- 3.5 From early 2024, it is proposed that resident engagement will run concurrently to stakeholder engagement.
- 3.6 Thereafter, a strategy and action plan will be developed.
- 3.7 Governance arrangements and associated reporting will be established to guide the implementation of the healthy weight strategy action plan. Early proposals suggestion that an Essex wide healthy weight steering group will be established, with cross-sector representation, including representation from each domain of the Foresight report, the framework being used to shape the 3 evidence reviews. It is envisaged that the group will meet quarterly and have a rotating theme of focus, aligned to the healthy weight strategy and action plan. This group will oversee delivery of the healthy weight strategy and action plan and report annually to the HWBB (unless requested otherwise, whereby additional updates will be accommodated).
- 3.8 The process of reporting into the steering group will be determined during the development of the strategy and action plan and throughout stakeholder engagement; this process is likely to involve District Health and Wellbeing Boards and/or Alliance partnership boards. Progress will be reported to the HWBB annually, with ambition to present the first draft of the healthy weight strategy by September 2024.

4. Options

- 4.1 Members are asked to:
- Support the outlined approach
 - Support officers leading on the Healthy Weight Strategy in holding system partners to account for their contribution to reducing obesity risk as evidenced by the ECC and Leeds Beckett University led evidence and literature.

5. Issues for consideration

- 5.1 It is important that a partnership and whole system approach is taken to reducing population risk of excess weight, rather than a disproportionate focus on one part of the system, such as individual behavioural responsibility, which,

evidence has shown, is unlikely to reduce excess weight at population level. The HOSC could play a useful role in ensuring Essex stakeholders engage with and contribute to reducing population obesity risk as part of the cross organisation, multi stakeholder approach which needs to be taken.

6. Financial implications

6.1 All activity currently envisaged is contained within existing financial allocations.

7. Legal implications

7.1 None.

8. Equality and diversity implications

8.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:

- a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful.
- b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
- c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.

8.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).

8.3 The Equality Comprehensive Impact Assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic. Actions will be targeted to areas with highest rates of Obesity, which typically have highest levels of deprivation, working with communities to identify solutions; this is likely to involve levelling up areas. Public Health colleagues have started this approach, such as by liaising with levelling up community supermarket delivery partners with the ambition to explore increasing the availability of healthy, fresh food. Following completion of the first draft HWS action plan, a ECIA will be completed; if adverse findings are identified, the action plan will be revised accordingly.

9. List of appendices – none

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|--|------------------------|
| Report title: Transfer of community paediatric therapies services in North East Essex from ESNEFT (North East Essex Community Services) to HCRG Care Group | |
| Report to: Health Overview Policy and Scrutiny Committee | |
| Report author: | |
| Date: 5 October 2023 | For: Discussion |
| Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Freddey Ayres, Democratic Services Officer (freddey.ayres2@essex.gov.uk) | |
| County Divisions affected: Not applicable | |

1. Introduction

- 1.1 On 1 September 2023, the NEECS paediatric therapies service that includes paediatric physiotherapy, occupational therapy, speech and language therapy, continence, and associated admin transferred to HCRG Care Group from East Suffolk and North Essex NHS Foundation Trust (ESNEFT).
- 1.2 HCRG Care Group provide 0-19 children's services across Essex. In west Essex, they also run community paediatric therapy services, which has enabled integration and helps to align north east Essex with the rest of the county. ESNEFT and HCRG Care Group management teams worked together over the summer months to ensure that the transfer took place smoothly. Patients will continue to be treated by the same clinical team, most likely in the same location as have done in the past.
- 1.3 The transfer took place under Transfer of Undertakings (Protection of Employment) regulations (TUPE). TUPE ensures that no staff will be made redundant as a result of this transfer, and their terms and conditions of employment will remain. At total of 54 staff transferred with the service. These staff were a mixture of nurses, physiotherapists, occupational therapists, speech and language therapists, administrators, assistant roles, and the service lead.

2. Background

- 2.1 When Anglia Community Enterprises (ACE) ended their service in 2021 following a Suffolk and North Essex Integrated Care Board (SNEE ICB) procurement for North East Essex Integrated Community Services (NICS). ESNEFT and HCRG Care Group (at that point called Virgin Care) were part of a joint bid, who were successful in securing a 10-year contract. That group is a collaborative that also includes GP Primary Choice Ltd, Essex Partnership University NHS Foundation Trust (EPUT), SNEE ICB and Essex County Council (ECC).
- 2.2 At the start of this process, it was agreed that ESNEFT would run all the clinical services (as the Head Provider) that sat with ACE previously, for the first two years of the new contract.
- 2.3 During the first half of this year, it was agreed that the service would transfer to HCRG Care Group and start on 1 September 2023. ESNEFT as Head Provider

for NICS have entered into an NHS sub-contract with HCRG Care Group which will provide continuity of service and assurances around the quality and delivery of care for the people of north east Essex on behalf of the Commissioners.

3. Public and patient engagement

- 3.1 A cross-organisational group coordinated the transfer, which took place on 1 September 2023. Their task was to create a smooth transition that would reduce the risk of disruption to patient care.
- 3.2 On 13 June 2023, a joint letter was sent from the clinical leads representing ESNEFT and HCRG Care Group explaining the changes and what parents and guardians, along with their children, could expect from 1 September 2023. Before that date, it was noted that the service was expected to carry on as normal under the new management arrangements.
- 3.3 On 30 June 2023, a letter was sent to Cllr Henry, Chairman of Health Overview Policy and Scrutiny Committee (HOSC) from Alison Armstrong, Director of NEECS and Richard Watson, Deputy Chief Executive/ Director of Strategy and Transformation, Suffolk and North Essex Integrated Care Board. The letter was acknowledged with an invitation to present a paper on the process at a future HOSC meeting. The committee had also previously been briefed in 2021 of the TUPE process taking place at a later date.
- 3.4 During preparation for transfer it was identified that a small cohort of patients (fewer than 10) would not transfer due to being out of area referrals. Parents and guardians of these patients were written to directly on the 23 August 2023, with more details on how care would be provided by remaining within the ESNEFT service.
- 3.5 Key public representative stakeholders, either as individuals or leads of partnership organisations, were directly mailed starting with the Chair of ECC HOSC. An explanation of the process along with reasons for the change taking place was provided in the letter.
- 3.6 Other stakeholders such as contractors and suppliers for the service were contacted through normal channels of communication from representatives at ESNEFT who they correspond with about the change process and what they would need to do to continue business as usual.

4. Conclusion

- 4.1 We are confident that this transfer has not created any significant change to those that currently use these services. Any changes to the service will be minimal - patients and their families may notice slight alternations to such things as corporate branding on signage, uniforms, and in letters following the transfer.
- 4.2 ESNEFT will continue to provide community care services in all other areas as they have done before and will continue to do so, as agreed with the Integrated Care Board (ICB) and will continue to manage the contract with HCRG Care Group on behalf of the residents of north east Essex.

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|--|------------------------|
| Report title: Mid and South Essex NHS Foundation Trust update | |
| Report to: Health Overview Policy and Scrutiny Committee | |
| Report author: Mid and South Essex NHS Foundation Trust | |
| Date: 5 October 2023 | For: Discussion |
| Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Freddey Ayres, Democratic Services Officer (freddey.ayres2@essex.gov.uk) | |
| County Divisions affected: Not applicable | |

1. Introduction

- 1.1 We consider our annual objectives against this strategy in the context of the needs of the mid and south Essex population, and the integrated care strategy of our system partners.
- 1.2 In this report to the Committee, we are presenting an update on our strategies for winter, planned improvements and operational data

2. Action required

- 2.1 We hope this paper provides the Committee with an update on these areas and the Trust welcomes any feedback on this update.

3. Winter preparations

- 3.1 The Trust is going into another winter where we expect there to be significant pressure, both from respiratory viruses impacting on our population health and that of our own staff, and with continued industrial action showing no signs of a resolution.
- 3.2 The Trust has made plans to cope with extra demand, we have already seen this demand increase in August and expect this to continue but we have following arrangements in place.
- 3.3 Hospitals will aim to operate with no escalation beds in use using the current general and acute bed base to deliver winter activity.
- 3.4 In order to achieve this, the operational targets agreed in the Urgent and Emergency Care Improvement Plan will be delivered principally; 80% for the four-hour A&E target, 90% of ambulances offloading in 30 minutes, and an average length of stay of 7.06 days or less.
- 3.5 A maximum of medically fit delayed patients of no more than 120 across the Trust
- 3.6 The expected 70 bed increase in winter beds seasonality will be offset by improved use of:
 - Pathway 2 – a 24-hour assess, treat-and-discharge pathway
 - Outpatient therapy
 - Hospital at Home
 - Bridging
 - Virtual Wards

- Community bed capacity

3.7 Winter Preparations – Community-based care

- As part of the NHS's winter preparations, senior clinicians and partners across the health and care system have been developing plans to make the best use of healthcare facilities and resources this winter
- Mid and South Essex Integrated Care Board (ICB) have plans to manage the increased demand for care to ensure that residents benefit from the best possible treatment in high quality facilities and enable people to be discharged from acute care following a stroke or need for step down/intermediate care
- Increasing and reconfiguring inpatient rehabilitation community beds - Inpatient community beds are used to support people who are not yet well enough to go home and to care for people who need additional rehabilitation, including those who need support following a stroke
- These services need to meet the changing needs of our residents and ensure they receive the right support at the right time and in the safest place for them
- The changes will see an overall increase in the number of beds used for stroke rehabilitation meaning hospital beds will be freed up for patients who need urgent care
- ICB plans will see inpatient community services for stroke rehabilitation, intermediate care, and midwifery-led births at St Peter's Hospital in Maldon change, it is proposed on a temporary basis for this winter to move the stroke rehabilitation beds to Brentwood Community Hospital. Sustaining a safe and high-quality service is no longer possible at St Peter's due to the condition of the building. It has deteriorated in recent years and is no longer the best place to deliver inpatient care
- St Peter's will no longer offer labour or post-partum care for the winter. The midwife-led birthing centre will move to the William Julian Courtauld (WJC) centre in Braintree. This impacts a very small number of births – average of six per month
- The WJC centre has modern facilities, and this move will allow us to provide the best quality care for our population by giving families the same choice and access to modern facilities. The changes reflect the immediate needs of the service, are necessarily temporary in nature and affect only inpatient provision
- The moves are expected in October and women and birthing people are being supported by midwives on their birthing choices
- Broomfield, Basildon and Southend hospitals midwife-led units will continue as usual. Home births are also still available.

3.8 Future of Community Beds

- The changes being made now are necessarily temporary and will only affect inpatient beds i.e., where patients need to stay overnight or where a bed is needed for an extended period. These changes are being made this winter to reflect the immediate needs of the service

- Outpatient services provided from St Peter's in Maldon will continue to be located there. For example, blood tests, diagnostics, screening, and maternity outpatient appointment
- Work will proceed in parallel to determine proposals for long-term solutions for the configuration of stroke rehabilitation, intermediate care, and midwifery-led birthing services. This will produce proposals developed in conjunction with local people and key stakeholders in line with the best possible clinical advice. Formal plans should be drawn up by the end of the year and will take the form of a "pre-consultation business case" which can be used as the basis for formal public consultation and decision making in the early part of 2024.

4. Industrial action

- 4.1 Each cycle of Industrial Action (IA) requires significant planning and support to ensure that essential services such as wards have safe levels of medical cover.
- 4.2 To date, attendance levels in A&E and ambulance conveyance levels have been largely unaffected by IA, with the usual large numbers coming through our doors. Therefore, discharge levels need to be maintained so that emergency admissions can be accommodated.
- 4.3 Wherever possible, elective activity (both outpatients and inpatient) continues – especially high priority services for example, cancer treatments. Where cancellations happen, the vast majority of patients are given another appointment close to their original date.
- 4.4 However, the level of cancellations is having an impact on long-wait patient numbers and it is increasingly difficult to maintain maximum wait times of 78 weeks or less.
- 4.5 The Trust has had to cancel 3,437 surgeries since April 2023 – this includes both inpatient and day case surgeries. 294 or 8.5% of these were cancer related surgeries.
- 4.6 We have had to cancel 22,406 outpatient appointments since April 2023 – this includes both new and follow up appointments. 2,280 or 10.2% were cancer related appointments.

5. Community Diagnostic Centres (CDC)

- 5.1 The national business case process is complete and the system has secured funding for four centres within mid and south Essex:
 - Pitsea CDC, Pitsea town centre
 - Braintree CDC, St Michael's Hospital Braintree Community Hospital site
 - Thurrock CDC, Thurrock Community Hospital
 - Southend CDC, dependent on an independent sector partner being selected
- 5.2 The national business case process is complete and the system has secured funding for four centres within mid and south Essex.
- 5.3 The Trust has now received positive planning permission for the CDC in Braintree. Plans to begin building work at the start of 2024 are now being drawn up. In order to meet our targets to increase diagnostic activity, we will be placing a further mobile unit on the site at Braintree until the CDC is complete. This will provide access to MRI and CT scans.
- 5.4 Pitsea CDC is in the engagement phase, with an open planning application in place. The Trust is hosting engagement events for the public to come and see

the plans on 28 September and 9 October. More details on the engagement events and open survey can be found here: www.mse.nhs.uk/have-your-say.

5.5 Mobile capacity

The Trust is working to provide extra mobile capacity to residents across south west Essex while we wait for the builds on the full CDCs to be built. We anticipate an MRI and CT mobile scanning unit to be available on the Orsett Hospital grounds, with a further two roomed Endoscopy unit, also positioned on the Orsett Hospital site before the end of the year. This will support access to further diagnostic capacity for our communities.

6. Operational Update

6.1 The Trust continues to see large numbers of people who are acutely unwell arriving at our emergency departments (EDs). Across the Trust we see on average 400 people per day at each site. Many of those people need to be admitted or need further treatment. This makes discharge at the other end of the hospital so important. The Trust is working with Integrated Discharge Teams and is focused on improving discharge pathways so that patients can be discharged safely with onward care packages.

6.2 Some of our figures from August – which is the latest data set we can report on are below:

- Across our Trust's EDs, performance against the four-hour standard in August was 67.5%
- We have closed 156 escalation beds from a peak of 178. We are reviewing our rapid assessment and treatment (RAT) processes across our EDs to make sure it works best at each site.

6.3 Ambulance handovers

- In August the average time for an ambulance to offload a patient was 25 minutes, the quickest time since February 2022
- 41% of ambulances handed over in under 15 minutes and 80% in 30 minutes; 95.2% of ambulances were handed over in under 60 minutes, down slightly from 96.2% in July.

6.4 Cancer performance

- Our target is 75% of people seen within the 28-day faster diagnosis standard by March 2024. This was 68.8% in July, up from 66.9% in June, and we are on track to meet our target
- At the end of August there were 653 patients waiting over 62 days on GP-referred pathways to rule out or treat cancer. We have a target of under 475 patients waiting over 62 days by March 2024
- The backlog can partly be attributed to the impact of industrial action and higher than expected dermatology referrals which will require extra capacity to remain in place until the tele dermatology referrals increase
- Extra capacity for Breast radiology is required
- The top cancers contributing to the backlog are colorectal, urology, skin, and gynaecology.

6.5 Elective care and referral to treatment

- In August there were 192 patients waiting more than 78 weeks for treatment, in part due to the impact of industrial action
- We are performing better than our trajectory for patients waiting over 65 weeks, and we remain assured that we can virtually eliminate this cohort of patients by the end of the year
- Some specialties are at greater risk of not clearing their waiting lists, including plastic surgery, allergy, and ear, nose, and throat (ENT).

6.6 Diagnostics

- Our diagnostics target is to ensure patients receive tests within six weeks. In August we achieved this for 74.5% of patients, down from 76.8% in July
- This fall was because of annual leave and industrial action in August, and we expect the annual leave impact to reduce in September
- Some tests are below their planned levels, including gastroscopy and echocardiography, and we have plans to recover these, such as by putting on additional echocardiography sessions.

7. CQC improvements

7.1 Since our inspections in January and February, the Trust has made a raft of improvements. Working with teams through dedicated deep dives into elements of care that needed to change. There are tangible improvements to processes and care in the basics and governance procedures. Some of the examples of these include:

- Providing wipeable bed boards at each patient's bed, which states their preferences, nutritional status and any safety needs
- Ensuring people's nutritional needs are assessed on admission to hospital, for children and adults
- Protecting mealtimes and providing feeding buddies, who support people to eat
- Training on wards for Mental Capacity and Deprivation of Liberties assessments
- Improving processes around managing complaints, with a focus on early resolution.

7.2 In July 2023, the Trust was reinspected on medical services and has received initial positive feedback via a draft report for the improvements made. The final report is expected to be published this Autumn.

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|--|-------------------------|
| Report title: Chairman's Report | |
| Report to: Health Overview Policy and Scrutiny Committee | |
| Report author: Richard Buttress, Democratic Services Manager | |
| Date: 5 October 2023 | For: Information |
| Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk | |
| County Divisions affected: Not applicable | |

1. Introduction

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

2. Action required

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

3. Background

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

4. Update and Next Steps

- 4.1 Please find update below covering the period since the last HOSC meeting on 5 September 2023.

HOSC visit to East of England Ambulance operations centre

The illness outbreak at EEAST has now cleared and arrangements for committee members to visit the operations centre will restart.

5. List of Appendices – none

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|--|------------------------|
| Report title: Member Updates | |
| Report to: Health Overview Policy and Scrutiny Committee | |
| Report author: Richard Buttress, Democratic Services Manager | |
| Date: 5 October 2023 | For: Discussion |
| Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk | |
| County Divisions affected: Not applicable | |

1. Introduction

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

2. Action required

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

3. Background

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

4. Update and Next Steps

Oral updates to be given.

5. List of Appendices – none

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|--|-------------------------|
| Report title: Work Programme | |
| Report to: Health Overview Policy and Scrutiny Committee | |
| Report author: Richard Buttress, Democratic Services Manager | |
| Date: 5 October 2023 | For: Information |
| Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk | |
| County Divisions affected: Not applicable | |

1. Introduction

- 1.1 The current work programme for the Committee is attached.

2. Action required

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

3. Background**3.1 Briefings and training**

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

3.2 Formal committee activity

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

4. Update and Next Steps

See Appendix.

5. List of Appendices - Work Programme overleaf

Health Overview Policy and Scrutiny Committee Work Programme – October 2023

| Date | Topic Title | Lead Contact/Cabinet Member | Purpose and Target Outcomes | Cross Committee Work Identified (where applicable) |
|----------------------|---|--|--|--|
| October 2023 | | | | |
| October 2023 | Public Health and Communities | <ul style="list-style-type: none"> Lucy Wightman, Director of Wellbeing, Public Health and Communities, ECC | To receive an update on public health and wellbeing matters across Essex | |
| October 2023 | Obesity Programme – Public Health and Communities | <ul style="list-style-type: none"> Lucy Wightman, Director of Wellbeing, Public Health and Communities, ECC | Engage with the committee on the long-term work programme around obesity in Essex | |
| October 2023 | East Suffolk and North East Essex NHS Foundation Trust (ESNEFT) | <ul style="list-style-type: none"> | To receive an update on the North East Essex Community Services transfer from ESNEFT to HCRG | |
| October 2023 | Mid and South Essex NHS Foundation Trust monthly update | <ul style="list-style-type: none"> Jonathan Dunk, Chief Commercial Officer | To provide a regular monthly update on matters arising in MSE | |
| November 2023 | | | | |
| November 2023 | Mid and South Essex NHS Foundation Trust | <ul style="list-style-type: none"> Matthew Hopkins, Chief Executive | Update from the new Chief Executive, appointed in July 2023 on the trusts CQC action plan | |
| December 2023 | | | | |
| December 2023 | Dementia Services | <ul style="list-style-type: none"> Alfred Bandakpara-Taylor, MSE ICB | To provide a further update on Autism Services, both | |

| | | | | |
|---------------------|-----------------|--|--|--|
| | | <ul style="list-style-type: none"> ▪ Robert Chandler, SNEE ICB ▪ Jo Reay, HWE ICB Melanie Williamson, ECC | from an ECC and NHS perspective | |
| January 2024 | | | | |
| January 2024 | Autism Services | | To provide a further update on Autism Services, both from an ECC and NHS perspective | |

| Items to be programmed | | | | |
|-------------------------------|------------------------|------------------------------------|---|---|
| Date | Topic Title | Lead Contact/Cabinet Member | Purpose and Target Outcomes | Cross Committee Work Identified (where applicable) |
| TBC | NHS Section 106 monies | | <p>To receive a briefing on:</p> <ul style="list-style-type: none"> • How are S106 monies assigned to the health service and who agrees the figure(s) • What the process is for the health service to claim such monies in order to fund new/improve existing services • How aware are the health service that S106 is available to them | |

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| | | | <ul style="list-style-type: none"> Who monitors what has been allocated | |
| TBC | Princess Alexandra Hospital Redevelopment | <ul style="list-style-type: none"> Lance McCarthy, Chief Executive, PAH | <p>To receive written update on the new hospital development, including:</p> <ul style="list-style-type: none"> Sharing detailed plans of new hospital site Confirmation of date for planning application submission | |
| TBC | Linden Centre Inquiry – Essex Partnership University Foundation Trust | <ul style="list-style-type: none"> Paul Scott, Chief Executive, EPUT Cllr John Spence, Cabinet Member for Adult Social Care and Health Nick Presmeg, Executive Director for Adult Social Care | To review appropriate scrutiny once the inquiry has concluded in 2023 | |
| TBC | NHS 111 | TBC | To receive an update to include the impact of residents that are being referred to this service by GP practices | |
| TBC | Digitalisation of access to health | TBC | <p>What are possibilities</p> <p>How will it move health service forward</p> <p>Capturing patients who aren't digital yet</p> <p>Pros and cons</p> | |

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| | | | Patient feedback – Healthwatch | |
| TBC | Community Beds Programme – Mid and South Essex | <ul style="list-style-type: none"> Claire Hankey, Director of Communications and Engagement, Mid and South Essex Integrated Care System | To receive further update on how the programme is progressing | |
| TBC | Hospital Waiting Times | <ul style="list-style-type: none"> Anthony McKeever, Chief Executive, Mid and South Essex ICB Jane Halpin, Chief Executive, Hertfordshire and West Essex ICB Ed Garratt, Chief Executive, Suffolk and North East Essex ICB | Ambulance Waiting Times A&E Elective surgeries (pre and post Covid) Referral delays Cancer services | |
| TBC | POD: Pharmacy Optometry Dentistry (NHS England) | TBC | Number of private/NHS dentists Availability issues/solutions Delivering services in different ways How are allocations of services determined | Talk to anthony mceever – professor in optometry shahina pardhan director of vision and eye institute – works at Cambridge ARU |
| | ICS Alliances – Mid and South, West, North East | | | |