

Minutes of the meeting of the Health Overview Policy and Scrutiny Committee held in Committee Room 1, County Hall, Chelmsford, CM1 1QH at 10.30am on Wednesday 6th February 2019

Present:

County Councillors

J Reeves (Chairman)	J Lumley
J Chandler	M McEwen
B Egan	B Massey
D Harris	R Moore
P Channer (substitute)	S Robinson
	C Sargeant

Co-opted District/Borough Councillors

P Tattersley (Braintree),
N Pudney (Maldon)

Graham Hughes, Senior Democratic Services Officer, and Andrew Seaman, Democratic Services Officer, were also present in support throughout the meeting.

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

Apologies had been received from County Councillors R Gadsby and A Brown and District Councillors T Edwards (Harlow) and V Ranger (Uttlesford).

The following Councillors declared an interest:

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

2. Minutes

The Minutes of the meeting of the Health Overview Policy and Scrutiny Committee (HOPSC) held on 16th January 2018 were approved as a correct record and signed by the Chairman.

3. Questions from the Public

There was one question from Jan Plummer of Colchester's People's Assembly, who she advised was an anti-austerity group. (Please see question reproduced in full in Appendix)

4. North East Essex CCG - Update

The Committee considered report HOPSC/05/19 providing an update on the following:

- Development of urgent treatment service – progress update (HOSC/05/19(i))
- Community Beds – status report (HOSC/05/19(ii))
- Use of Care Navigation Systems (HOSC/05/19(iii))

Present at the meeting were:

- Ed Garrett, Interim Accountable Officer, North East Essex CCG
- Morag Kirkpatrick, Interim Head of Urgent Care, North East Essex CCG.
- Chris Howlett, Programme Director, North East Essex CCG
- Jayne Hiley - Director of Operations and Quality, Anglian Community Enterprise.
- Dr Vaiyapuri Raja, Anglian Community Enterprise and practicing GP.

At the invitation of the Chairman, Councillor Harris led the member discussion on items 4(i) and 4(ii) below and Councillor Sargeant for item 4(c) below.

(i) Development of urgent treatment service – Progress update

During the discussion the following was acknowledged, highlighted and/or noted:

- (i) The Urgent Treatment Service (UTS) should be considered as one service rather than three services at different sites. As a joined-up service, there would be 'virtual access' to other sites and GPs if needed.
- (ii) There would be further work to promote more self-care and resilience in the community.
- (iii) A communication strategy would be prepared within the next six weeks.
- (iv) IT records will be accessible cross-border. A summary care record that can be accessed more widely than just NECCG.
- (v) The NHS 111 service would continue to be promoted as the urgent care first point of contact.
- (vi) Whilst the UTC would focus on minor injuries, commissioners were also looking to extend the range of treatments that could be done at the UTC in future.

- (vii) Commissioners were aiming to maximise attendance at consultation events and engage with local members as part of that. It was anticipated that some scenario planning would also be undertaken.
- (viii) Assessment of staff skill sets was underway and some further training needs identified.

Conclusion:

That the Communication Strategy should be shared with the HOSC. The CCG were encouraged to involve and consult local members during the formal communication and engagement process.

(ii) Community Beds – Status Report

During the discussion the following was acknowledged, highlighted and/or noted:

- (i) The rationale for the relocation of beds is that they cannot convert existing wards to meet current standards. The community beds being relocated are currently at Clacton and will be relocated to Harwich.
- (ii) 400 responses had been received to the public consultation. Publication of a detailed analysis of the feedback was expected later in the month.
- (iii) Proposals to re-site community beds to Harwich would utilise currently unused capacity
- (iv) It was highlighted that the community's understanding about the reasoning for change was low. Therefore, it should be clearer in the engagement report.
- (v) significant numbers of agency staff were being used at present. The CCG were reviewing shift patterns as part of looking to reduce such reliance on agency staff in future.
- (vi) The planned implementation period for changes had been extended to minimise service disruption.

Conclusion:

It was requested that HOPSC received the engagement report prior to its publication. The CCG were encouraged to work with community and public transport providers to assist family and carers visiting patients. Overall the report has highlighted that issues still stand in terms of recruitment of staff and the operational models used.

(iii) Use of Care Navigation Systems

During the discussion the following was acknowledged, highlighted and/or noted:

- (i) There were significant challenges facing Primary Care in the north east of the county with significant increases in demand exacerbated by recruitment issues.
- (ii) The CCG was keen to focus on improving the signposting of services to further manage the demand pressures on GPs in particular.
- (iii) The CCG was in discussions with the Local Medical Committee to look at extending GP appointment times
- (iv) A care navigation system had been introduced for four GP practices in Clacton to try and improve signposting people to the most appropriate service to address their need. Care algorithms were used by call handlers to assist signposting supplemented by on-site access to a GP, advanced clinical practitioner or off-site duty doctor.
- (v) The care navigation system in Clacton was taking approximately 750 calls a day through 30 telephone lines as opposed to the typical 2-3 at individual GP practices elsewhere. A significant number of calls were prescription-related.
- (vi) The CCG and provider were in the early stages of fully evaluating the care navigation system in Clacton although early evidence suggested it had assisted better signposting to services. Overall 90% of calls had been answered within 20 minutes and that situation had further improved in recent weeks. Early indications also suggested some GP time had been freed-up to allow for longer individual consultation times.
- (vii) The CCG would continue to encourage further collaboration between different GP practices.
- (viii) Local members suggested that there could be further improvements made to dispensing prescriptions and repeat prescriptions and further raise awareness about the importance of cancelling no longer needed appointments and how to do it. The provider was considering the introduction of text reminders for appointments.
- (ix) It was mentioned that ACE was given a 10-year contract as this promotes stability for the provider to deliver effective change.

Conclusion:

The Chairman thanked those in attendance. The CCG was requested to provide written answers to the following questions raised by local members in connection with the care navigation system:

- Why was ACE the only bidder for the service?
- Had the CCG considered briefing the HOPSC any earlier regarding some of the issues with the introduction of the care navigation system?
- What would the CCG do differently if introducing similar care navigation systems elsewhere in future?
- What targets are being set for ACE?

5. Member updates

Councillor Egan advised that Castle point & Rochford CCG are about to appoint a new Accountable Officer. Also, they will continue to work on their primary care strategy.

6. Work Programme

(HOSC/07/19) was considered and noted.

7. Date of the Next Meeting

The committee noted that the next Committee activity day was scheduled for 9.30am on Wednesday 6 March 2019.

8. Urgent Business

There being no further business the meeting closed at 12:05pm.

Chairman

APPENDIX:**Public Question**

Name: Jan Plummer, Colchester People's Assembly.

RE: NE Essex & Suffolk STP

I understand that facilities are going to be moved around, between the two hospitals as well as within the STP area. I rely on public transport to get to appointments and treatments. I have a bus pass which I can use after 9am, others who rely on public transport may be on a low income or benefits. Without a bus pass, public transport, especially buses can prove expensive for patients and families.

1a) How is ECC going to ensure that all those on low income or benefits can afford the travel costs?

1b) What will be put in place to ensure travel time is considered – especially when some appointments can be as early as 08:30 or 09:00?

Thank you.