

Health Overview and Scrutiny Committee

10:30	Wednesday, 27 July 2016	Committee Room 1, County Hall, Chelmsford, Essex
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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

Co-opted Non-voting members:	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
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)

		Pages
1	Apologies and Substitution Notices The Scrutiny Officer to report receipt (if any).	
2	Declarations of Interest To note any declarations of interest to be made by Members in accordance with the Members' Code of Conduct.	
3	Minutes To approve the draft minutes of the meeting held on Wednesday 29 June 2016 (attached).	5 - 12
4	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. On arrival, and before the start of the meeting, please register with the Committee Officer.	
5	North Essex Partnership University NHS Foundation Trust - Proposals in relation to the Peter Bruff ward at Clacton Hospital To consider the report (HOSC/45/16).	13 - 38
6	Proposed Service Changes To consider the report (HOSC/46/16).	39 - 62
7	Colchester Hospital University NHS Foundation Trust and the local Sustainability and Transformation plan To consider the report (HOSC/47/16).	63 - 70
8	Complex urological cancer surgery in Essex To consider the report (HOSC/48/16).	71 - 72
9	General Update To consider the report (HOSC/49/16).	73 - 80
10	Work Programme To consider the report (HOSC/50/16).	81 - 84

- 11 Date of Next Meeting**
To note that the next meeting will be held at 10.30 am on Thursday 15 September 2016, 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)

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.

- 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.

**MINUTES OF A MEETING OF THE HEALTH/NHS OVERVIEW AND
SCRUTINY COMMITTEE (HOSC) HELD ON 29 JUNE 2016 AT 10:30 AT
COUNTY HALL, CHELMSFORD**

County Councillors present:

J Reeves (Chairman)	R Gadsby
D Blackwell	K Gibbs
K Bobbin	D Harris (Vice-Chairman)
P Channer	A Naylor
M Fisher	A Wood (Vice-Chairman)

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

Also in attendance:

County Councillor S Barker, Deputy Cabinet Member for Healthy Living & Wellbeing (for agenda item 6, HOSC's Obesity Task and Finish Group report)

The following Officers were present in support throughout the meeting:

Graham Hughes	- Scrutiny Officer
Fiona Lancaster	- Committee Officer

1. Apologies and Substitution Notices

Apologies for absence had been received from County Councillors S Canning and R Howard, and Harlow District Councillor W Forman and Uttlesford District Councillor S Harris.

2. 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.

3. Minutes

The minutes of the meeting of the Health Overview and Scrutiny Committee held on 1 June 2016 were approved as a correct record and signed by the Chairman.

4. Questions from the Public

There were no questions from the public.

5. Mid and South Essex Success Regime

5(a) Overall Project Update

The Committee considered a report (HOSC/36/16) from Andrew Vowles, Programme Director, Mid and South Essex Success Regime, setting out an overall project update and the timetable of future work.

Andrew Vowles was accompanied by Dr Ronan Fenton, Medical Director of Mid Essex Hospital Trust, and Wendy Smith, Interim Communications Lead, Mid and South Essex Success Regime.

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

- (i) Detail on the main focus of the work streams and the timing of communication and engagement plans;
- (ii) The use of technology and what lessons had been learned from previous unsuccessful attempts to roll out a nation-wide system. Members noted the example given of how technology had moved on and how personal data had been available on a memory stick after the 2011 earthquake in New Zealand;
- (iii) How residents need to understand what is the most appropriate healthcare channel for their needs;
- (iv) The need for an Essex Health Champion to act as a single point of lead;
- (v) How care closer to home may be delivered, not necessarily by statutory bodies;
- (vi) The increased level of clinical staff involved with the 'In Hospital' work and the engagement with patients with an "In your shoes" event;
- (vii) Basildon and Thurrock, Mid Essex, and Southend Hospitals had agreed to work together and share a common Committee;
- (viii) The use of national guidance/rationale to provide better services;
- (ix) How emergency flow currently affects elective care and is unpredictable, and the case for clearly separating planned elective work from emergency care in future;
- (x) The benefits of having consolidated specialist services ie burns care unit at Mid Essex Hospital, to optimise resources. The need for positive messages to be given on why changes are happening and the advantages;
- (xi) The 'Out of Hospital' working group was focused on the role of volunteers and working with other care partners, including care homes and the CCGs;
- (xii) The possibility of training volunteers to provide more support to medical staff;
- (xiii) The reality that there will not be any new buildings/hospitals and that they will have to work with what they have;
- (xiv) Members noted the range of methods of engagement to be used;
- (xv) The importance of continuing to encourage prevention and extending the principles in 'Live Well' from Mid Essex to other areas.

5(b) Formal response to recommendations arising from the joint HOSC/ Healthwatch Essex Citizen Engagement Conference

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

- (xvi) The importance of good external communication to ensure that Essex residents understand what is happening now and can be engaged throughout the Success Regime process;
- (xvii) The aim to have a public consultation on proposals in October/November 2016, following agreement of a business case with NHS England. The need to ensure there is appropriate engagement across the districts and with the hard to reach groups. Members noted the intention to carry out pre-engagement work over the summer months;
- (xviii) The setting up of a Service User Advisory Group, with its first meeting on 8 July;
- (xix) There will be separate public engagement from user engagement;
- (xx) The use of an Equality Delivery System which helps understand and identify hard to reach groups.

The Committee **agreed**:

- (i) To recommend to the Success Regime Programme Director that a short summary leaflet to 'tell the story' be circulated to all Essex residents so that everyone is informed about the Success Regime;
- (ii) That HOSC be provided with more detailed evidence from the Success Regime team on their implementation plans in response to HOSC recommendations;
- (iii) That HOSC would establish Task and Finish Group(s) to examine the detail of specific Success Regime work streams, and explore the possibility of further joint working with Thurrock and Southend Councils;
- (iv) That the setting up of a Service User Advisory Group be encouraged.

The report was otherwise **noted**.

The Chairman thanked the contributors for their attendance and helpful update report and they left the meeting at this point.

With the agreement of the Committee, the Chairman adjusted the order of business to await the arrival of Councillor S Barker for agenda item 6.

6. North Essex Partnership University NHS Foundation Trust (NEPFT) – Clacton Hospital

Councillor A Wood declared a personal interest in this item (minute 2 above refers).

The Committee considered a response (HOSC/38/16) from Christopher Butler, Interim Chief Executive of the North Essex Partnership Trust, on issues raised in relation to the Peter Bruff ward at Clacton Hospital during the public question time at the last HOSC meeting.

Members expressed concern that the five points raised in the HOSC Chairman's letter to NEPFT had not been fully addressed. The Committee **agreed** to the recommendation put forward by the Chairman that NEPFT should be requested to commission an Independent Review on these matters. In addition, the Scrutiny Officer was asked to invite Christopher Butler, Interim Chief Executive, Sam Hepplewhite, Chief Officer, North East Essex Clinical Commissioning Group, and Barbara Herts, Director for Commissioning Mental Health, to report on the issues raised.

The report was otherwise **noted**.

7. Report by HOSC Members on visit to St Helena Hospice

The Committee noted a report (HOSC/39/16) by Councillors M Fisher, D Harris and A Wood on their visit to St Helena Hospice, Colchester, on Thursday 2 June 2016.

Councillor M Fisher commented on the benefits to be gained for patients and families with a 'single point' of contact system.

Members welcomed the report and acknowledged the importance of undertaking such visits to gain an insight into the breadth of activities taking place within the voluntary sector.

The report was otherwise **noted**.

8. Joint Working with Safeguarding Boards

The Committee considered a report (HOSC/40/16) from the Scrutiny Officer regarding the opportunities for co-operation, joint working, and the sharing of information between the HOSC and the Safeguarding Boards, together with the copy of a draft Memorandum of Understanding (MoU).

Members commented that they would like the relevant officers identified as a point of contact in the MoU, and details on the recent appointment of a new Independent Chairman of the two Safeguarding Boards.

The Members **agreed** that the HOSC Chairman be authorised to agree and sign the final version of the MoU for and on behalf of the Committee in due course.

The report was otherwise **noted**.

9. HOSC's Obesity Task and Finish Group report

The Committee received a report (HOSC/37/16) from the Cabinet Members for Health, Education and Lifelong Learning, and for Corporate, Communities and Customers, in response to the HOSC's Task and Finish Group report recommendations on Obesity issues in Essex.

Councillor Susan Barker, Deputy Cabinet Member for Healthy Living & Wellbeing, was in attendance for this item, and supported by Adrian Coggins, Head of Public Health and Wellbeing Commissioning, and Jill Taylor, Senior School Meals Support Manager, Essex County Council.

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

- (i) Why evidence on good practice outside of Essex had not been included in the report, and being mindful of having accurate baseline data from the local districts;
- (ii) That some of the more affluent areas of the County were not taking full advantage of free school meals. Head Teachers needed to be encouraged to increase their uptake to benefit from pupil premium funding;
- (iii) Members acknowledged the "neutral" response to recommendation 19 as it would be partly impacted by the national childhood obesity strategy which was still awaited;
- (iv) That the Birmingham "Be Well" campaign had been brought back to Essex and had helped to shape the "Living Well" programme;
- (v) The new pilots underway in Braintree for children to live well and for school readiness, and examples of other activities underway in the Uttlesford district;
- (vi) That local district councils should also be talking about healthcare, and locality boards would be a useful place to keep health issues on the agenda;
- (vii) There were six jointly funded public health practitioners looking at local priorities, aligned to Essex County Council, and helping to drive improvements forward;
- (viii) The links with Mental Health and how this may be incorporated into the Braintree Live Well Child pilot;
- (ix) Presentations at school parent evenings include a reminder to parents to apply for free school meals to ensure that schools receive pupil premium if appropriate;
- (x) An example was noted on how primary school gardens were leading to healthier eating and cooking habits, and provided a calm environment outside of the formal classroom environment;
- (xi) The positive influence of the HOSC's Task and Finish Group report and confirmation from the Cabinet Members that the recommendations were agreed with and being put into place.

The Committee was pleased to note the response from the Cabinet Members as a result of its report.

The Committee **agreed** that:

- (i) The Task and Finish Group report would also be distributed to the Active Essex team;
- (ii) A review of the implementation of recommendations would be planned for March/April 2017;
- (iii) HOSC would receive an outcome report on the “Live Well Child” pilot in Braintree when available.

The report was otherwise **noted**.

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

10. General Update

The Committee noted a report (HOSC/41/16) from the Scrutiny Officer outlining updates on local Clinical Commissioning Groups, Primary care change of provider matters, details on Care Quality Commission inspections for July to September inclusive, and forthcoming meeting dates for 2016 public meetings. He also reminded Members of the recent notification sent by email of the immediate temporary closure of Grafton Surgery on Canvey Island.

Councillor Wood commented that he had not yet received any further news on whether another Clacton GP Surgery was intending to close in September 2016.

The report was otherwise **noted**.

11. Quality Accounts

The Committee considered a report (HOSC/42/16) from the Scrutiny Officer providing a further update on Health Overview and Scrutiny Committee comments on draft Quality Accounts submitted to it by Essex health bodies.

The Committee **noted** the update, which included a copy of the response given to Princess Alexandra Hospital (Harlow).

12. Work programme

The Committee considered a report (HOSC/43/16) from the Scrutiny Officer setting out the Committee’s current work programme and the focus on Community Healthcare and Transformation of Services for the remaining space in the 2016/17 work programme.

The Committee also indicated that it would be helpful to receive an update on the integration arrangements between the Colchester and Ipswich Hospitals.

The Chairman thanked Councillor R Gadsby for volunteering to join the Task and Finish Group looking at Mental Health Services for children and young people.

The report was otherwise **noted**.

13. Date and Time of Next Meeting

The Committee **noted** that the next meeting was scheduled to take place at **10.30 am** on **Wednesday 27 July 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 1.02 pm.

Chairman
27 July 2016

HOSC/45/16

Committee Health Overview and Scrutiny

Date 27 July 2016

NORTH ESSEX PARTNERSHIP TRUST – PETER BRUFF WARD

Report by Graham Hughes, Scrutiny Officer

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

Recommendation:

- (i) To seek further information and assurance from NEPFT attendees on the communications, engagement and governance processes around proposals for the Peter Bruff ward;
 - (ii) To consider any further information, representation or action required:
-

Background

At the meeting of the Health Overview and Scrutiny Committee held on 1st 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.

Consequently, the HOSC Chairman sent a letter to NEPFT requesting further information and clarification on the proposal (**Appendix 1**) and a response from NEPFT to that letter was received (**Appendix 2**) and considered by the HOSC at its last meeting on 29 June 2016.

The Committee felt that not all the points in the HOSC Chairman's letter had been addressed and that further information and assurances were needed. Therefore, NEPFT have been requested to attend the meeting to enable further discussion.

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In the meantime, the Committee considered that sufficient issues had already been raised around communication and engagement for it to be able to recommend the following to the Trust:

Recommendation: that the North Essex Partnership Trust should instigate an independent review of the communications and engagement undertaken for the proposed changes to the services provided at the Peter Bruff ward. The Committee suggests that you may wish to consult Healthwatch Essex for guidance and assistance on this.

The Trust have been asked to respond to this recommendation within 28 days.

(Appendix 3)

A copy of the current Action Plan to address Care Quality Commission concerns raised in an Inspection Report at the end of last year is also attached **(Appendix 4)** – page 7 of the Action Plan deals specifically with single sex wards which is particularly relevant to the deliberations on the changes to the Peter Bruff ward.

Members' Suite

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Email: 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 1st 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 29th June meeting, can I ask that you respond by Thursday 16th 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

16th 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

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.

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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...

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, 14th 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

Members' Suite

PO Box 11,
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6 July 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
HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

Thank you for your response of 16 June 2016 to my letter of 3rd June. This was considered at our meeting on 29th June.

The Committee felt that not all the points in my letter had been addressed and that further information and assurances were needed. Therefore, the Committee requests that you attend its next meeting on the morning of 27th July to enable further discussion. Sam Hepplewhite has also been invited. The meeting will start at 10.30am. I understand that an email from the HOSC's Scrutiny Officer, Graham Hughes, was sent to you last week on this and your office has already confirmed receipt and entered this commitment into your diary. Further detail on the HOSC's line of questioning on the 27th will be provided to you nearer the time.

In the meantime, the Committee considered that sufficient issues had already been raised around communication and engagement for it to be able to recommend the following to the Trust:

Recommendation: that the North Essex Partnership Trust should instigate an independent review of the communications and engagement undertaken for the proposed changes to the services provided at the Peter Bruff ward. The Committee suggests that you may wish to consult Healthwatch Essex for guidance and assistance on this.

Cont... 1/2

Cont...2/2

As you may be aware, a formal recommendation from the HOSC places certain duties on NHS bodies to respond in writing to them where the HOSC requires this. Accordingly, can I ask for your response to the above recommendation within 28 days although I appreciate that you may be in the position to do this orally earlier than that when you are in attendance at the 27th July HOSC meeting.

I look forward to seeing you again on the 27th for further discussion of the issues and concerns raised.

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

NORTH ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST
CHIEF INSPECTOR OF HOSPITALS CQC INSPECTION – HIGH LEVEL ACTION PLAN MARCH 2016
Accompanied by Remedial Works Plan and Progress Spreadsheet

Legend: Green actions complete Grey actions not due Amber actions due Red actions past timescale / risk identified

Part 1 Trust *Must Do* actions from Provider Report

Action	Action Detail	Lead Director	Delegated Responsibility (next level)	To be implemented by	Timescale (Month/ Year)	Progress	Key metric/ benefit	Sustainability and Validation (systems/process)	RAG (not validated to date)
To support the must do's and should do's									
Develop process of peer reviews	<ul style="list-style-type: none">Form a peer review working groupAgree a set of standards against each CQC regulationCreate peer review audit toolsAgree pilot of peer review tools in inpatient areasAgree pilot of peer review tools in community teamsFormally report outcome of peer reviewsAgree annual programme of peer reviewsReport outcome of pilots to QARC and ongoing programme of reviews	Natalie Hammond	Lorianne Martin, Governance Lead West	Corporate governance team Ward Managers	<ul style="list-style-type: none">May 16June 16July 16May 16June 16July 16Aug 16Aug 16				
1.0 The Trust must have effective systems in place for the safe prescribing and administration of medicine									
Review prescribing and administration of medication systems	Supporting Safe Prescribing and Administration of Medicines	Dr Malte Flechtner Medical Director	Raj Parekh, Associate Director of Pharmacy	Raj Parekh, Associate Director of Pharmacy	January 2016	Supporting Safe Prescribing and Administration of Medicines: Medicines management training for nurses, training for doctors focussing on prescribing errors, Mental Health training for Pharmacy staff, involvement in POMH UK audits, clinical audits covering medicines including controlled drugs and antimicrobial drugs, analysing, reporting and learning from drug errors via medicines management groups, prescribing quality group, RGE, publishing result on website, newsletters; regular visits to all inpatient units by pharmacists to monitor, give advice and check on prescribing,	Medication incident reporting improved by 5% from baseline of 222 incidents (improvement in no/low harm reporting). Number of pharmacy interventions All inpatient nurses to attend medicines management training. Prescribers attend Safe Prescribing training Participation POMH-UK Audits with increased numbers of	Medication incident rates of reporting monitored monthly via Patient Safety Dashboard (and broken down by level of harm). Pharmacy intervention rates monitored via monthly Pharmacy KPI scorecard. 6 monthly Pharmacy Interventions Audit produced analysing interventions undertaken. Bi-monthly Prescribing Quality Group review prescribing errors medication incidents, outcome of	

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						ordering, administering of medicines. Pharmacy interventions are regularly monitored.	patients audited. All regular doses prescribed should be given or have a documented reason for why they were not given.	POMH-UK audits. Peer reviews developed and embedded for further assurance and learning Annual Missed Doses Medication Audit and weekly medicine card audits by nursing staff.	
	Staff to be reminded/trained in proper completion of prescribing charts to ensure information is complete and medicines used as prescriber intended		Angie Butcher, Area Chief Nurse	Angie Butcher, Area Chief Nurse	2015	Medicine Competency Framework (MCF) in place for all preceptors and new nurses starting in the Trust. Requires an 80% pass and calculations requiring 100%. Nurses involved in drug errors will be required to do all or part of the MCF and be supervised in practice. As at April, 19 preceptors/new starters and 14 qualified staff (due to medication errors) are completing the MCF. Monthly training day for nurses with 18 places available. Joint training with pharmacy. To NMC standards. Bespoke support to ward managers with the MCF, investigating and learning from Datix errors. Bespoke training delivered to teams in the Trust. Training for March included - safe drug administration PMAC (on 1 ward), controlled drugs (1 ward), emergency dispensing (1 ward). April training included – safe drug administration (1 ward), Clozapine (1 ward)	Medication incident reporting improved by 5% from baseline of 222 incidents (improvement in no/low harm reporting). All inpatient nurses to attend medicines management training. 100% MCF compliance by preceptors 100% MCF compliance by new starters AB to advise on any additional metrics	Bi-monthly Prescribing Quality Group review prescribing errors medication incidents. Training and development group Practice Based Educational Facilitator Monitoring Monitoring of MCF compliance figures via monthly Medication Incidents Narrative Report (discussed at RGE). AB to advise on any additional methods of sustainability	
	Improve pharmacy recruitment and retention		Raj Parekh, Associate Director of Pharmacy	Raj Parekh, Associate Director of Pharmacy	August 2015	Completed	Full establishment of pharmacy department	Locum use in pharmacy to remain <5% as monitored via Pharmacy KPI scorecard. Monitor turnover	
	Improve prescribing of PRN medication in relation to reviews		Raj Parekh, Associate Director of Pharmacy	All Prescribers of PRN medication	2016	RP to advise	10% reduction in PRN medication prescribing – how are we monitoring – through the KPI scorecard? RP to monitor/track	Prescribing and Administration of PRN medication re-audit in 2017 Pharmacy audits (not POMH) on PRN prescribing RP to advise on any additional methods of sustainability	
2.0 The Trust must ensure that medical equipment is working effectively and stored									
Review the required medical equipment, both	Emergency responsiveness and supporting systems are	Natalie Hammond Director of	Angie Butcher, Area Chief Nurse	Judith Skargon, Nurse	2015	All wards visited by Nurse Consultant with all systems and equipment reviewed	100% wards visited with their emergency responsiveness and supporting systems and	Monthly review by local matron with evidence documented in the Matron Quality Assurance Checks.	

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standard and emergency, and accessibility of this	being reviewed by the Nurse Consultant Physical Health	Nursing and Quality		Consultant			processes reviewed. AB to advise on any additional metrics	Issues escalated to local management and Medical Devices Group as needed. AB to advise on any additional methods of sustainability	
	All emergency bags are being assessed and a seal-tag approach introduced		Angie Butcher, Area Chief Nurse	Ward Managers	2015	Completed on all 20 wards	100% sealed emergency bags in situ on all in-patient wards	Regular (weekly) auditing of medical equipment as monitored locally. Peer reviews developed and embedded for further assurance and learning	
	Ligature cutters will be assessed for their availability and storage requirement in the wards		Area Directors, then Ian Carr, Deputy Director In-patient Service	Ward Managers	2015	Completed on all 20 wards Uniform attached ligature cutters being piloted on 1 ward	100% ligature cutters in situ on all in-patient wards	Regular (weekly) auditing of medical equipment as monitored locally. Peer reviews developed and embedded for further assurance and learning	
	A ratified policy on the safe use of ligature cutters		Michelle Appleby, Associate Director	Ward Managers	August 2015	Policy completed and reviewed in the Risk and Governance Executive in February 2016. Circulated to all staff Trust-wide. Review planned for August 2016.	Policy disseminated to all clinical staff to raise their awareness on the safe use of ligature cutters. 85% training compliance with ligature e-learning achieved by March 2017 (for inpatient staff).	Policy reviewed in line with Policy Advisory Group requirements. Monitoring ligature e-learning to reinforce policy with report to August RGE for discussion.	
	Wards to receive simulation training 'in the event of emergency' to test level of awareness and competence		Tanise Brown, Associate Director of Workforce and Education	TASI trainers (delivery) Ward Managers (attendance) SLAM* (delivery) *external delivery of training organised by NEP	February 2016 (ILST) March 2016 First tranche for EST 13 th May 2016	Current Basic Life Support training to be enhanced with the roll out of Intermediate Life Support training for inpatient band 6 and above staff beginning February 16. Emergency simulation training to begin in May 2016 with the following dates scheduled: 13 th May, 7 th June, 8 th June. Training will focus upon the following scenarios – hanging, physical deterioration and search (whilst maintaining an individual's privacy and dignity).	60% staff to have received ILS training by end of 2016 (produce training trajectory) 1 emergency simulation training session per month with review report and learning disseminated to staff and operational management. .	Training and development group review usefulness of simulation training (through participant feedback) and on-going need. TASI trainers to support the intermediate LS training at ward level	
	Report to the Board on how NEP will ensure that all emergency equipment is fit for purpose and stored appropriately so that in the event that it is required there is no unnecessary delay in it being made available		Michelle Appleby, Associate Director of Corporate Governance and Risk	Ward Managers (day to day management of emergency equipment)	November 2015	Progress presented to November Board Completed	All emergency equipment is fit for purpose with the Board receiving regular assurance.	Monitoring by Physical Healthcare/Medical Devices Group Daily monitoring of the resuscitation bag via checklist. Monthly matron quality assurance checks to highlight any variation or non-compliance with daily checks.	

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3.0 The Trust must ensure that action is taken to remove identified ligature risks and to mitigate where there are poor lines of sight									
Undertake a review of the current ligature policy examining the management of ligature anchor points and clinical responses expected	All in-patient areas to be re-assessed for ligature anchor points.	Natalie Hammond Director of Nursing and Quality	Michelle Appleby, Associate Director of Corporate Governance and Risk	Risk team (annual audits)	November 2015	All 20 wards re-assessed for ligature anchor points. Each area has an action plan relevant to any ligature anchor points. Actions form part of the Estates Remedial action plan. Photo albums on the management of ligatures available on all wards.	Reduction in ligature anchor point incidents in adult in-patient settings with a reduction in the level of patient harm (metric - % reduction required) (elimination of ligature anchor point incidents with serious, major or severe harm caused to patients) Reduction in physical harm (metric - % reduction required) Patient Safety Assessments completed (incorporating ligature risk assessment) .100% of all inpatient areas to have annual re-audit completed by September 2016. Action plans created for Patient Safety Assessment with 100% implementation.	Annual patient safety assessment programme monitored by Risk and Governance Executive Local monitoring of Patient Safety Assessment Action Plans by governance forums and Clinical Boards Thematic analysis of ligature anchor point incidents created through 'Sign up to Safety' campaign and disseminated to staff for learning.	
	A new ligature risk tool is being utilised across the in-patient pathway to provide a more detailed description of ligature risks present and the level of required management and residual clinical risk		Michelle Appleby, Associate Director Corporate Governance and Risk	Risk team (annual audits)	September 2015	Completed, new ligature risk tool launched on all 20 wards. New programme planned for 2016/17. Audit documentation held on Risk Management shared drive.	100% Patient Safety Assessments completed (incorporating ligature risk assessment) with reports 100% Patient Safety Assessment Action Plans completed and implemented	Annual patient safety assessment programme monitored by Risk and Governance Executive Local monitoring of Patient Safety Assessment Action Plans by governance forums and Clinical Boards	
	A picture guide is being developed for each ward on their ligature risk and used to induct staff to the risk present	Natalie Hammond Director of Nursing and Quality	Michelle Appleby, Associate Director	Ward Managers	December 2015	Completed and displayed on all 20 wards and hand-outs to all relevant staff including bank staff. Photo albums maintained on Risk Management shared drive	Picture guide in place on all wards. 100% relevant staff have hand-outs	Annual patient safety assessment programme monitored by Risk and Governance Executive Peer reviews developed and embedded for further assurance and learning	
	Clinical guidance on what constitutes a ligature anchor point risk and how to manage risk is part of this process		Michelle Appleby, Associate Director	Ward Managers	December 2015	Completed as part of above Subject to ongoing review	Staff have access to clear clinical guidance and are aware of how to manage ligature risk.	Clinical guidance reviewed in line with Policy Advisory Group requirements. Patient Safety Audit Group monitor outcome of annual patient safety assessment programme and estates plan.	
	A strategy on ligature risk		Michelle Appleby	Jonathan	November	Completed ligature point	Strategy in place	Annual review of strategy	

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	and a ligature removal programme will be presented to the Board		and Jonathan Stewart, Associate Directors	Stewart, Associate Director of Estates/ Facilities	2015	management and remedial works programme presented to November Board	Ligature removal programme in place	Monitoring of programme by monthly Strategic Capital Group and Risk and Governance Executive	
	A ratified policy relating to the management of ligature anchor points		Michelle Appleby, Associate Director	Ward Managers	August 2015	Completed and ratified February 2016 and available on intraNEP	Policy in place	Policy reviewed in line with Policy Advisory Group requirements.	
	Clinical review of policy to ensure robustness		Michelle Appleby, Associate Director	Operational Managers	August 2016		More robust policy in place	Regular review of policy by PAG	
	Review top 10 clinical policies and structured summaries to include management of ligature points		Michelle Appleby, Associate Director	Michelle Appleby, Associate Director	August 2016	Clinical manager development day (9 th May) to include group work regarding what policies managers use most frequently in their day-to-day work. Structured summaries to be developed after identification of these policies.	Structured summaries in place and provide an easy reference for staff. Summaries are accessible to all staff.	Structured summaries to be reviewed with full policy in accordance with Policy Advisory Group requirements.	
	Launch new robust management of ligature anchor points policy		Michelle Appleby and Martin Cresswell Associate Directors	Communications and Risk teams and Operational Managers	September 2016		Clinical staff aware of management of ligature anchor points policy	Patient safety audits	
	All relevant staff to be sent all top 10 clinical inpatient and community policy structured summaries		Lisa Mellor Associate Director HR	HR/Payroll	September 2016		Staff awareness of top 10 inpatient/community policies/structured summaries	Structured summaries to be reviewed with full policy in accordance with Policy Advisory Group requirements. Staff knowledge on key policies to be assessed through the developed Peer Reviews.	
	A programme of audit in place and shared with staff to ensure actions taken to mediate risk in terms of practice		Michelle Appleby, Associate Director	Risk Team (Audit) Ward Managers	August 2015	Completed – ongoing programme on all 20 wards throughout the Trust with follow up Re-audits underway for 2016.	Audit tools in place All audits have reports and action plans Action plans implemented within agreed time frames Reduction in ligature anchor point incidents in adult in-patient settings	Monitoring by quality improvement panels Monitoring by R&GE	
Ensure staff are aware of how they clinically manage the risk of ligature points	Leadership weekly safety walk rounds to consider ligature risk management	Natalie Hammond Director of Nursing and Quality	Area Directors	Service, Clinical and Ward Managers	September 2015	Completed – weekly ongoing	100% all tier management walk rounds taking place and recorded	Rolling programme in place	
	Safety alerts to highlight		David Wilmott,	Comms team	July 2015	Completed and ongoing with internal	Increased staff awareness and	Monitoring by Quality Improvement	

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	staff vigilance in clinical practice and how to manage ligature risk		Associate Director of Quality and Martin Creswell AD Comms	Ward Managers		and national safety alerts. Last safety alert circulated 3 rd May highlighting learning from recent inpatient incidents. Safety alerts found on IntraNEP page and disseminated in Core Briefing.	learning through the publication and sharing of all safety alerts. Reduction in ligature anchor point incidents in adult in-patient settings and reduction in harm	Panels and Risk and Governance Executive	
	Themed review in shared organisation learning webpage on clinical management of ligature risk		David Wilmott, Associate Director of Quality and Martin Creswell AD Comms	Comms team Ward Managers	July 2015	Completed and on-going as/when relevant incidents arise.	Shared organisation learning webpage live 100% cascading to all relevant staff	Monitoring by QIP and RGE	
	Examples of changes to practice to manage line of sight observation		Area Directors and Associate Directors for Risk and Estates/ Facilities	Ward Managers and Risk/Estates Teams	February 2016	Convex mirrors installed on all 20 inpatient wards Observation e-learning ready for launch in Feb 16 Heat map and ligature booklet produced for all inpatient wards identifying staff of high risk areas	Staff can maintain clear lines of sight enhancing patient safety and reducing risk on inpatient areas. Reduction in incidents and harm to patients 100% shared learning of positive changes to practice	Monitoring by QIP and RGE Programme of local management walk rounds	
	STORM training – improvement trajectory set for 60% of all registered in-patient clinical staff by 2016		Angie Butcher Area Chief Nurse	Ward Managers	December 2016	22% of clinical registered staff on inpatient units trained. Some units e.g. Finchingfield have exceeded target	60% of all inpatient qualified staff trained by end 2016	Training figures monitoring by QIP and RGE	
	Health and Safety training to include updated ligature management		Michelle Appleby, Associate Director Tanise Brown, Associate Director (training compliance monitoring)	Health and Safety Manager	May 2016	Additional section on ligature management has been added to current Health and Safety for Line Managers training from February 2016 Ligature Management topic to be included in the Health and Safety Awareness week in May 16	Updated health and safety training focusing on ligature awareness. Set improvement targets for H&S training compliance (TB) Improvements in Staff Survey results in comparison with national median for job relevant training, learning and development.	Health and Safety Training participant feedback regularly reviewed by training and development group. Nursing and medics training attendance reviewed as part of their revalidation. Local performance monitoring of Health and Safety training compliance Three non-attendances at Health and Safety training by an individual results in a management meeting.	
	Review of effectiveness of modified ligature risks following action e.g. door top alarms		Associate Directors Risk and Estates/ Facilities	Associate Directors Risk and Estates/ Facilities	November 2015	Evaluation of door top alarm system report submitted to EMT November 2015	Evaluation of effectiveness	Planned preventative maintenance	

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4.0 The Trust must ensure that it complies with the Department of Health guidance in relation to mixed sex accommodation									
Review NEP delivering single sex accommodation processes to confirm changes required as identified in CQC report	Service users are accommodated in same sex wards where the whole ward is occupied by males or females only; or sleeping accommodation is in single rooms within mixed wards with toilet and washing facilities ensuite or very close by and are clearly designated male or female; or sleeping accommodation within mixed wards is in shared rooms used solely by male or female users.	Natalie Hammond Director of Nursing and Quality	Area Directors	Ward Managers	2016 – estimated date	Guidance has been issued with 6 of 7 adult acute wards now single sex Building work is complete in The Christopher Unit (Psychiatric Intensive Care Unit) to allow gender separation. Estate planning in place to move Peter Bruff Ward to more suitable accommodation	100% patient accommodation is appropriately segregated as per DoH guidelines EMSA breaches are agreed at appropriate levels and to agreed set of criteria, followed by root cause analysis All EMSA breaches are reported via Datix.	Daily bed management meetings with correct identification of service for admitted patients. Monthly monitoring of Datix incidents as reported via Quality Dashboard.	
	On mixed wards with single or shared bedrooms giving out onto one corridor, single bedrooms, toilet and bathing facilities are grouped to achieve as much gender separation as possible.		Area Directors	Ward Managers	2015	Completed	Mixed sex wards include clear gender separation All EMSA breaches are reported via Datix	Daily bed management meetings Monthly monitoring of Datix incidents as reported via Quality Dashboard.	
5.0 The Trust must proactively address any practices that could be considered restrictive, for example, the use of the Hub, access to toilets, access to the gardens, and access to snacks and beverages									
Undertake scoping exercise to understand extent of blanket restrictions in NEP	Undertake scoping exercise	Vince McCabe Director of Operations	Area Directors	Ward Managers	2015	Completed on all 20 wards	Scoping exercise complete Eliminate blanket restrictions unless approved at appropriate levels, followed by root cause analysis	Monitor through walk rounds – tiered level of seniority from Matrons, Area Directors to Executive/Non-Executive Directors Patient feedback monitored addressing suspected blanket restrictions. Ongoing review of CQC MHA reports where issues of blanket restrictions may be raised.	
	Ensure toilets are accessible to patients at all times		Area Directors	Ward Managers	2015	Completed	Sufficient toilet facilities available at all times	Monitor through operational management walk rounds, Datix incidents and patient feedback Peer reviews developed and	

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								embedded for further assurance and learning	
	Ensure garden areas are accessible to patients		Area Directors	Ward Managers	2015	Completed and any patient requiring to enter the garden at night is risk assessed and supervised	Patients are able to use the garden areas	Monitor through operational management walk rounds, Datix incidents and patient feedback Peer reviews developed and embedded for further assurance and learning	
	Ensure food and drink is available when patients require it		Area Directors	Ward Managers	2015	Completed	Zero complaints from patients about accessibility to food/drink	Monitor through operational management walk rounds, Datix incidents and patient feedback Peer reviews developed and embedded for further assurance and learning	
6.0 The Trust must ensure that there are sufficiently experienced staff on duty at all times to provide skilled care to meet patients' needs									
Develop a systematic approach to determining the number and range of skills of staff required	Undertake review of skill mix and staffing complement of in-patient areas	Natalie Hammond Director of Nursing and Quality	Area Directors and Chief Nurses	Area Directors and Chief Nurses	January 2016	Completed with report to the Board January 2016 with 3 approaches: (1) Qualitative survey from all Ward Managers (2) Use of evidence based acuity tool (NHS England) (3) Detailed shift by shift analysis for one week for benchmarking data and current guidance Now undergoing financial analysis and to seek funding from Commissioners Acuity tool now underway in acute mental health wards across the Trust.	85% registered and unregistered shifts are filled as reported through Safer Staffing. XXX Reduction in use of bank and agency staff	Staffing locally monitored via Safer Staffing submissions and Quality Dashboard. Monitoring through local and Trust Quality Improvement Panel. Staffing figures reported to every Trust Board. Contract negotiations include funding for staffing establishments.	
	Undertake specific 'Hub' staff analysis inclusive of AHPs		Area Director West	Area Director and Associate Director OT/AHPs	December 2015	Independent review conducted on Hub model and presented to November Board with a way forward to ensure no blanket restrictions on use of Hub	Staff turnover in line with 10% Trust threshold.	Monitoring through local and Trust Quality Improvement Panel.	
	Implement NHS England Patient Acuity Tool for Mental Health		Area Directors	Area Directors	June 2015	Completed across all wards	All wards to have completed acuity tool for 28 days.	Acuity tool repeated every six months with outcome reported to Trust Board (and operational management) in line with 'Hard Truths' requirements.	
	Establish leadership development days and ward manager leadership		Tanise Brown	Tanise Brown	November 2015	Genesis training programme for new managers implemented in November 2015 Page 36 of 84 Page 36 of 84 Quarterly	All ward managers to have participated in Ward Manager Development Programme by	Continuous programme reviewed regularly with the participants.	

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	programme					Ward Manager Development Programme implemented in November 2015 to be run 6 monthly. Ten ward managers have completed the Ward Manager Development Programme to date. Ward Manager Development Programme dates for 2016 established – 6 th May, 2 nd June, 16 th June and 17 th June.	2017.		
	DoNQ to hold quarterly ward manager and clinical service manager events as a network of improvement	Natalie Hammond Director of Nursing and Quality	Natalie Hammond	Giena Sumner	2015	Completed and on-going. Next development event scheduled for 9 th May.	Quarterly development day event held with topics themed to Quality Star and 21 staff in attendance.	Continuous programme of quarterly events with feedback from participants reviewed regularly Discussions at events are circulated for learning.	
7.0 The Trust must carry out assessments of each patient's mental capacity where concerns have been identified and record these in the care records									
Review systems and processes for the assessment of patient's mental capacity where identified	Review Mental Capacity Act and Deprivation of Liberties Policy	Natalie Hammond Director of Nursing and Quality	Penny Rogers Head of Safeguarding	Ward Managers	April 2016	Head of Safeguarding leading revision of SET MCA & DoLS Policy. Policy drafted. To be approved by ESAB/ESCB for adoption in the new financial year. This proposes some radical changes such as replacing MCA1 & MCA2 forms with a single document for recording MCA assessments. Revision of NEP MCA & DoLS Policy will follow on.	Revised SET MCA and DoLS Policy Revised NEP MCA and DoLS Policy	Policy Advisory Group	
	Make assessment of capacity a mandatory field on Remedy	David Griffiths Director of Resources	Rick Parsons	Remedy Team	June 2016	Agreed by EMT at away day in January 2016	All patients have capacity assessment as it will be a mandatory field in Remedy.	Performance reporting of compliance with capacity assessments via Business Informatics. Monitoring performance data via Quality Improvement Panels	
	Revise ward review paperwork to outline and evidence how consent to treatment and capacity is considered and recorded	Dr Malte Flechtner Medical Director	Malte Flechtner Area Medical Directors	Consultant teams	July 2015	Completed Ward review paperwork has been revised but local auditing has indicated further work is required to ensure consent and capacity is being recorded according to developed guidance.	100% consent to treatment and capacity is recorded in ward reviews according to developed guidance.	Auditing of ward review paperwork	

Action	Action Detail	Lead Director	Delegated Responsibility (next level)	To be implemented by	Timescale (Month/ Year)	Progress	Key metric/ benefit	Sustainability and Validation (systems/process)	RAG (not validated to date)
8.0 The Trust must improve their governance and assurance systems relating to the assessment and management of ligature risks, the quality of care plans and the assessment of the quality of the ward activities programme provided									
Review governance and assurance systems around assessment and management of ligature risks, the quality of care plans and the assessment of the quality of the ward activities programme provided	Develop Quality Improvement Panels at a local and Trust wide level – a forum for looking at the quality star tool, review of ward level quality indicators, local risk registers and workforce indicators	Natalie Hammond Director of Nursing and Quality	Natalie Hammond and Area Directors	Amy Hickey AD PA's	September 2015	Quality Improvement Panels established at all levels of the Trust.	100% Quality Improvement Panels are occurring reviewing Quality Stars, local quality indicators and risk registers.	Local Quality Improvement Panels report to Trust-wide Quality Improvement Panel. Outcomes from Trust-wide Quality Improvement Panel reported to Quality and Risk Committee.	
	Develop and implement Quality Governance Framework		Natalie Hammond and Area Directors	Natalie Hammond	September 2015	Completed – presented to Board September 2015 and implemented – outlines Quality Improvement Panels	100% Quality Improvement Panels are occurring reviewing Quality Stars, local quality indicators and risk registers.	Outputs of Quality Improvement Panels are annually reviewed in line with their Terms of Reference.	
	Review operational management structures and associated corporate functions to streamline delivery of services with a consistent approach, parity and learning		Natalie Hammond Vince McCabe Malte Flechtner Lisa Anastasiou	Operational Management and Corporate Leads	April 2016	Discussed and agreed in EMT; developing consultation documents Consultation currently underway affecting nursing and governance, human resources, communications and operational services. Consultation due to close on 17 th May.	Further develop standardised processes across inpatient and community services. Corporate services provide support to operational services enabling services to drive their quality improvements.	EMT	
	Map governance arrangements and hold governance meetings in each area		David Wilmott Associate Director of Quality	David Wilmott	2015	Completed and regular governance meetings in place	Monthly governance forums occur in all areas, always starting with a patient story.	Output from governance forums are reviewed annually in line with their Terms of Reference.	
	Review delivery (and governance) of therapeutic interventions and group programmes across all acute inpatient wards with a focus on gender specificity, recovery, engagement and 7 days per week		Glenn Westrop Associate Director of OTs and AHPs	Professional Leads and Ward Managers	September 2015	In progress in all 7 acute inpatient wards Completed	All inpatient wards have a 7 day (inclusive of some weekends programme) a week activity programme with is age and gender appropriate and covers physical, therapeutic, recreational and cognitive activity for older people's wards.	Designated inpatient OT Consultant Lead Leadership walk rounds monitor levels of staff engagement with patients. Activity programme discussed and reviewed with patients in community meetings (and changes made to the programme in response to discussions). Peer reviews developed and embedded for further assurance and learning	
	Review care plans in the Trust to ensure staff provide person centred care and treatment that is appropriate to meet		Area Directors Associate Director Communications	Martin Cresswell	September 2015	Completed across all adult acute wards	My Care My Recovery plans developed	Monthly care plan audits in the adult acute wards monitor use of the 'My Care, My Recovery' plans. Quality improvement panels review	

Action	Action Detail	Lead Director	Delegated Responsibility (next level)	To be implemented by	Timescale (Month/ Year)	Progress	Key metric/ benefit	Sustainability and Validation (systems/process)	RAG (not validated to date)
	their needs and reflects their personal preferences and is holistic in approach.							outcomes of care plan audits.	
	Implement 'My Care My Recovery' initiative in acute in-patient wards		Area Directors	Practice Education Facilitators Operational Managers	October 2015	Completed across all acute inpatient wards. Adaptation in development for all older adult inpatient wards "My Care My Support Plan". Considering adaptation for CAMHS inpatient wards. Training completed by Practice Education Facilitators across the Trust. Qualitative audit against care plans carried out.	100% patients in the adult acute wards are offered a 'My Care, My Recovery' plan and supported in the plan's development.	Monthly care plan audits in the adult acute wards monitor use of the 'My Care, My Recovery' plans. Quality improvement panels review outcomes of care plan audits.	
	Review CPA training in line with recovery orientated care		Area Director Mid	Carol Larcombe CPA Co-ordinator	2015	Completed – syllabus incorporates focus on recovery and My Care My Recovery now embedded	Improved CPA training	Evaluation of training from training participants	
	Revise ward review paperwork to outline and evidence how consent to treatment and capacity is considered and recorded		Malte Flechtner	Ward Managers	July 2015	Completed Ward review paperwork has been revised but local auditing has indicated further work is required to ensure consent and capacity is being recorded according to developed guidance.	Consent to treatment and capacity is recorded 100% consent to treatment and capacity is recorded in ward reviews according to developed guidance.	Auditing of ward review paperwork	
9.0 The Trust must address the identified safety concerns in the health-based places of safety									
Ensure that seclusion and health based places of safety are compliant with the Mental Health Act Code of Practice 1983	Review the design and fabric/ furnishings of seclusion and place of safety suites	Natalie Hammond Director of Nursing and Quality	Jonathan Stewart Associate Director Estates/ Facilities	Nick Rippon Head of Capital Development	February 2016	Redesign of the areas has been drawn up and the plans are out for consultation	Revised design of seclusion and place of safety suites		
	Develop and implement a programme of works as a result of the review	David Griffiths, Director of Resources	Jonathan Stewart	Nick Rippon	March 2016	Programme of works to be scheduled to maximise the availability of S136 suites in the Trust	Upgraded seclusion and HBOS suites Compliance with MHA Code of Practice 1983	Evaluation of upgraded facilities and monitoring of seclusion and S136	
	Complete works	David Griffiths, Director of Resources	Jonathan Stewart	Nick Rippon	July 2016				
10.0 The Trust must address the security of the doors within the forensic (low secure) core service									
Identify and rectify the problems with the door security on Edward House	Repair or replace the defective doors within Edward House	David Griffiths Director of Resources	Jonathan Stewart	Nick Rippon	October 2015	Completed – all interior doors with identified weakness have been reinforced to prevent opening with credit card or similar. Airlock and absconsion issue resolved	Zero absconsion due to defective doors as monitored through Datix and local escalation.	Planned preventative maintenance	

Part 2 Trust *Should Do* actions from Provider Report

Action	Action Detail	Lead Director	Delegated Responsibility (next level)	To be implemented by	Timescale	Progress	Key metric/ benefit	Sustainability	RAG (not validated to date)
11.0 The Trust should ensure that systems are in place for the effective recruitment and retention of staff									
Review recruitment and retention processes	Recruitment strategy	Lisa Anastasiou Director of Workforce and Development	Lisa Mellor	Janet Watson	2015	Recruitment strategy in place to address recruitment challenges Board meeting February 16	Reduce vacancies Reduce agency levels	Executive Management Team monitoring	
	Undertake an evaluation of the timeliness of current recruitment processes		Lisa Mellor	HR team	End April 2016	In progress	Improved timelines for recruitment to vacancies (define average time and agree on target reduction)	Regular audit	
	Review ways of retaining staff		Lisa Mellor	HR team	2016	Working towards reducing turnover in line with Trust agreed threshold	Reduction in turnover of staff to Trust threshold of 10%	EMT monitoring	
12.0 The Trust should ensure that care and treatment records, including risk assessments, are sufficiently detailed, personalised and kept up to date									
Demonstrate that service users receive person centred care and treatment that is appropriate, meets their needs and reflects their personal preferences	Undertake regular audits of the quality of care plans and risk assessments	Natalie Hammond Director of Nursing and Quality	Area Directors	Ward Managers	2016	A number of care plan reviews have taken place. Practice Education Facilitators involved in mentoring and coaching	Improved quality of care plans and risk assessments with care plans meeting 90% of care plan audit standards. Mitigation of risk	Quality improvement panels Regular audit	
	Ensure appropriate referrals and access to, and use of, IMHA/IMCA (advocacy) Advertise comprehensively throughout services Communications campaign jointly with ECC		Lynn Prendergast Associate Director Social Care	Lynn Prendergast	2016	(Speak to Lynn Prendergast re S75)	Improved use of advocacy by service users	Patient feedback Monitor referral activity with ECC Regularly audit/monitoring	
	CPA training to be reviewed in line with recovery orientated care		Area Director Mid	Carol Larcombe CPA Co-ordinator	2015	Syllabus incorporates focus on recovery and My Care My Recovery now embedded	Revised training in place Improved quality of care plans and risk assessments	Regular evaluation of training	
	Review documentation for consent to treatment		Dr Malte Flechtner	AMDs	July 2015 March 2016	Ward round review paperwork implemented in July 2015	Improved recording of consent to treatment in line with Montgomery v Lanarkshire (2015) UKSC 11	Evaluate documentation templates	
			Martin Cresswell Associate Director Comms	Ward Managers					
	MHA Administrators to audit documentation to ensure capacity and consent to treatment		Lynn Proctor Business Manager	MHA Administrators	April 2016	MHA Administrators will audit presence of consent form attached to T2 in notes	Improved recording of consent to treatment and appropriate use of MCA	Regular audit	
	Review patient information around treatment choices	Dr Malte Flechtner Medical Director	AMDs AD Comms	Ward Managers Comms Team	2016		Informative patient leaflets Improved patient awareness of treatment choices on admission	Patient feedback	
Page 34 of 84									

Action	Action Detail	Lead Director	Delegated Responsibility (next level)	To be implemented by	Timescale	Progress	Key metric/benefit	Sustainability	RAG (not validated to date)
13.0 The Trust should review the efficacy of the electronic record system in community bases and ensure accurate inputting of data									
Review Remedy use in all community teams	Review current processes within Remedy, changing as appropriate and training available to community staff to ensure accurate and timely inputting of data	David Griffiths Director of Resources	Rick Parsons Head of ICT	Remedy Team	June 2016	Business case to EMT April and reinstate Journeys Implementation Steering Group	Improved recording in Journeys pathways Improved accuracy of data	Quality improvement panels	
	Review of Remedy training capacity		Rick Parsons Head of ICT	Remedy team	June 2016				
14.0 The Trust should ensure all MHA documentation is readily available and in good order									
Review systems and processes for MHA documentation	Centralise the MHA administration function	Natalie Hammond Director of Nursing and Quality	Lynn Proctor Business Manager	Lynn Proctor Business Manager	July 2016	Business case approved by EMT February 2016	Sharing of resources Economies of scale Central management	On-going evaluation and formal review	
	Review administration of MHA including review of electronic locations								
	Clear communication of where documentation should be kept in physical locations (including T2s)		Lynn Proctor Business Manager Area Directors Associate Director of Pharmacy	Lynn Proctor Business Manager Ward Managers Pharmacists		To be scoped with above	Policy/protocols updated Improved availability of documentation	Documentation audits Pharmacy audits	
	Implement accountability at ward level for local availability and correct filing of MHA documentation	Vince McCabe Director of Operations	Area Directors	Ward Managers	2016	Follow on from above	Improving filing and availability of MHA documentation at ward level	Management supervision Documentation audits	
Ensure patients receive a copy of their Section 17 leave authority and that it is clear what type of leave is being authorised, together with the numbers of escorts specified Crossing through of previous S17 leave	Area Medical Directors		Consultant Psychiatrists	2016	Local audit checklist	100% compliance with Section 17	Feedback loop Audits		

Action	Action Detail	Lead Director	Delegated Responsibility (next level)	To be implemented by	Timescale	Progress	Key metric/ benefit	Sustainability	RAG (not validated to date)
15.0 The Trust should ensure that all informal complaints are logged and reported centrally									
Review complaints systems and processes	Centralise the reporting and logging of informal/low level complaints	Natalie Hammond Director of Nursing and Quality	Associate Director of Quality Associate Director of Communications	Patient Safety and Complaints Manager	July 2016	NEP is in the process of centralising all low level complaints into the Patient Safety and Complaints Team – now part of restructuring consultation Reporting already centralised	Comprehensive recording/logging on Datix complaints module Improved management and monitoring of complaints	Regular reporting to Risk and Governance Executive Quality Improvement Panel	
16.0 The Trust should formally review each restraint involving the prone position									
Review therapeutic and safe intervention training (formerly control and restraint)	Implement revised Therapeutic and Safe Interventions	Natalie Hammond Director of Nursing and Operations	Tanise Brown Associate Director Workforce and Education	TASI trainers	2015	Completed Action plan to reduce restrictive interventions	Revised TASI training in place Reduced prone interventions	Evaluation of training Training and development group TASI Governance Group	
17.0 The Trust should ensure that patients who are detained under the MHA 1983 have information on how to contact the CQC									
Publicise information on how to contact the CQC	Display posters/leaflets on wards	Natalie Hammond Director of Nursing and Operations	Martin Cresswell Lynn Proctor Area Directors	Comms Team MHA Admin Ward Managers	March 2016	Re-audit posters and leaflets (communications)	Improved awareness	Patient feedback	
	Inform patients of their rights and how to contact the CQC		Area Directors	Ward Managers	2015	Auditing	Improved awareness	Patient feedback	
18.0 The Trust should review its staffing arrangements for the health based place of safety to ensure sufficient staff are available promptly without impacting on other services									
Review health based places of safety	As part of the review of S136 suites consider the staffing arrangements to ensure prompt availability of staff without impact on inpatient wards	Natalie Hammond Director of Nursing and Quality	Vince McCabe? David Griffiths?	Area Directors	2016	Review of seclusion and S136 suites in progress and linked to safer staffing work Financial analysis underway	Improved response to S136 suite admissions Staffing levels increased appropriately through agreement and agreed criteria	Safe staffing reports Monitoring S136 data	
	Implement recommendations from the review	Vince McCabe	Area Directors	Ward Managers	2016	To follow on from above			
19.0 The Trust should identify a lead for the health based place of safety at The St Aubyn Centre and The Christopher Centre [and The Lakes]									
Review the leadership for health based places of safety (nursing and medical)	Ward Managers to take joint leadership for all S136 suites	Natalie Hammond Director of Nursing and Quality	Area Directors	Ward Managers	Jan 2016	Ward Managers jointly manage S136 suites with medical counterpart	Joint leadership in place	Quality Improvement Panel	
	Identify a lead Consultant for joint leadership of	Dr Malte Flechtner	Area Medical Director	Nigel Hughes	March 2016	To be discussed Page 36 of 84	Lead Consultant identified Clear leadership	Quality Improvement Panel	

Action	Action Detail	Lead Director	Delegated Responsibility (next level)	To be implemented by	Timescale	Progress	Key metric/ benefit	Sustainability	RAG (not validated to date)
	S136 suite at the St Aubyn Centre	Medical Director							
	Identify a lead Consultant for joint leadership of the S136 suite at The Christopher Unit		Area Medical Director	Bola Otun	March 2016	Lead identified	Lead Consultant Identified Clear leadership	Quality Improvement Panel	
	Identify a lead Consultant for joint leadership of the S136 suite at The Lakes		Area Medical Director	Hem raj Pal	March 2016	Lead identified	Lead Consultant identified Clear leadership	Quality Improvement Panel	
20.0 The Trust should ensure learning from some serious incidents is shared across the three access, assessment and brief intervention teams									
Review the way learning is shared across the Access, Assessment and Brief Intervention Teams	Review the operational structure	Natalie Hammond Director of Nursing and Quality	Natalie Hammond Vince McCabe Lisa Anastasiou	Area Directors and Associate Directors	2016	In progress	Improved working relationships Improved sharing of learning of SI's Reduction in SI's	Quality Improvement Panel	
21.0 The Trust should agree target times for assessment for all access and brief intervention teams									
Review assessment times	Develop target times for assessment for all access and brief intervention teams	Vince McCabe Director of Operations	Area Directors	Clinical Managers Information Team	2016	Journeys evaluation has demonstrated waiting times halved. Target times in place	KPI in place for assessment times (for urgent, crisis and routine assessments) Improved assessment times for patients	EMT performance	

HOSC/46/16

Committee Health Overview and Scrutiny

Date 27 July 2016

**BASILDON AND BRENTWOOD CLINICAL COMMISSIONING GROUP
SERVICE RESTRICTION POLICY REVIEW 2016**

Report by Graham Hughes, Scrutiny Officer

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

Recommendation:

- (i) To seek further information and assurance from Basildon and Brentwood Clinical Commissioning Group attendees on the proposed communications, engagement and governance processes for their Fit for the Future Community Engagement Programme which incorporates reviews of Intermediate Care and their Service Restriction Policy;
 - (ii) To consider any further information, evidence and/or other contributors required;
 - (iii) To consider any representation or action by the HOSC (which could include investigating a 'common commissioning' approach across Essex):
-

Background:

Basildon and Brentwood Clinical Commissioning Group's (CCG) "Fit for the Future" community engagement programme, is seeking people's views on how the local NHS should adapt and change to meet the challenges of the future (Appendix 1).

As part of the above, the CCG are reviewing their Service Restriction Policy (SRP) and are proposing a number of changes to it. A two month public consultation exercise seeking views on the proposals commenced on Monday 11 July 2016. A discussion document from the CCG detailing the proposals is attached (Appendix 2).

In addition, the CCG are proposing changes to Intermediate Care and are currently consulting on those. See Appendix 3 – Intermediate Care Review 2016.

The CCG have been requested to attend the HOSC to detail the proposals and give the HOSC an early opportunity to contribute to the discussion.

Creating local health and care services that are...

Fit for the Future

Keeping you in touch with your local NHS

- What you've told us about your priorities for local NHS services, and how this has influenced our plans
- How you can get involved in changing and transforming local health and care services

NHS Basildon and Brentwood Clinical Commissioning Group brings together all 42 NHS GP practices in Basildon and Brentwood to commission the majority of NHS health services for a population of 274,000, including: elective (planned) hospital care; urgent and emergency care; most community health services; mental health & learning disability services; children's services.

NHS Basildon and Brentwood CCG, Phoenix Place,
Christopher Martin Road, Basildon Essex SS14 3HG
bbccg.involvement@nhs.net Page 41 of 84

Keeping you in touch with your local NHS

Last summer, NHS Basildon and Brentwood Clinical Commissioning Group (CCG) launched its “Fit for the Future” community engagement programme, seeking people’s views on how the local NHS should adapt and change to meet the challenges of the future.

We asked you to tell us about the NHS and social care services that are most important to you and how we can best support you to look after your own health and wellbeing and that of the people you care for. We attended as many local community meetings as possible, held public discussion events and asked people to fill in a questionnaire to tell us what they thought.

This briefing aims to keep you up-to-date on developments in local health and care services, and how what you’ve told us about how you use health services has influenced our plans for future services.



What did you tell us about your priorities for local health and care services?

We asked local people to tell us which services they used the most and which were most important to them. Overwhelmingly, people told us how much they used and valued their local GP practice's services above all other services (95% of survey respondents) but often reported finding it difficult to get a suitable appointment to see their GP.



95%

agreed that it is important for people to be in charge of their own health and wellbeing.



However, only

54%

felt that they had enough information and/or support to take control of their own health.

95%

valued their local GP practice's services above all other services



Why we need to change how we deliver health and care services

While there is much to be proud of in the local NHS, it is clear that health and care services have not kept pace with changes in people's health needs or expectations. The system is not set up to cope with the growth in demand for services or the effects of demographic change, such as the growing number of older people living with long-term conditions like diabetes and respiratory diseases. But while pressures on the system grow, the amount of money we are given to run health and care services is not keeping pace, leaving a potential funding gap of £216million across mid and South Essex by 2018/19.

The challenges we are facing are not unique to Basildon and Brentwood – they are being faced by all health and social care organisations in Essex. In recognition of this, mid and south Essex is one of three Success Regime areas in England who are being given extra help and support to tackle the systemic issues that are affecting NHS and social care services across the county. You can find out more about the Success Regime and how it might affect local services on page 5.

Our response to these challenges is to set out a programme of change and transformation in which we focus much more strongly on services which support individuals to remain as well and as independent as possible, which are delivered closer to home and which reduce the need for often unnecessary hospital-based care whilst improving health and wellbeing.

You can find out more about how people responded to our questionnaire on our website www.basildonandbrentwoodccg.nhs.uk.



Our plans for the future of local health services...

Local GPs sit at the heart of our plans to transform health and social care services across Basildon and Brentwood.

The CCG knows from conversations with local people that services provided by their GP are among the most used and valued of all health and social care services. We believe that many more health and social care services could be delivered locally, with GPs taking on a stronger lead role in the care of individual patients. We want to use some of the money we currently spend on urgent and crisis care to invest in services which support people to maintain their health and independence and stay well longer.

It is crucial that we support people across all generations to look after their own health and wellbeing, and to remain as healthy and independent as possible, with fewer health crises and less time spent in hospital. We are already working with our partner organisations across Essex to develop services that are designed help people regain and maintain their independence and prevent unnecessary hospital admissions, such as the new **Reablement at Home** service which offers up to six weeks of intensive support in people's own homes to help them recover after a period of ill health or surgery, and the **Essex Emotional Wellbeing and Mental Health Service** for children and young people which offers a comprehensive service with a strong focus on early intervention and prevention.

Social prescribing...

...a different approach to health and wellbeing

There is a growing recognition that the factors which affect a person's health and wellbeing can be complex. This has meant looking away from traditional approaches to health into new ways of supporting people.

Social prescribing allows people to be matched with services within the community which offer help and support in a variety of different ways. It offers the opportunity to address problems at an early stage and can reduce or postpone the need for health and social care interventions, promoting long-term health and wellbeing and helping people to remain independent for as long as possible.

Recently launched pilot schemes in Pitsea and Laindon allow GPs and other health or social care professionals to refer individuals for social prescriptions, where their support needs are assessed and they can then be referred on to an appropriate local voluntary sector service. Social prescriptions can include opportunities for physical activity, self-care management courses, arts and creativity, learning new skills, volunteering, mutual aid, befriending and self-help, as well as support with, for example, employment, benefits, housing, debt, legal advice, or parenting.

Since launching in the spring, the service has helped nearly 100 people to access the help and support they need. If successful, it is hoped that the service can

be extended to other areas within Basildon and Brentwood.

Helen Lax, Essex County Council, John Leslie, Basildon and Brentwood CCG, Krishna Ramkhalawon, Public Health Consultant and Chris Evans, Basildon Council for Voluntary Services at the launch of the social prescribing service



The Mid and South Essex Success Regime

NHS Basildon and Brentwood CCG's plans for changing how services are delivered to people in our area will fit into a larger picture of change with the creation of the mid and south Essex Success Regime.

Long-standing and systemic difficulties in providing health and social care services in mid and south Essex have led to a situation in which NHS and social care services are not keeping pace with the needs of local people, and resources are not being used as efficiently as they could be.

Diagram shows the scope of the Success Regime programme to sustain and improve services in mid and south Essex.

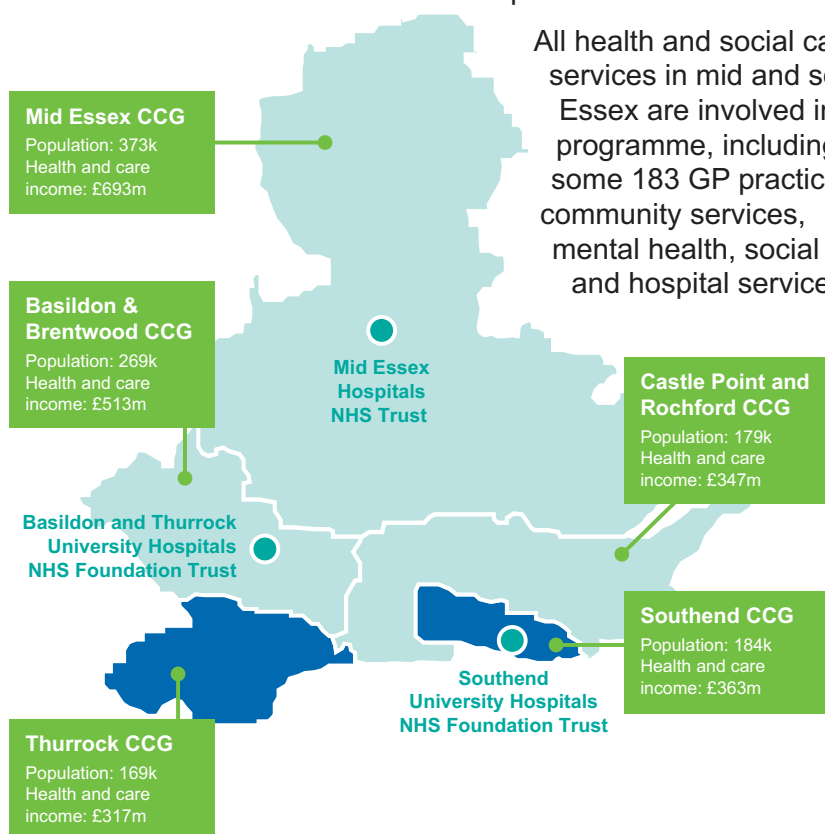
Inefficiencies in the way services are delivered in mid and south Essex mean that health and social care organisations are currently running a £94 million deficit, which could rise to over £216 million by 2018/19.

The Mid and South Essex Success Regime has been created by NHS England to help speed up efforts get the system back into balance by 2018/19 and deliver the best joined up and personalised care for patients.

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

Plans are still at an early stage, but some of the changes that could happen as a result of the Success Regime include:

- The range of services provided locally, outside of hospitals, could expand over the next three to five years, with joined up services based in primary care, multidisciplinary teams and close links with voluntary sector and other public services.
- Hospitals may develop more specialist centres to offer clinically excellent services to patients drawn from a wider area, as is the case now with cardiothoracic services at Basildon, radiotherapy services at Southend and burns and plastics at Broomfield.
- There would be a greater emphasis on supporting people to stay healthy and encouraging individuals to take responsibility for their own health and wellbeing. Greater use of technology would give people online and practical tools to manage their own health where possible.
- There could be more appointments available locally by involving a wider range of health professionals.



Population: 1,175k
3 local authorities: Essex; Southend; Thurrock
5 CCGs, 3 Acute trusts
 • 85% of acute activity from 5 CCGs remains in Essex NHS trusts
 • 93% of local trust activity is from Mid and South Essex patients
System health and care income 15/16: £2,233m
System health and care exp. 15/16: £2,327m
System health deficit 15/16: £94m



What to expect over the coming months

Over the next few months we will be asking you to tell us what you think about a number of proposals.

Some of the changes that we will be seeking your views on will relate to improvements we can make in the delivery of care, others will focus on the health and social care system's financial position as we look at ways to bring our finances from a significant deficit – projected to be about £14m for 2016/17 – back into balance. This may mean making choices about which health care needs the NHS can afford to meet and which services we can continue to offer on the NHS.

We are also looking to make changes to how we organise health services – such as the focus on developing primary care services and offering more services outside of hospitals and closer to



home. From our conversations with local people over the last year, we think many of these changes will be welcomed.

Listening to you...



*Basildon and Brentwood
Clinical Commissioning Group*

This is a time of change across health and social care. Many of the changes will lead to much needed improvements in how we look after patients and provide modern services which meet people's health needs both now and in the future. Some changes may be less welcome, but necessary to ensure health and social care organisations live within their means and are sustainable for the future.

Whatever the changes we may propose over the coming months, we are committed to listening to local people and to those who rely on NHS and social care services. There are many different ways that you can get involved – here are some of them.

- Come to a public discussion event. Check the CCG's website for the full programme of dates and locations.

- Join a patient group where you can feedback your views in a supportive environment. Ask at your GP practice how you can get involved in your local group. From time to time there will be opportunities to apply to join the CCG's Patient and Community Reference Group, a forum for ensuring patients' views are listened to by the CCG board before decisions are made on local health services. Visit our website for further information.
- Ask us to come and talk to your group or society meeting. Email bbccg.involvement@nhs.net to find out more.

Visit the 'Get Involved' section of the CCG's website for more information.
www.basildonandbrentwoodccg.nhs.uk



Creating local health and care services that are...

Fit for the Future

Service Restriction Policy Review 2016

Rapid demographic change has led to increasing pressure on health and care services which are not set up to cope with the corresponding growth in demand. In response, the CCG has embarked on a programme of change, with new and expanded services providing high quality care, a stronger role for primary care and an increased focus on supporting people to maintain their health and independence. However, the growing costs of this rise in demand for health services mean that the CCG is facing a £14 million deficit in 2016/17. We are legally required to balance our books and live within our means so we have no choice but to take steps to tackle this deficit.

The difficulties we are facing in Basildon and Brentwood are not unique to us. Health and care organisations across mid and south Essex are facing similar problems. The Mid and South Essex Success Regime, created by NHS England, has been tasked with making a range of improvements to health services in the area to ensure they perform better to meet the needs of local people, and also to tackle a system-wide financial deficit which may reach £216 million across mid and south Essex by 2017/18.

Further information on our programme to transform and improve health and care services for local people can be found on our website, www.basildonandbrentwoodccg.nhs.uk

Because of our financial situation we have had to review our local Service Restriction Policy (SRP). We are proposing a number of changes to the policy. We have carried out an impact assessment on each of our proposed changes, but before we make a decision we want to ensure we have a thorough understanding of the impact that these changes may have on local people



What is a Service Restriction Policy?

All Clinical Commissioning Groups have a Service Restriction Policy (SRP) which sets out the clinical criteria for a large range of medical treatments and procedures and is designed to help ensure they are only carried out where there is clinical evidence that they are effective, beneficial to patients, and also affordable within available funding.

As a CCG, we have always tried to ensure local patients have had access to the fullest range of treatments and procedures, in line with national guidance from the National Institute for Health and Care Excellence (NICE), as possible.

While this still remains our aim, the financial reality is that we have a statutory duty to remain within our allocated budget, around £325 million this year. This year the CCG is facing a £14 million deficit, which means that we must take action to reduce the amount we spend.

More detailed information on the CCG's finances can be found in our Annual Report, on our website www.basildonandbrentwoodccg.nhs.uk.



2 Fit for the Future

What impact will these changes have on the local NHS?

Together with a number of other proposals and cost saving measures that the CCG will take this year, these changes will make a significant impact on our ability to meet our statutory duty to balance our books and reduce our projected £14 million deficit. Without taking steps to reduce the amount we spend each year, we may be unable to continue to provide a broader range of treatments and procedures as our financial situation worsens.

We have looked in detail at all the treatments and procedures in the current Service Restriction Policy and recommendation from Public Health. We believe that these proposals represent an opportunity to reduce the amount we spend each year on providing health services in a way which has the lowest impact on patient care that is possible. We understand however, that there will be an impact on those directly affected, and we are keen to find out what that impact will be before we make a decision

What are the proposed changes?

Summary of proposed changes to the Service Restriction Policy

The CCG is proposing the following changes to its Service Restriction Policy for residents within Basildon and Brentwood. The table below sets out treatments and procedures that the CCG is proposing would no longer be available to residents in Basildon and Brentwood, except under exceptional circumstances*

Procedure/treatment	Proposal
Male and female sterilisation	To stop offering surgical male and female sterilisations
Gluten-free prescribed foods	To stop offering all gluten free products on NHS prescription to over 18s, with the exception of pregnant women.
Travel vaccinations (NHS)	To clarify the position on the availability of travel vaccinations on the NHS
In-vitro Fertilisation (IVF) and Assisted Conception (existing treatment)	To limit treatment for assisted conception for those people already referred or receiving specialist fertility services.
E-cigarettes	E-cigarettes and other novel nicotine containing products are not prescribed on the NHS until they have been fully evaluated, their place in therapy established, and formulary processes have been followed.
Bariatric surgery (weight loss surgery)	To end routine funding for weight loss surgery
Cosmetic surgery	To end routine funding for cosmetic surgery procedures
Toric intraocular lens implants for astigmatism	To end funding for intraocular lens implants to correct astigmatism. Intraocular lens implants for cataracts will continue unaffected.
Simultaneous joint replacement (bilateral knee, bilateral hip & shoulder)	To end funding for a simultaneous joint replacement surgery – that is where both knees, hips or shoulders are replaced at the same time. Funding for single or staged joint replacement will continue.
Pain treatments (facet joint injection, hip and spinal injection and spinal cord stimulation)	To end funding for facet joint injections, hip & spinal injections and spinal cord stimulation.

You can find out more detailed information on the above proposals later in this document.

*The procedures listed do not stop the referrer (GP or consultant) from being able to refer patients with suspected cancer.

3 Fit for the Future

Clinical Exceptions: Individual Funding Requests

If there is deemed to be a clinical exception to a treatment or procedure then an Individual Funding Requests (IFR) can be made. Basildon & Brentwood CCG allows patients the opportunity to make specific funding requests via the Individual Funding Request team. Requests may include conditions for which the CCG does not fund or does not have an agreed policy. In instances in which eligibility is unclear the final decision is made through an application to the Individual Funding Requests team by contacting them at: fundingrequests.south@nhs.net

The Individual Funding Request policy and application forms can be found on the Basildon & Brentwood CCG website: www.basildonandbrentwoodccg.nhs.uk



In addition, the CCG is proposing that the following treatments and procedures are subject to tighter restrictions than in the current policy:

Hip arthroscopy
Hernia
Knee arthroscopy (including knee washout)
Shoulder arthroscopy
Carpal tunnel
Hysterectomy for menorrhagia
Cholecystectomy (Gallstones)
Knee replacement – unilateral
Cataract extraction
Minor skin lesions
Diagnostic endoscopy – Dyspepsia
Sleep studies – snoring
Diagnostic endoscopy – Colon (Colonoscopy for Irritable Bowel Syndrome – IBS)
Trigger finger
Dupuytren's Contracture
Varicose veins
Female genital prolapse/stress incontinence – surgical and non-surgical
Microsuction

For further information on the proposed policy change for each of the items above you can visit the CCG's website, www.basildonandbrentwoodccg.nhs.uk, or contact us using the contact details at the end of this document to ask for the information in an alternative accessible format.

More detailed information on each proposed change, where the CCG is proposing to end routine funding:

Pain Treatments

Proposal:

As part of a wider review of service restrictions Basildon & Brentwood CCG is proposing to cease the funding of pain insert procedures (facet joint injections, hip & spinal injections and spinal cord stimulation).

Rationale for change:

The CCG's approach to the current financial challenges is to prioritise the limited funding it has so that the local population has access to the healthcare that is most needed. This assessment of need is made across the whole population of Basildon & Brentwood CCG and, wherever possible, on the basis of best evidence on what is clinically proven to work.

As a result of this, the CCG has identified procedures that are either limited clinical value or that do not cater for the wider needs of the population and therefore it has been proposed to implement these changes in order for the local health economy and services to be sustainable.

Impact:

The proposed changes would mean that pain inserts would no longer be funded under the CCG. However there will still be numerous alternative pain relief methods available that are funded and can be prescribed.

Gluten Free Prescribed Foods

Proposal:

As part of a wider review into service restrictions Basildon and Brentwood CCG is proposing to stop all gluten free products on prescription with the exception of pregnant women (from the point of confirmed pregnancy) and under 18s.

Rationale for change:

Initially gluten free products were added to the list of products available on NHS prescription when they were not easily available for patients to purchase.

Now there is a wide range of gluten free products available from supermarkets, the internet, health food stores and pharmacies that are sold at prices that are considerably lower than the NHS is charged when bought for use on prescription – in some cases less than half the price. In addition to these products there is a wide variety of naturally gluten free food including; fresh fruit and vegetables, meat, poultry, fish, cheese and eggs.

Impact:

With the variety of gluten free products widely available to buy at a reasonable cost, the CCG feels there will be minimal impact to patients.

This is a summary of the information which can be found on our website at <http://basildonandbrentwoodccg.nhs.uk/fit-for-the-future>



Travel Vaccines (Non-NHS)

Proposal:

In line with national recommendations, Basildon and Brentwood CCG is proposing to put in place a policy which clarifies the position of certain vaccines when requested in relation to travel abroad. This is to ensure that certain vaccines which are not allowed on the NHS for travel purposes, are not prescribed on the NHS.

Rationale for change:

NHS patients are entitled to receive free advice on travel vaccinations, however, only some vaccinations required for travel are available on the NHS. This includes Hepatitis A vaccine, Typhoid vaccine, Combined Hepatitis A and Typhoid vaccine, combined Tetanus, Diphtheria and Polio vaccine and Cholera vaccine.

Other vaccines such as Hepatitis B, Meningitis ACWY, Yellow fever, Japanese B encephalitis, Tick borne encephalitis and Rabies vaccine are not remunerated by the NHS as part of additional services in relation to travel abroad, and these vaccines should not be prescribed

on FP10 prescription. It is proposed that GP practices may charge a registered patient for the immunisation if requested for travel, or the patient may be given a private prescription to obtain the vaccines.

However, because Hepatitis B is not commissioned by the NHS as a travel vaccine, Basildon and Brentwood CCG does not support the prescribing of this item. Patients requiring vaccines for travel purposes should receive Hepatitis B privately.

Impact:

There is currently very little prescribing of Meningitis ACWY, Yellow fever, Japanese B encephalitis,

Tick borne encephalitis and Rabies vaccines on FP10 prescription in BBCCG, and therefore this policy would help to ensure no new prescribing. There is however a BBCCG spend of almost £75k per year associated with Hepatitis B vaccine, as well as the combined Hepatitis A/Hepatitis B vaccine. It is envisaged that implementation of local policy would reduce any inappropriate prescribing for travel abroad.

This is a summary of the information which can be found on our website at <http://basildonandbrentwoodccg.nhs.uk/fit-for-the-future>



In-Vitro Fertilisation (IVF) and Assisted Conception (existing treatment)

Proposal:

In 2015 NHS Basildon and Brentwood CCG undertook a Public Consultation to cease specialist fertility service provision. No decision has yet been made following the consultation. However, if the proposal (as per consultation in 2015) were to be approved by the CCG Board, then services would be decommissioned for those requiring tests or procedures that were deemed specialist.

Therefore, those who haven't already been seen by or referred to one of the current providers, will no longer be able to be referred for a specialist fertility service.

The CCG would continue to fund those tests or procedures that would diagnose fertility problems and those that can be undertaken in a local hospital to aid fertility.

We are now consulting on proposals for people who have already been referred for specialist fertility treatment, for whom the decision of what the CCG will fund for them was not addressed in the original consultation.

The proposals for people who have already been referred or are receiving treatment for

specialist assisted conception services cover the following:

- In Vitro Fertilisation (IVF) with or without Intracytoplasmic Sperm Injection (ICSI)
- Frozen Embryo Transfer
- Embryo/Blastocyst Freezing and Storage
- Surgical Sperm Recovery (Testicular Epididymal Sperm Aspiration (Testicular Epididymal Sperm Aspiration (TESA)/Percutaneous Sperm Aspiration (PESA) including storage where required)
- Intrauterine Insemination (IUI) - unstimulated
- Donor Oocyte Cycle
- Donor Sperm Insemination
- Egg Storage for Patients Undergoing Cancer Treatments
- Sperm Storage for Patients Undergoing Cancer Treatments

For those patients who have already been referred for specialist fertility treatment and are in the process of receiving the above specialist services, the CCG is proposing to introduce the following restrictions:

In Vitro Fertilisation (IVF) with or without Intracytoplasmic Sperm Injection (ICSI)

What	Proposal
<p>A full cycle of IVF treatment, with or without intracytoplasmic sperm injection (ICSI), should comprise 1 episode of ovarian stimulation and the transfer of any resultant fresh and frozen embryo(s). This will include the storage of any frozen embryos for 1 year following egg collection. Patients should be advised at the start of treatment that this is the level of service available on the NHS and following this period continued storage will need to be funded by themselves or allowed to perish.</p> <p>An embryo transfer is from egg retrieval to transfer to the uterus. The fresh embryo transfer would constitute one such transfer and each subsequent transfer to the uterus of frozen embryos would constitute another transfer.</p> <p>Before a new fresh cycle of IVF can be initiated any previously frozen embryo(s) must be utilised.</p> <p>Where couples have previously self-funded a cycle then the couples must utilise the previously frozen embryos, rather than undergo ovarian stimulation, egg retrieval and fertilisation again.</p>	<p>For anyone who has progressed to IVF the CCG is proposing that they will fund the current cycle with a cycle being considered as:</p> <ul style="list-style-type: none"> • One fresh and up to one frozen transfer <p>* Where more embryos are frozen than can be used for the proposed cycle/s patients can choose to fund storage themselves.</p>

Frozen Embryo Transfer

What

For women less than 37 years of age only one embryo or blastocyst to be transferred in the first cycle of IVF and for subsequent cycles only one embryo/blastocyst to be transferred unless no top quality embryo/blastocyst available, then no more than 2 embryos to be transferred.

For women age 37-39 years only one embryo/blastocyst to be transferred unless no top quality embryo/blastocyst available then no more than 2 embryos to be transferred.

For women 40-42 years consider double embryo transfer.

A fresh cycle would be considered completed with the attempt to collect eggs and transfer of a fresh embryo.

Proposal

For those who have previously had CCG funding and have embryos in storage the CCG is proposing:

- Funding only where considered as part of the current cycle (as above)
- * Where more embryos are frozen than can be used for the proposed cycle/s patients can choose to fund storage themselves.

Embryo/Blastocyst Freezing and Storage

Proposal

Where embryos have previously been stored the CCG is proposing:

- Freezing and storage for up to one year
- * Patients can choose to fund embryo / blastocyst storage themselves beyond the NHS funded period.

Surgical Sperm Recovery (Testicular Epididymal Sperm Aspiration (TESA)/Percutaneous Sperm Aspiration (PESA) including storage where required)

Proposal

Where this is part of a current cycle the proposal is that:

- The CCG will fund this for the current cycle only
- The CCG will not fund storage beyond the current funded cycle requirement.
- * Patients can choose to fund sperm storage themselves beyond the NHS funded period.

Intrauterine Insemination (IUI) unstimulated

What	Proposal
<p>NICE guidelines state that unstimulated intrauterine insemination as a treatment option in the following groups as an alternative to vaginal sexual intercourse:</p> <ul style="list-style-type: none"> • people who are unable to, or would find it very difficult to, have vaginal intercourse because of a clinically diagnosed physical disability or psychosexual problem who are using partner or donor sperm • people with conditions that require specific consideration in relation to methods of conception (for example, after sperm washing where the man is HIV positive) • people in same-sex relationships <p>Due to poor clinical evidence, a maximum of 6 cycles of IUI (as a replacement for IVF/ICSI and without donor sperm).</p>	<p>The CCG proposal is that:</p> <ul style="list-style-type: none"> • the patient is able to complete the current cycle of IUI

Donor Oocyte Cycle

What	Proposal
<p>The patient may be able to provide an egg donor; alternatively the patient can be placed on the waiting list, until an altruistic donor becomes available. If either of the couple exceeds the age criteria prior to a donor egg becoming available, they will no longer be eligible for treatment.</p> <p>This will be available to women who have undergone premature ovarian failure (amenorrhoea >6 months and a raised FSH >25) due to an identifiable pathological or iatrogenic cause before the age of 40 years or to avoid transmission of inherited disorders to a child where the couple meet the other eligibility criteria.</p>	<p>The CCG proposal is that:</p> <ul style="list-style-type: none"> • the patient is able to complete the current donor oocyte cycle • Up to 2 transfers <p>* Patients can choose to fund oocyte / embryo / blastocyst storage themselves.</p>

Donor Sperm Insemination

What	Proposal
<p>The use of donor insemination is considered effective in managing fertility problems associated with the following conditions:</p> <ul style="list-style-type: none"> • obstructive azoospermia • non-obstructive azoospermia • severe deficits in semen quality in couples who do not wish to undergo ICSI • Infectious disease of the male partner (such as HIV) • Severe rhesus isoimmunisation • Where there is a high risk of transmitting a genetic disorder to the offspring <p>Donor insemination is funded up to a maximum of 6 cycles of Intrauterine Insemination (IUI).</p>	<p>The CCG proposal is that:</p> <ul style="list-style-type: none"> • the patient is able to donate sperm for the current cycle of: • IUI • IVF <p>* Patients can choose to fund sperm storage themselves beyond the NHS funded period.</p>

Egg Storage for Patients Undergoing Treatments Sperm Storage for Patients Undergoing Treatments

What	Proposal
<p>When considering and using cryopreservation for people before starting chemotherapy or radiotherapy that is likely to affect their fertility, follow recommendations in 'The effects of cancer treatment on reproductive functions' (2007).</p> <p>When using cryopreservation to preserve fertility in people diagnosed with cancer, use sperm, embryos or oocytes.</p> <p>Offer sperm cryopreservation to men and adolescent boys who are preparing for medical treatment for cancer that is likely to make them infertile.</p> <p>Local protocols should exist to ensure that health professionals are aware of the values of semen cryostorage in these circumstances, so that they deal with the situation sensitively and effectively.</p> <p>Offer oocyte or embryo cryopreservation as appropriate to women of reproductive age (including adolescent girls) who are preparing for medical treatment for cancer that is likely to make them infertile if:</p> <ul style="list-style-type: none"> • they are well enough to undergo ovarian stimulation and egg collection and • this will not worsen their condition and • enough time is available before the start of their cancer treatment. <p>Cryopreserved material may be stored for an initial period of 10 years.</p> <p>Following cancer treatment, couples seeking fertility treatment must meet the defined eligibility criteria.</p>	<p>The CCG proposal is that they fund storage of eggs/sperm that have been frozen already for those undergoing treatment for cancer and other medical conditions that affect their reproductive functions.</p> <p>The CCG will fund the storage until the person reaches the age of 42 or for 10 years (whichever comes first).</p> <p>If the patient dies while their sperm or eggs are in storage the CCG will no longer fund the storage 3 months from the person dying.</p> <p>* Patients can choose to fund storage themselves beyond the NHS funded period.</p>

Rationale for change:

The CCG feel that this decision supports transparency and equity of approach to the population and reduces the perception that for some people we are funding fully in line with NICE guidance, while for others not supporting funding at all.

Impact:

The CCG also considers that withdrawing support for funding for those in the system is unfair without notification of this change in decision or approach.

The efficiencies made by not funding this procedure will go towards bringing the CCG back to its statutory financial balance position which is vital in order for it to be a viable organisation and fund future services for the local population.

This is a summary of the information which can be found on our website at <http://basildonandbrentwoodccg.nhs.uk/fit-for-the-future>



Bariatric Surgery (Weight Loss Surgery)

Proposal:

As part of a wider review into service restrictions, Basildon and Brentwood CCG is proposing not to fund bariatric surgery.

NHS England transferred responsibility for commissioning Bariatric surgery to the CCG from 1 April 2016. This service is provided from specialised centres so patients must travel to London for this surgery.

The CCG feels that it should consult on not providing this service to the population and instead work with Public Health to promote healthier lifestyles and tackle obesity rather than managing the problem once it occurs. The money saved will remain within the service. However, as stipulated in the latest NICE guidance (CG189; 2014), there will be a group of patients, especially people of different ethnicity, who may benefit from bariatric surgery as they are likely to develop more complex health conditions (especially Diabetes) if they are already significantly overweight.

Obesity & Weight Management

Obesity rates have doubled in 20 years (men 24%, women 26%) but Basildon (30.2%) has a greater percentage of adults that are classified as obese or of excess weight compared to the regional and national average, in sharp contrast with Brentwood (18.6%). In regards to children, the rate of obesity is higher in Basildon than Brentwood with both tracking the general upward trend in the past few years but levelling off now. There is over 10% decrease in children with 'healthy weight' between Reception year and Year 6 cohorts.

Rationale for change:

The CCG wishes to support people to self-manage their conditions and empower them to

have greater control over their lives. Where there is a pressing clinical need, cases will be considered on an exceptional basis. The CCG feels that through working with Public Health and our providers to support people to better manage their conditions and engage and participate in improving their wellbeing the need for bariatric surgery should decrease while outcomes for patients should improve.

Both Basildon and Brentwood Health and Well Being Boards (HWB) support the need to prevent obesity and manage it so as to reduce the need to progress onto surgical intervention.

The Joint Strategic Needs Assessment (JSNA) outlines the 3 priorities for both Boards as:

Basildon HWB

- 1 Reduce smoking prevalence
- 2 Reduce obesity prevalence
- 3 Reduce health inequalities and tackling poverty

Brentwood HWB

- 1 Improve health of older people
- 2 Increase vaccination coverage
- 3 Reduce obesity prevalence

Impact:

It is suggested that the proposal should not greatly impact patients with obesity and weight issues as there are already various weight management services available that teach nutrition and lifestyle changes rather than opting for surgery. With any surgery there are risks and if patients can lose weight themselves naturally with the support of local services they are not going to be exposed to the risks of bariatric surgery and any possible complications.

This is a summary of the information which can be found on our website at <http://basildonandbrentwoodccg.nhs.uk/fit-for-the-future>



E-Cigarettes

Proposal:

Basildon and Brentwood CCG is proposing that e-cigarettes and other novel nicotine containing products are not prescribed on the NHS until they have been fully evaluated, their place in therapy established, and formulary processes have been followed.

Smoking and stop smoking services fall under the remit of Public Health. NICE has issued guidance PH 45

<https://www.nice.org.uk/Guidance/PH45> and associated quality standards.

Rationale for change:

Electronic cigarettes are novel devices that deliver nicotine by heating and vaporising a solution that typically contains nicotine, propylene glycol and/or glycerol and flavourings.

A Public Health England (PHE) report has estimated that about 2.6 million adults used electronic cigarettes in 2015. The report concluded that at this moment in time the long term health risks are not known. The report also estimated that nationally there are currently 1.8m prescription items dispensed each year that relate to smoking cessation (of which about 50% are nicotine replacement therapies (NRTs)). The nicotine replacement therapies that can be prescribed include:

- skin patches
- chewing gum
- inhalators, which look like plastic cigarettes through which nicotine is inhaled

- tablets, strips and lozenges, which you put under your tongue
- nasal spray
- mouth spray

These can all be prescribed by your GP or can be purchased within pharmacies.

Along with the prescribing of the above NRTs there is also the Public Health commissioned 'NHS Stop Smoking Service' that patients can access via telephone or the internet or via the online app without having to contact their GP. This service offers one-to-one sessions, group sessions or drop in services.

The CCG therefore feels there is existing sufficient support available to aid with the cessation of smoking.

Impact:

The CCG believes that the proposed changes would have little impact on the local population. As described above there are several NRTs available that support smoking cessation along with other therapies available from pharmacies. These methods are clinically proven to assist with the cessation of smoking as opposed to moving to an alternative way of smoking.

It has been estimated that costs for e-cigarettes would be around £1.1m per 100,000 population per year and that with a population of over 260,000 the CCG would face significant financial pressures to an already challenged health system.

This is a summary of the information which can be found on our website at <http://basildonandbrentwoodccg.nhs.uk/fit-for-the-future>



Simultaneous Joint Replacements

Proposal:

As part of a wider review of service restrictions, Basildon & Brentwood CCG is proposing to cease the funding of the following joint replacement procedures

- simultaneous hip replacement i.e. replacing both hips at the same time
- simultaneous knee replacement i.e. replacing both knees at the same time
- simultaneous shoulder joint replacement

Rationale for change:

Simultaneous joint replacement:

Simultaneous joint replacement, both joints being replaced at the same time and while there may be an advantage that the surgery is undertaken in one go, it does pose a greater risk. By having both joints replaced at the same time the surgery is therefore longer which alone can increase the risk of complications.

Recovery and rehabilitation time may be increased when having simultaneous joint replacements and therefore this can place a greater demand on the body, which in turn could lead to a complex and more expensive package of care being required.

The CCG's approach to the current financial challenges is to prioritise the limited funding it has so that the local population has access to the healthcare that is most needed. This assessment of need is made across the whole population of Basildon & Brentwood CCG and, wherever possible, on the basis of best evidence on what is clinically proven to work.

The proposed change would mean that simultaneous joint replacement would no longer be funded under the CCG. However, staged joint replacement would still be.

Impact:

It is suggested that staged joint replacement poses less risk to older patients and patients with heart conditions while also reducing the length of time patients are in hospital. The majority of patients having total joint replacements are over the age of 65 and while having staged joint replacements will mean having two episodes of surgery, the main advantage is that it reduces risk of complications.

The efficiencies made by no longer funding these procedures will go towards bringing the CCG back to its statutory financial balance position which is vital in order for it to be a viable organisation and fund future services for the local population.

This is a summary of the information which can be found on our website at <http://basildonandbrentwoodccg.nhs.uk/fit-for-the-future>



Cosmetic Surgery

Proposal:

That the CCG no longer commissions Cosmetic Surgery procedures:

- Breast Procedures - Asymmetry/reduction/mastopexy including revision/replacement
- Gynaecomastia
- Liposuction /Skin contouring/Body contouring
- Cosmetic Surgery

Funding for reconstructive surgery will continue, where this is not for cosmetic purposes.

Rationale for change:

The CCG has a current financial deficit and is having to make decisions about ceasing funding of services and therefore has to review funding of all procedures of low/limited clinical value.

Impact:

There should be limited impact on patients as these procedures are thought to be of low clinical value. Cosmetic surgery is a choice rather than a clinical need and should therefore be self-funded. Efficiencies made will go towards the CCGs financial deficit position and work towards bringing the CCG back to its duty of financial balance.

Sterilisation Male & Female

Proposal:

Basildon and Brentwood CCG is proposing to stop all male and female sterilisation. For males this comprises of both conventional and no-scalpel vasectomy and for females this relates to blocking or sealing of fallopian tubes.

Rationale for change:

Since 1 April 2013, local authorities have had the responsibility for ensuring the commissioning and delivery of all community and pharmacy contraceptive services (apart from services provided by GPs).

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (HM Government 2013) states that services should include advice on, and reasonable access to, a broad range of contraceptive substances and appliances as well as advice on preventing unintended pregnancy. When the regulations mention 'contraception' they are referring to both regular and emergency contraception.

Local Authorities are also responsible for: sexual health promotion, sexual health education and training for staff in community services, human immunodeficiency virus (HIV) prevention, testing and treating sexually transmitted infections (STIs) and partner notification.

The vasectomy and female sterilisation services are considered to be one of many forms of contraception and are deemed to have no or limited clinical value.

Impact:

As there are numerous methods of contraception available locally (both free and paid for) and with the clinical rationale deeming sterilisation to have no or limited clinical value, the CCG believes this to be an appropriate restriction that would have minimal impact on both male and female patients.

This is a summary of the information which can be found on our website at <http://basildonandbrentwoodccg.nhs.uk/fit-for-the-future>



Toric Intraocular Lens Implant For Astigmatism

Proposal:

As part of a wider review of service restrictions Basildon & Brentwood CCG is proposing to cease the funding of Toric intraocular lens implant (IOLs) for astigmatism.

Rationale for change:

The proposal is that the CCG will continue to fund cataract surgery but will not fund toric intraocular lenses which are used to correct astigmatism.

The CCG's approach to the current financial challenges is to prioritise the limited funding it has so that the local population has access to the healthcare that is most needed. This assessment of need is made across the whole population of Basildon & Brentwood CCG and, wherever possible, on the basis of best evidence on what is clinically proven to work.

Impact:

The efficiencies made by not funding this procedure will go towards bringing the CCG back to its statutory financial balance position which is vital in order for it to be a viable organisation and fund future services for the local population.

As there are alternative IOLs procedures available the CCG believes there would be limited impact to patients.

More detail on these proposals can be found on our website, www.basildonandbrentwoodccg.nhs.uk. Or you can contact us using the details at the end of this document to get the information sent to you in an accessible format.



How can I give my view on these proposed changes...

Come to a public meeting:

Tuesday 19th July, 6pm-8pm
at Pitsea Leisure Centre, Northlands
Pavement, Pitsea Centre, Basildon SS13 3DU

Wednesday 27th July, 6pm-8pm
at Holiday Inn, Festival Leisure Park,
Basildon SS14 3DG

Thursday 28th July, 6pm-8pm
at Brentwood Community Hospital, Crescent
Drive, Brentwood CM15 8DR

Friday 12th August, 10am-12noon
at Wickford Health Centre, Market Rd,
Wickford SS12 0AG

Friday 26th August, 1pm-3pm
at Emmanuel Church Hall, Laindon Road,
Billericay CM12 9LD

CCG AGM: Thursday 8th September,
4pm-8pm at St. George's Suite, The
Basildon Centre, St. Martin's Square,
Basildon, Essex, SS14 1DL

**You can also tell us what you think
by completing the online questionnaire
on our website,
www.basildonandbrentwoodccg.nhs.uk.**

Alternatively, if you are unable to complete the questionnaire online, you can download a copy, print, complete and post to:

Fit for the Future
NHS Basildon and Brentwood Clinical
Commissioning Group
Phoenix Place
Christopher Martin Road
Basildon SS14 3HG

You can also join a patient group where you can feedback your views in a supportive environment. Find more information on how you can get involved in your local group here

If you have any questions or require further information, please contact us by email: bbccg.involvement@nhs.net or write to us at the above address.



*Basildon and Brentwood
Clinical Commissioning Group*

Creating local health and care services that are...

Fit for the Future

The Intermediate Care Review Summer 2016

Last year's Fit for the Future community engagement gave us the opportunity to talk about the challenges of providing quality services which meet the needs of a growing population of older people and the rise in the number of people living with long term conditions in a time of increasing financial constraint. Our response to these challenges is to set out a programme of change and transformation in which we focus much more strongly on services which help individual patients to remain as well and independent as possible, which are delivered closer to home and which reduce the need for expensive and often unnecessary hospital-based care.

One of the areas we are looking at is services which provide intermediate care for patients within Basildon and Brentwood. Some of this care is currently provided in the community and in patients' own homes, and some is provided in a number of intermediate care beds based in community hospitals. An audit of patients using these beds, carried out last autumn, showed that a significant number of patients may have been better off being managed at home with the support of appropriate community-based services.

We are proposing to expand and develop a range of services which provide intermediate care outside of a hospital setting and reduce the number of community care beds from 90 to 59. Healthcare facilities currently occupied by beds for a relatively small number of patients can then be used to provide services for the wider community. With this in mind, the CCG proposes that Mayflower Hospital, currently housing 22 intermediate care beds, would no longer accommodate beds and instead offer a larger range of community/mental health services, and potentially social and primary care services.

In addition, alongside Thurrock Clinical Commissioning Group, we propose to consolidate the dementia beds currently in place at Thurrock Community Hospital (Grays) from the current two wards into one ward. Before this happens we will invest in increasing the capacity of specific teams that support the management of patients with dementia in their homes.

What is intermediate care?

Intermediate care describes short term NHS and/or social care support that aims to help you return to live as independently as possible following a period of ill health, for example following a fall or a period of severe respiratory problems. It is typically in place for a period of three to eight weeks.

Why are we proposing these changes?

- An audit of patients in Intermediate Care beds carried out in September 2015 found that as many as 40% would have had their needs more appropriately met by a domiciliary based health or social care package.
- Developments such as the Dementia Crisis Support Team mean that there are many under-utilised beds in the system, particularly within the dementia assessment and challenging behaviour wards. Experience shows that where there is spare bed capacity, those beds are filled, regardless of need.
- The intermediate care beds are expensive at £105k per bed per year. Services based in the community are more affordable and can offer care and support to a greater number of people whilst also helping to maintain a patient's independence.

2 Fit for the Future

How do we intend to meet the needs of patients requiring intermediate care in the future?

There will still be beds available for patients who need them. However there is evidence that many patients who are currently being cared for in an intermediate care bed may be better off remaining in their own homes under the care of appropriate community based services.

Together with our partner organisations across Essex we are launching new services which provide care and support in a range of different ways, such as the Reablement at Home service, which offers adults across the county up to six weeks of intensive support to regain their independence following a health or social care crisis, and Social Prescribing, where people with specific needs are matched with the appropriate voluntary sector service. We are also planning to invest at least £500,000 in expanding a range of community based services which offer support to patients in their own homes, such as the Dementia Crisis Team, dementia nurses, community therapies and community support workers. In this way we can ensure appropriate intermediate care is offered to a greater number of patients than currently, using our resources more effectively to support the growth in demand.

What is the impact on patients?

As currently happens, patients referred for intermediate care will continue to be assessed and offered the care package that best supports them to regain independence. Our proposed changes mean that more patients will be able to remain in their normal place of living, with an appropriate package of care in place. Beds will continue to be based in Brentwood Community Hospital and Mountnessing Court, and, for patients with more severe dementia needs, Thurrock Community Hospital. Patients will no longer be seen as inpatients in Mayflower Community Hospital. Like Mayflower, Mountnessing Court is well served by car-parking and bus routes.

What other options did we consider?

As part of the development of this proposal, we considered a number of potential options for the new configuration of services, including commissioning all beds from one locality – all in Brentwood or all in Billericay, and in particular whether Mayflower Community Hospital or Mountnessing Court offered the best environment for inpatients. Factors such as patient safety,

access, opportunities for alternative use of premises, value for money, and ensuring an equitable solution across the whole of Basildon and Brentwood were taken in to account. Mountnessing Court offers an environment which is much better suited to patients with dementia who need intermediate care and those who don't have dementia. Doctors, nurses and therapy staff all agree that Mountnessing Court offers the best solution for patients.

Mayflower Hospital, a new health and care centre?

As part of this service redesign, there will be space freed up in Mayflower Community Hospital that can then be used to deliver a wider range of services. This will include both community and mental health services but could also include social care and primary care services. We will work with our providers to implement new solutions but would also like you to tell us which services you would like to see delivered from the Mayflower Community Hospital.

Tell us what you think...

Come to a public meeting:

Basildon - 19th July 6pm-8pm
Pitsea Leisure Centre

Brentwood - 28th July 6pm-8pm
Brentwood Community Hospital

Wickford - 12th August 10am-12pm Wickford
Health Centre Health Education Room

Billericay - 26th August 12pm-4pm
Emmanuel Church Hall, Billericay

Please contact us using the details below if you would like to come along to one of these meetings.

Visit our website and complete the online survey: www.basildonandbrentwoodccg.nhs.uk

Contact us

**NHS Basildon and Brentwood
Clinical Commissioning Group**
Phoenix Place, Christopher Martin Road,
Basildon, Essex SS14 3HG

01268 594350

Bbccg.involvement@nhs.net

www.basildonandbrentwoodccg.nhs.uk

HOSC/47/16

Committee Health Overview and Scrutiny

Date 27 July 2016

Report by: Graham Hughes, Scrutiny Officer

Colchester Hospital University NHS Foundation Trust (CHUFT) and the North East Essex and Suffolk Sustainability and Transformation Plan

Recommended actions:

- (i) To consider the Care Quality Commission report and the issues raised;
 - (ii) To finalise future approach, level of oversight and scrutiny towards the proposed partnership between CHUFT and Ipswich Hospital, and the development of the local Sustainability and Transformation Plan.
-

Background – Colchester Hospital

On 15 July 2016 the Care Quality Commission (CQC) released the latest of a number of highly critical inspection reports on CHUFT based on inspections in early and mid-April. The CQC's overall rating for the Trust remains as Inadequate.

The full 15 July 2016 CQC inspection report was circulated by email to HOSC members on the day of publication. The summary of findings from the main report is reproduced in an Appendix to this report.

On 28 April 2016 it was announced that the Trust would be entering into a partnership with Ipswich Hospital. Subsequently, the Colchester Chairman and Chief Executive left their posts and Colchester Hospital now has shared Chairman and Chief Executive with Ipswich Hospital.

Background – Sustainability and Transformation Plans

Sustainability and Transformation Plans (STPs) are to be established across the country. STPs are five-year local plans that will set out a sustainable approach to addressing the health needs of local populations, and accelerate the implementation of the NHS five year forward view vision of better health, better patient care and improved NHS efficiency.

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To develop and deliver these plans, NHS providers, CCGs, Local Authorities and other health and care services have come together to form 44 local STP “footprints” across the country, taking the following factors into account:

- a) Geography (including patient flow, travel links and how people use services);
- b) Scale (the ability to generate solutions which will deliver sustainable, transformed health and care which is clinically and financially sound);
- c) Fit with footprints of existing change programmes and relationships;
- d) The financial sustainability of organisations in an area; and
- e) Leadership capacity and capability to support change.

One such STP (or footprint) is Suffolk and North East Essex (900,000 people and 3 CCGs).

Approach

In previous consultation with the HOSC Chairman and Vice Chairmen, the suggested HOSC future approach towards CHUFT has been to look more strategically at their partnership with Ipswich, probably as part of the development of the Sustainability and Transformation Plan (STP) for the north east Essex and Suffolk area.

It is likely that the HOSC will be invited to join Suffolk HOSC to scrutinise the STP proposal for North East Essex and Suffolk.

CARE QUALITY COMMISSION – INSPECTION REPORT 15 JULY 2016

SUMMARY OF FINDINGS (pages 2-6 of the report)

The Care Quality Commission (CQC) carried out an unannounced inspection of Colchester General Hospital on the 4th and 5th April 2016. The purpose was to look specifically at safety and caring elements of the surgery, medical care and end of life care services, which were some of the key areas of concern from the September 2015 inspection. These areas were reflected in the section 29A warning notice served on the trust on 30th December 2015; the trust was required to have complied with the warning notice by 18th February 2016. This focused inspection was to assess if significant improvements had been made. The areas inspected in April 2016 included a selection of wards/departments that were identified as a concern in the September 2015 inspection, as well as areas where concerns were not identified during the previous inspection but local intelligence suggested that risks may have increased in those areas. This included concerns regarding risks of patients deteriorating without appropriate monitoring or escalation. The local inspection team had also received six complaints specifically regarding end of life care in the previous six months, which was a higher number than would be expected. An inspection of the emergency department was also included due to an increased number of complaints from the public, poor performance on the trust's quality metrics dashboard and an increased rate of serious incidents with four deteriorating patient deaths and five reported misdiagnosis incidents.

The inspection team also undertook a further announced inspection on 13th April 2016. During this inspection they met and interviewed members of the board and trust executive management team. The purpose of this announced inspection was to assess whether improvements had been made to the overall governance systems and processes within the trust. We also needed to assess whether any improvements were sustainable or had been sustained since our previous inspection.

Colchester Hospital University NHS Foundation Trust is comprised of two main hospital sites which are Colchester General Hospital and Essex County Hospital. Essex County Hospital is scheduled to close during 2017 and the only services currently provided on site are outpatient services and ophthalmic eye surgery under local anaesthesia. Colchester General hospital has 560 beds and provides district general hospital care to 370,000 people in North Essex. For this inspection The local inspection team focused on a selection of inpatient wards and the emergency department only.

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Colchester Hospital University NHS Foundation Trust and the Colchester General Hospital location were rated as inadequate at our last inspection in 2015. Following the publication of our inspection report in January 2016 I informed the trust they were required to make significant improvements, or a further decision would be taken with regards to the future of services at the Trust.

I will not be providing a rating to Colchester Hospital University NHS Foundation Trust or Colchester General Hospital for this inspection. The reason for not providing a rating was because this was a very focused inspection carried out to assess whether the trust had made significant improvement to services within the prescribed time frame.

In **medical care** our key findings were:

- The inspection team noted that on the Emergency Assessment Unit the conditions imposed on them on 29 January 2015 were being met.
- The inspection team identified significant concerns regarding the nursing leadership on Peldon ward with concerns raised to us regarding the bullying culture of the ward. Nurses on this ward were treated as either “English” or “Foreign” nurses with staff raising examples of unfair treatment by service leads.
- Patients spoken to on Peldon Ward were aware of the poor culture of the ward and reported to us that they were aware staff could be “sharp at times”.
- Two members of staff formally raised concerns to the inspection team using the whistleblowing policy. One of these concerns was of such a serious nature they were escalated to the director of nursing and medical director for immediate action and support for those involved.
- Poor culture for safeguarding patients were noted on Peldon ward, with practices noted to prevent or limit the movement of people with dementia on the ward who were referred to as ‘wanderers’. The practice involved placing a patient in bed and tilting the head back and feet up to prevent them from getting out of bed. We subsequently raised two safeguarding alerts to the local safeguarding authority following this inspection.
- The inspection team were concerned about the care provided to patients on Peldon ward and requested that the trust take immediate action to ensure that patients were protected from the risk of harm or abuse.
- The culture and levels of staff support in endoscopy had improved. However the disrepair of endoscopy equipment resulted in delays and cancellations to patient care and treatment due to the equipment being out of service.

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- There were observed improvements in how patients on Birch ward were cared for, with more positive staff interactions with patients. However the quality and recording of patient care in the records of patients on Birch ward was identified as a concern.

In **surgery** our key findings were:

- The inspection team noted improvements in previous wards of concern including Aldham ward and the allocated staffing on Mersea Ward. However, due to high rates of sickness this improved level of staffing could not be achieved.
- There was a notable decline in the care and safety of Brightlingsea ward where there was poor record keeping, care planning, medicines management and risk assessment. This ward has been raised as a concern by CQC on previous inspections, and the concerns about the ward's deterioration were raised to the executive team again on this inspection.
- Poor practice with safer surgery checklists was found on the previous inspection in 2015. A review was undertaken to see if improvements had been made. Serious concerns with the completion of the safer surgery checklist were noted. Staff do not routinely complete the 5th step by undertaking a debrief. Staff were observed to have completed post operation checklists prior to procedures commencing. Staff were also not routinely checking anaesthetic machines.
- The audit rates show 100% compliance for previous three months yet several incidents had been recorded where the checklist were not completed.

The inspection team checked the audit data and incident reporting but these did not correlate, therefore the data for the audits was not accurate.

In **end of life care service** our key findings were:

- The inspection team found that awareness amongst the staff regarding end of life care had improved, e-learning training had been provided, though not all staff had completed it.
- Staff were more engaged in end of life care and were responsive to concerns identified by the inspection team. However, there remained a lack of awareness of when to place a patient on the individual care records for last days of life. The inspection team identified three patients during the first day of inspection who were not on the care plan who should have been.
- The inspection team also found that where the individual care record for last days of life was in use, the completion of this record was not consistent.

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- There was a lack of recording of discussions with family and patients. There was a lack of evidence that information was provided about what they might expect which had reportedly caused some anxiety.
- The completion of DNACPR forms had not improved with the many reviewed being completed poorly or incorrectly. Several were seen with reasons for DNACPR given as 'Dementia'.
- Use of the Mental Capacity Act was poor in relation to end of life care. The majority of staff in the trust, according to the training matrix, have received training in MCA. However, this is not well reflected in the care being provided.
- There was a notable lack of syringe drivers available. Staff were reverting to the use of sub cutaneous ports for use when equipment not available. One patient, who died the day prior to inspection, was reviewed post inspection by the trustwide team following concerns about a potential overdose of

PRN (as prescribed) medication. We raised our continued serious concerns regarding the care for patients at the end of their life, and those nearing the end of their life to the trust executive team.

In the **Emergency Department** our key findings were:

- The inspection team observed that the nursing staff were working more cohesively. However there was a lack of integration with the medical staff.
- In December 2014 we imposed a condition on the trust's registration to ensure that streaming occurred within the department. The inspection team noted at our inspection in September 2015 that this was working well and appeared to be embedded in the department. However at this inspection we noted that at times of peak activity this process was abandoned. This impacted upon the risk of harm to patients.
- There was a noticeable lack of clinical leadership. Nursing leadership was good and was much improved and they were working to manage risks.

However the doctors were disengaged in the delivery of a safe, effective and responsive service.

- The streaming process did not function effectively due to staff shortages. There was there was no contingency plan in place for the event that there was a shortage of staff.
- The inspection team saw that first assessment of patients was taking up to 50 minutes. However, the 15 minute assessment times were showing at over 95%. This gave rise to concerns that the data provided by the department was not accurate.

- There were many patients in the corridor area near the ambulance bay, and still in ambulances due to the department being full. There was a lack of clinical oversight in this area from an experienced nurse and a lack of doctors reviewing patients.
- There was a lack of mobile rapid assessment and treatment process (RAT) leading to a lack of escalation/ recognition of the acutely unwell patient.
- The inspection team identified and escalated five patients who were not well. These patients had incorrectly calculated NEWS scores. Two further patients were escalated due to a lack of care, hydration and pain relief.

Our key findings from our **interviews with the executive management team and trust board** were:

- Whilst improvements had been made in some areas, there remained a lack of robust grip and proactive identification of risk.
- There was insufficient pace to address the wide range of significant improvements required.
- There was a lack of action and response by the board on key issues such as A&E performance and safer surgery checks, despite knowing the risks were there and presenting an immediate risk to patient safety.
- The senior team stated that they felt that there had been significant improvement. However, they also acknowledged that the trust in the longer term would not continue to be able to provide services without the support of an external organisation.

Based on the findings of this inspection I authorised that urgent enforcement action be taken against the trust in respect of the emergency department streaming process and patients' being cared for in the corridor area. I also authorised for enforcement action to be taken on the surgery service in respect of ensuring that safer surgery checklists are completed and patients are protected from the immediate risk of harm. The trust has been in special measures for more than two years and subsequently based on the inspection findings I cannot recommend a further extension to special measures.

I have recommended to the secretary of state that a solution needs to be found, and a partnership agreement with Ipswich Hospital NHS Trust is being established. CQC will continue to monitor this trust closely to ensure that patients receive safe, effective, responsive and well led care.

Professor Sir Mike Richards - Chief Inspector of Hospitals

HOSC/48/16

Committee Health Overview and Scrutiny

Date 27 July 2016

Complex urological cancer surgery in Essex

Report by: Councillor Ann Naylor/ Graham Hughes, Scrutiny Officer

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

1. Purpose

On 1st April 2015 the Committee gave authority to establish a Joint Committee with Southend and Thurrock Unitaries to review NHS England proposals for the future provision of complex urological cancer surgery in Essex.

2. Background

NHS England is looking to concentrate the most complex specialist surgery for prostate, bladder and kidney cancers at one centre in Essex. The purpose of the Joint Committee is to consider these proposals.

3. Update

On 6 July 2016 NHS England issued a Stakeholder Bulletin announcing the conclusions of the Independent Panel established by them to evaluate the respective bids received from Colchester and Southend Hospitals to host the specialist centre for complex urological cancer surgery in Essex. The Panel is recommending Southend Hospital to host the facility. This announcement received significant local media coverage in subsequent days.

The Joint Committee will be reviewing the engagement and consultation process up to now and what is required going forward. The Joint Committee will be convening in the coming weeks.

4. Action required

As scrutiny of the proposals for complex urological cancer surgery will be undertaken by the Joint Committee, the HOSC is asked solely to note this update.

HOSC/49/16

Committee Health Overview and Scrutiny

Date 27 July 2016

GENERAL UPDATE

Report by Graham Hughes, Scrutiny Officer

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

Recommendation: If there are no issues arising to note the update below:

(i) LOCAL HEALTH NEWS

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>

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Castle Point and Rochford CCG

Over the course of the 2016, every care home in Castle Point and Rochford will become aligned with a single GP practice that will be responsible for providing a set level of care to care home residents. The CCG has introduced the new service to help address problems at an earlier stage, prevent avoidable trips to hospital and provide reassurance to residents and their families. The service is set to roll out in the Rayleigh locality first, with a view to introducing the service in Benfleet, Rochford and Canvey Island later in the year

North East Essex CCG

The CCG have specifically highlighted to the HOSC that the following items were due to be discussed at its Board meeting on 26 July 2016:

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- **Feedback from the Big Care Debate 2** – the CCG's public engagement exercise between January and April 2016. The paper highlights key themes that local people have fed back to the CCG about their experiences of accessing health and social care as well as suggestions around waste and duplication that could be reviewed.
- **Urgent Care review** – A review of the major elements of the current out of hospital urgent care service provision, including NHS 111, Walk-in Centre and Minor Injuries Units. This is to ensure services are consistent and easily accessible for local people.
- **Paediatric Vision Training** – a report to the Board on the outcome of the feedback received following a five week period of public engagement.
- Progress update on the CCG's **Primary Care Strategy**.

Copies of the above reports are available on the CCG website - <http://www.neessexccg.nhs.uk/Library/CCG%20Board%20Meeting.html>

Essex County Council

Essex County Council has published updated district profiles, which give key information about each of the districts in Essex including information and analysis on health issues. The profiles are updated every two years and form part of the Joint Strategic Needs Assessment (JSNA) for Essex. Follow this link to the profiles [Updated district profiles](#)

(ii) SERVICE CHANGES AND VARIATIONS

Primary care

On 6 July 2016 NHS England announced that patients who are currently registered with the three GP dispensing practices detailed below will no longer be eligible to have their medication dispensed from their GP practice. This is due to a new pharmacy opening in the Takeley area in August 2015.

- F81004 Eden Surgeries, Broomfields, Hatfield Heath, CM22 7EH
- F81111 Elsenham Surgery, Station Road, Elsenham, CM22 6LA
- F81118 John Tasker House Surgery, 56 New Street, Gr Dunmow, CM6 1BH

Under The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, if a new pharmacy opens and a dispensing patient now lives within 1.6km of that pharmacy, that patient must have their prescriptions dispensed at a pharmacy (either the new pharmacy or another one) rather than at their practice as the patient is no longer eligible to be treated as a dispensing patient there. This is in line with the Regulations.

Clinical Commissioning Groups

Castle Point and Rochford CCG

The CCG has taken the decision to reduce the quantity of prescribed Gluten Free food that patients can order by 50 per cent. The decision was taken following a public consultation and discussions with Coeliac UK and other specialist health professionals. From the consultation the CCG found that patients struggle to find brands they trust in supermarkets, therefore the decision was taken to continue with Gluten Free prescribing in part, rather than stopping prescribing all items.

North East Essex CCG

Paediatric Vision Training – a report is going to the CCG Board on the 26th July 2016 on the outcome of the feedback received following a five week period of public engagement.

A copy of the above report is available on the CCG website -
<http://www.neessexccg.nhs.uk/Library/CCG%20Board%20Meeting.html>

Essex Clinical Commissioning Groups - Board Meeting dates 2016

Date	Time	Location	Event
22 September	13:15	The Board Room Phoenix Place Basildon	Basildon and Brentwood CCG
24 November	13:15	The Board Room Phoenix Place Basildon	Basildon and Brentwood CCG
8 September	14:00	The Freight House Bradley Way Rochford SS4 1BU	Castle Point and Rochford CCG – Annual General Meeting
29 September	14:00	Audley Mills Education Centre 57 Eastwood Road Rayleigh SS6 7JF	Castle Point and Rochford CCG
4 August	13:30	Chelmsford City Football Club Melbourne Stadium Salermo Way Chelmsford CM1 2EH	Mid Essex CCG
29 September	13:30	Witham Public Hall Collingwood Road Witham Essex CM8 2DY	Mid Essex CCG
27 September	14:30	Aspen House Stephenson Road Colchester C04 9QR	North East Essex CCG
29 November	14:30	St James Church Hall Tower Road Clacton on Sea C015 1LE	North East Essex CCG
29 September	9:30	Essex Studio Zincs Arts Ongar	West Essex CCG
24 November	9:30	Conference Room, Harlow Health Resource Centre Harlow	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
22 September	13:30	Postgraduate Medical Centre, Colchester General Hospital	Colchester Hospital University NHS Foundation Trust – Annual Members' Meeting
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
28 November	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 nd floor Southend Hospital	Southend University Hospital NHS Foundation Trust – Trust Board meetings
5 October	9:30	The Boardroom Education Centre 2 nd floor Southend Hospital	Southend University Hospital NHS Foundation Trust – Trust Board meetings
28 September	TBC	Trust Board Room (Lower Ground Floor) The Princess Alexandra Hospital Hamstel Road Harlow	The Princess Alexandra Hospital NHS Trust – Annual General Meeting

Date	Time	Location	Event
27 October 2016	TBC	Trust Board Room (Lower Ground Floor) The Princess Alexandra Hospital Hamstel Road Harlow	The Princess Alexandra Hospital NHS Trust – Annual General Meeting

Essex Mental Health Services - Meeting dates 2016

Date	Time	Location	Event
28 September	09:00	Stapleford House 103 Stapleford Close Chelmsford CM2 0QX	North Essex Partnership University NHS Foundation Trust – Public Board Meeting
28 September (TBC)	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/50/16

Committee Health Overview and Scrutiny

Date 27 July 2016

Report by: Graham Hughes, Scrutiny Officer

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

The agreed focus for the remainder of the 2016/17 HOSC work programme:

- (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 a 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
- (iii) **Mental Health**
 - Task and Finish Group looking at services for children & young people
 - Merger proposals for the two Essex Partnership Trusts

HOSC members are encouraged to continue discussions on 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:

- Wednesday 7 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 continue to discuss “ways of working” for the HOSC;**
- (ii) Make any suggestions for future briefings and/or site visits;**

HEALTH OVERVIEW & SCRUTINY COMMITTEE – WORK PROGRAMME SNAPSHOT AS AT 27 JULY 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)
<i>Healthwatch Essex work programme updates (quarterly either in Full Committee or in briefing sessions)</i>	<i>Complex Urological Cancer Surgery proposals (with Southend and Thurrock)</i>	<i>Local Health and Care services in the community</i>	<i>Local Health and Care services in the community (provisional)</i>
<i>Obesity Issues in Essex Scrutiny Report – Implementation reviews (October 2016 and April 2017 - TBC)</i>	<i>Mental Health Services for children and young people</i>	<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>Success Regime (overall programme update) (September or October 2016)</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>
<i>Success Regime – further update on recommendations from Citizen Engagement Conference (September 2016)</i>		<i>Mental Health</i> <ul style="list-style-type: none"> - Merger of (mental health) partnership trusts - ECC Strategic review 	
<i>Mental Health – merger proposals and strategic oversight (September/October 2016)</i>		<i>NHS England Specialist commissioning issues/service variations</i>	<i>NHS England Specialist commissioning issues/service variations</i>
		<i>Consultations on other service reconfigurations & variations, eligibility & accessibility changes.</i>	

