
Minutes of the meeting of the Health Overview and Scrutiny Committee, held in Committee Room 1 County Hall, Chelmsford, CM1 1QH on Monday, 20 March 2017

Present:

County Councillors present:

J Reeves (Chairman)	D Harris (Vice-Chairman)
K Bobbin	T Higgins (substitute)
J Chandler	R Howard
P Channer	A Naylor
R Gadsby	A Wood (Vice-Chairman)
K Gibbs	

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

Also in attendance:

County Councillor A Brown, Cabinet Member for Communities and Corporate
David Sollis, Healthwatch Essex observer

The following Officers were present in support throughout the meeting:

Graham Hughes, Scrutiny Officer
Fiona Lancaster, Committee Officer

1 Membership

The Chairman reported that Councillor Jo Beavis had re-joined the HOSC to serve as a non-voting co-opted member for the remainder of the 2016-17 municipal year. Unfortunately, she was unable to attend the meeting due to a prior business commitment.

2 Apologies and Substitution Notices

Apologies for absence had been received from County Councillors M Fisher (substituted by Councillor T Higgins), D Blackwell, and Braintree District Councillor Jo Beavis.

3 Declarations of Interest

Councillor A Wood declared an interest as a Governor of the North Essex Partnership University NHS Foundation Trust (NEPFT).

Councillor P Channer declared an interest as a member of the Maldon Health Hub Stakeholder Project Board.

David Sollis declared an interest in agenda item 6 (Healthwatch Essex update),

as the Engagement Manager employed by Healthwatch Essex, and would withdraw for that item.

4 Minutes

The minutes of the meeting of the Health Overview and Scrutiny Committee held on 8 February 2017 were approved as a correct record and signed by the Chairman.

5 Questions from the Public

There were no questions.

6 Healthwatch Essex update

The Committee considered a report (HOSC/13/17) by Dr Tom Nutt, Chief Executive Officer, Healthwatch Essex (HWE) regarding HWE's involvement in advising on public engagement for the Sustainability Transformation Plans (STPs) and other current health issues in Essex. Dr Nutt was in attendance to participate in a question and answer session.

During discussion the following was acknowledged, highlighted or questioned:

General:

- HWE provides an 'independent voice' for Essex residents;
- HWE has few 'hard' powers and instead relies on 'soft' power through influence. The collection of lived experiences/evidence in a variety of ways can be used as an argument for change;
- HWE has the power to enter and view premises where care takes place, but it does not use that power, preferring to work co-operatively and by consent. HWE reserved the right to use the power, but there were examples of where this had been misapplied elsewhere;

STP engagement and collaboration:

- The benefit of being an independent member on the Mid and South Essex STP enabled HWE to contribute to discussions;
- HWE reports/podcasts demonstrate that they show evidence constructively on what changes are needed to service quality and outcomes;
- HWE would like to be more involved in the development of the Herts and West Essex STP, but they had limited resources to do so. Members acknowledged that the Herts HWE was more involved with this STP;
- Lightweight STP governance arrangements were a concern and the need for stronger powers to bind STPs to work together;
- HWE's role in advising the STPs to communicate their activities to residents, and the risks if they failed to do so. Wherever possible, HWE use their own resources to publicise STP activities;
- The creation of a separate subsidiary company, *HWE Insights*, has enabled HWE to provide dedicated research or engagement activities on a paid-for basis;

- No A&E department closures were planned in South Essex, although services were being reconfigured. Effective communication arrangements were needed to combat against unfounded rumours;
- HWE has no formal links to central government, although it has cultivated some working relationships with local MPs. HWE is accountable to Essex County Council and the public;
- As the (informally) designated Engagement Lead for the North East Essex and Suffolk STP, HWE was able to influence and help shape the communications plan by having access to officers designing new service workstreams. HWE had also contributed by creating a nationally recognised 'Healthwatch Harriet' film which was available on their website;
- The Mid and South Essex STP had made good progress on the design of future acute services, but there was mixed progress on the redesign of 'Out of Hospital' pathways, and no noticeable switch of resources to prevention and early intervention and this was a concern;
- The pressures involved with building good working relationships, despite changes in organisational personnel/members;

Mental Health Trust (SEPT/NEP) merger:

- HWE had limited direct engagement with the merger, although they had been influential through *HWE Insights* commissions;
- HWE Ambassadors were trained and had access to additional support if needed;

North East Essex Walk-In-Centre:

- HWE had advised the CCG on what good engagement for this issue would look like;
- This was a service change which needed to be taken into account by the STP;
- Members acknowledged there had been a good response to the public consultation;
- The advantages of having better patient engagement to understand experiences which can then be factored into decisions, rather a reliance on formal public consultations where choices are limited;

Future work planning:

- Members acknowledged HWE 2017-18 priorities and the particular emphasis on self-care, young people, maternity and peri-natal mental health and carers;
- At the invitation of the HOSC Chairman, Dr Nutt suggested the following as issues that the HOSC may want to consider scrutinising in future: (a) shift from reactive to preventative services; (b) sustainability of Primary Care, and (c) role of social care and carers.

The Chairman thanked Tom Nutt for his attendance and input and he left the meeting at this point.

With the agreement of the Committee, the Chairman then varied the order of business.

7 Obesity issues in Essex - Implementation review

The Committee considered a report (HOSC/18/17) by Adrian Coggins, Head of Public Health and Wellbeing Commissioning, Essex County Council on the implementation of the recommendations from the Obesity Issues in Essex scrutiny report. Adrian Coggins was in attendance to participate in a question and answer session.

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

- The complexity of the issue and a reminder that the Task and Finish Group's 21 recommendations focussed on the need for greater co-ordination and joint working across different services;
- Virgin Care, the new provider for Pre-birth to 19 services, would be required to build up broad social resilience and, in particular, social networks for new mums;
- The Virgin Care contract contains explicit and stretching requests with timescales, for example, to reduce the levels of obesity in the most deprived areas by the age of 11;
- The high level of engagement with schools (90%) through the Healthy Schools Programme and high uptake of free school meals, and how this could be maintained;
- The need to persuade more children to have healthy school meals;
- Significant progress had been made relating to sport in schools and the delivery and promotion of the Daily Mile programme by Active Essex;
- The benefits of participating in multi-generational park runs, and of peer pressure from children on their parents;
- The influence that can be exerted on fast food establishments eg the Tuck-In Scheme;
- The success of the Braintree whole-system approach pilot where 16 food establishments had already signed up to use healthier cooking methods under the Tuck-In Scheme;
- Children would be weighed and measured to enable the whole system approach to be evaluated;
- Understanding where national government initiatives were needed ie reducing sugar in drinks.

The Committee **agreed** that it should be suggested to the new HOSC membership that this issue should continue to be monitored and that Adrian Coggins would liaise with the Scrutiny Officer accordingly.

8 Mental Health Services for Children and Young People in Essex - Task and Finish Group Final report

The Committee considered a report (HOSC/17/17) by the Task and Finish Group that had looked at Mental Health Services for Children and Young People in

Essex.

The following were in attendance to participate in a question and answer session:

- County Councillor Anne Brown, Cabinet Member for Communities and Corporate
- Clare Hardy, Head of Commissioning - People, Essex County Council

Southend Borough Councillors Helen Boyd and Caroline Endersby were also welcomed to the meeting as members of the Task and Finish Group.

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

- The benefits from the collaboration between Essex and Southend Councillors on the Task and Finish Group, and of sharing information;
- Members noted that Thurrock Council had declined to be involved in the scrutiny;
- The importance of early intervention in preventing more significant problems and the role that schools play in identifying issues at an early stage;
- The useful insight which Members gained from visiting some of their local schools which used mental health services. It was apparent that Essex schools and NELFT need to work together, and for there to be a good referral system;
- Members expressed concern regarding the lengthy waiting times for assessment and intervention, although they acknowledged that NELFT faced the challenge of coping with a caseload which was almost double the level inherited from the previous provider;
- Closer working partnerships with the community and voluntary sectors need to be developed;
- New online/digital resources for schools were being developed to provide best practice on dealing with such issues as self-harm and suicide;
- The Head of Commissioning commented that West Essex Clinical Commissioning Group, as Lead Commissioner of the contract with NELFT, needed to be involved with providing a collaborative response to the report Recommendations, as there could be some significant workforce and financial implications;
- If early intervention measures could save money, or whether they would make the population more dependent on healthcare services;
- The negative impact of social media on children's emotional wellbeing;
- Members questioned if the targets to improve waiting times were sufficiently stretching, and acknowledged the Group's aspiration to see an 'Essex waiting time' that could become a standard for others to aim for;
- A pilot with Essex Outdoors and the Youth Service was being evaluated;
- Members noted that since the circulation of the report, and after consultation with commissioners, some minor factual changes had been made to the report although they did not materially change any of the

- Group's findings or conclusions;
- The Cabinet Member expressed disquiet that some partner organisations had not had the opportunity to comment on the draft report before its planned publication.

The Committee **agreed**:

a) That details of the amendments which had been made to the report after its circulation with the agenda would be provided to the HOSC so that Members had the opportunity to comment and agree the finalised report before the report was published.

b) That the report would be distributed to local MPs, Essex District/Borough Councils, Essex Clinical Commissioning Groups, all Essex schools, the Secretary of State, the Essex Health and Wellbeing Board, Healthwatch Essex, and the Young Essex Assembly.

The Chairman thanked the Task and Finish Group for their report, and the contributors for their attendance and input.

9 **Long-term strategic partnership of Colchester and Ipswich Hospitals**

The Committee considered a report (HOSC/14/17) on the long-term strategic partnership of Colchester University Hospital NHS Foundation Trust (CHUFT) and the Ipswich Hospital NHS Trust (IHT).

The Committee **agreed** that a letter would be sent to Nick Hulme, Chief Executive, Ipswich and Colchester Hospitals, requesting future dates on milestones which would enable the HOSC to plan its work, and a copy of the communications and engagement strategy.

The report was otherwise **noted**.

10 **Essex/Suffolk Joint Health Scrutiny Committee**

The Committee considered a report (HOSC/15/17) on the Essex/Suffolk Joint Health Scrutiny Committee, together with a copy of the proposed Terms of Reference.

Councillor D Harris reported that both he and Councillor Wood had participated in the first public meeting of the Joint Committee held on 10 March, and that he had been elected Vice-Chairman. At the Joint Committee meeting, the Members had discussed the progress made since the publication of the Suffolk and North Essex Sustainability and Transformation Plan (STP) in November 2016. It was anticipated that more information would be available at the next meeting regarding the STP action plan and timetable.

The Committee **noted** the oral update and **agreed** to endorse the Joint Scrutiny Committee's Terms of Reference.

11 Autism services in Essex

The Committee noted a report (HOSC/16/17) providing updates on performance and next steps from the North East Essex, Mid and West Essex and South Essex service areas.

The Members **noted** the suggestion that the Committee may want to expand its future scrutiny and look at the waiting time for the diagnostic assessment of children under 18 years.

The Committee **agreed** that the Scrutiny Officer would plan for lead commissioners and providers of autism services in Essex to attend a future HOSC meeting to enable Members to scrutinise progress relating to waiting times and the achievement of targets.

12 General update

The Committee **noted** a report (HOSC/19/17) from the Scrutiny Officer outlining updates on health news, Care Quality Commission (CQC) inspections, primary care service changes and variations, and forthcoming meeting dates for 2017 public meetings.

13 Urgent Business

The Chairman announced that due to the forthcoming County Council elections it would not be practical for the HOSC to comment individually on NHS Quality Accounts for 2016-17. The Committee was reminded that it was not obliged to review the accounts, and was satisfied that local healthcare providers would be notified of the arrangement.

The Committee **agreed** the proposed approach for 2017.

14 Date of Next Meeting

The Committee **noted** that the next meeting would take place at **10.30 am** on **Wednesday 7 June 2017**, in Committee Room 1 at County Hall (preceded by a private pre-meeting for Members only at **9.30 am**).

The Chairman concluded the meeting by remarking that this was the final HOSC meeting before the May 2017 County Council election. She thanked the Members for all they had accomplished over the past four years and wished them well.

The Chairman and Members expressed particular thanks to Graham Hughes and Fiona Lancaster for all their support. Councillor Wood, on behalf of the Committee, then thanked Councillor Reeves for her chairmanship of the HOSC since the last County Council elections.

Chairman

