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

County Councillors present:

J Reeves (Chairman) D Harris K Bobbin R Howard P Channer A Naylor

M Fisher C Sargeant (substitute)

K Gibbs A Wood

Borough/District Councillors present: J Beavis (Braintree District Councillor)

M Sismey (Chelmsford City Councillor) S Harris (Uttlesford District Councillor)

Also in attendance:

County Councillors Graham Butland (Cabinet Member, Health) and Anne Brown (Cabinet Member for Corporate, Communities and Customers)

David Sollis (Healthwatch Essex observer)

The following Officers were present in support throughout the meeting:

Graham Hughes - Scrutiny Officer Fiona Lancaster - Committee Officer

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

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

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

### 2. Appointment of Vice-Chairmen

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

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

Councillor D Harris (proposed by Councillor Fisher and seconded by Councillor Bobbin)

2 Minutes 1 June 2016

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

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

## 3. Apologies and Substitution Notices

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

#### 4. Declarations of Interest

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

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

#### 5. Minutes

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

#### 6. Questions from the Public

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

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

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

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

## 7. Mental Health Strategy

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

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

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

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

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

4 Minutes 1 June 2016

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

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

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

The report was otherwise noted.

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

### 8. Complaints Handling

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

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

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

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

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

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

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

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

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

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

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

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

The reports were otherwise **noted**.

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

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

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

6 Minutes 1 June 2016

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

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

The report was otherwise **noted**.

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

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

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

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

The report was otherwise **noted**.

### 11. Quality Accounts

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

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

The report was otherwise **noted**.

### 12. General Update

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

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

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

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

The report was otherwise **noted**.

## 13. Work programme

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

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

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

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

The report was otherwise **noted.** 

### 14. Date and Time of Next Meeting

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

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