

**Minutes of the meeting of the Health Overview Policy and Scrutiny Committee,
held in the Committee Room 1, County Hall, Chelmsford on Thursday 5
October 2023 at 10:30am**

Present

Cllr Jeff Henry (Chairman)

Cllr Richard Moore

Cllr Paul Gadd

Cllr Mike Steptoe (vice-chairman)

Cllr Ian Grundy

Sharon Westfield-de-Cortez

Cllr Dave Harris (vice-chairman)

Cllr Mike Mackrory

Apologies

Cllr Eddie Johnson

Cllr Paula Spenceley (co-opted)

Cllr June Lumley

Cllr Stephen Robinson

Cllr Daniel Land

The following officers were supporting the meeting:

- Richard Buttress, Democratic Services Manager
- Freddey Ayres, Democratic Services Officer

1. Membership, apologies and declarations

Apologies were received from Cllr Johnson, Land, Lumley, Spenceley and Robinson.

Cllr Mike Mackrory substituted for Cllr Robinson.

Cllr Henry declared that he is an ECC appointed governor at Mid and South Essex NHS Foundation Trust.

2. Minutes of previous meeting

The minutes of the meeting held on Thursday 7 September 2023 were approved and signed as an accurate record.

3. Questions from the public

No questions from the public were received.

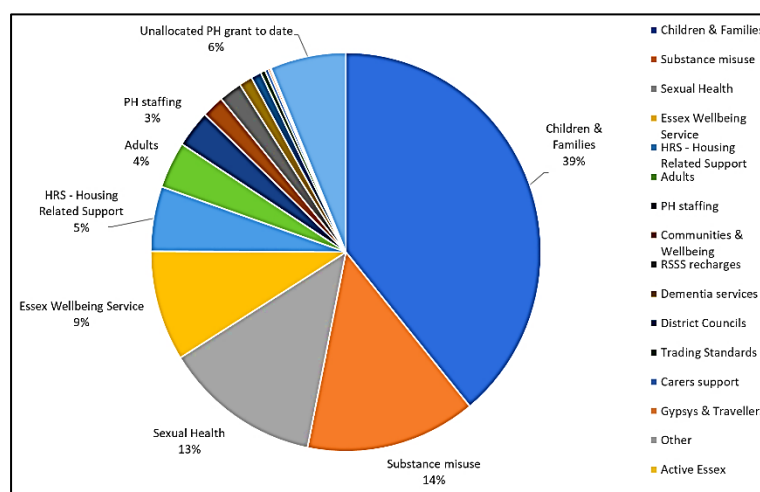
4. Public Health update

The Chairman welcomed to the meeting:

- Lucy Wightman, Director for Public Health and Communities
- Adrian Coggins, Head of Wellbeing and Public Health

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

- Purpose of update is to provide an overview on the Public Health, Wellbeing and Communities business plan
- Public Health includes special public health services, Trading Standards, Gypsy and Traveller service, Active Essex and Strengthening Communities service
- Have tried to create an accessible plan, with priorities delivered through insights, interventions, innovation, technology and workforce
- Addressing inequalities/levelling up through four P's+:
 - Productive Partnerships
 - Place based public health
 - Prevention
 - Public health priorities
 - + is mental wellbeing
- Overarching outcomes re to increase disability-free life expectancy and reduced premature mortality (preventable causes)
- Public Health is everyone's business and this strategy requires partner commitment to the six Population Health System Principles and Actions
- Wellbeing, Public Health and Communities team have developed new ways of working to ensure they are able to deliver on the ambitions outlined in their strategy
- Have identified a programme of development in order to fulfil its new responsibilities
- Each upper tier local authority receives an annual grant that is ring-fenced for use on public health functions
- Conditions for the use of the grant are outlined nationally and the Department for Public Health (DPH) provides annual assurance to the Secretary of State on the appropriateness of its use
- Grant can be used for both revenue and capital purposes but must, as a minimum, cover the statutory and mandated duties of the DPH and Local Authority
- Essex public health grant is allocated as illustrated



- Proposed that the current unallocated budget is utilised to grow the team
- Seeking to influence wider system spend on the priorities outlined in this strategy and increase overall investment in public health and prevention
- Prison health remains responsibility of NHS England and are commissioned by them. Currently unsure whether this will be a delegated responsibility to Integrated Care Boards (ICBs)
- Core 20 plus 5 framework asks ICBs to identify the core part of population that sit in the 20% of the most deprived areas of their population. Plus 5 are the locally identified areas where outcome inequality is poor
- Substantial sums of Section 106 money available. Public Health are rarely approached as a consultee on planning applications
- Only tend to get the more environmental related applications
- Focus on creating healthy community based on infrastructure
- Partnership working with system partners has improved since the Covid-19 pandemic
- Essex Wellbeing Service was stood up during the pandemic and is being continued on a formal footing and additional funding given to it
- ECC does not have a campaigns plan. Looking to do a couple of big campaigns per year
- Seems to be a lack of impetus for covid vaccines. Have seen a surge in measles and other diseases
- Have established a Health Protection Board to consider infection control health protection issues. Lead officers meet on a quarterly basis
- Public Health also lead on overseas arrivals work.

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

- Public Health officers to follow up with Healthwatch Essex around changing futures and making it more accessible

5. Obesity Programme in Essex

The Chairman welcomed to the meeting:

- Adrian Coggins, Head of Wellbeing and Public Health

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

- Globally, obesity is increasing across all countries since 1975
- Prevalence in the UK is one of the highest, behind US and Canada. The rate in the UK nearly tripled in the last 30 years
- Locally, over 20% of reception children (4–5-Year-olds) are overweight or obese
- 10–11-year-olds nearly doubling to just under 40% by year 6
- Over 65% of adults in Essex, especially Braintree, Rochford and Harlow are overweight or obese
- Main response cannot be just to treat people who are already overweight. Need to understand what the drivers for obesity are in Essex
- Lots of activity taken on reducing obesity and people feel under pressure to deliver things
- Need a whole system approach to tackle obesity

- Essential that Essex stakeholders understand and act in the interdependent way required to achieve outcomes
- Focus on understanding on why people become obese
- There is no simple solution. Single interventions on their own, even if shared awareness of them, is likely cause of previous failures
- Helpful future role for HOSC in holding the system to account for the necessary joint action
- Series of interlinking projects aligned to ranging questions, delivering insights and resources across determinants and system parts
- Funding bid to UK Research and Innovation, Essex would be one of two national pilot sites simplifying complex causality
- *Starting to build up an evidence base of what and how local systems could act across obesity determinants including the obesogenic environment*
- *To understand the current position of where we are, how we are doing, and what might need addressing to be successful*
- Outcomes aiming to be achieved – Prevention, treatment, different KPIs needed
- Guiding principles and values:
 - Behave as a collective
 - Evidence driven
 - Action
 - Different choices
- Need to increase support to those people who need to lose weight
- Average of 2lbs weight gain per year.

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

- Six-month update on work completed with Leeds University

6. Mid and South Essex NHS Foundation Trust monthly update

The Chairman welcomed to the meeting:

- Richard Pearson, Director of Operations for Unplanned and Emergency Services

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

- MSEFT are currently not meeting their target on Ambulance handover. National standard is within 15 minutes of arrival and back on the road within 30 minutes. Currently MSEFT average is 23 minutes
- From October 2023, the two week wait standard for cancer patients will no longer be monitored
- Still have a backlog of cancer patients awaiting treatment. Expecting to hit target level by end of financial year
- Maintaining standard mostly for elective care throughout the year. Around 180 patients waited 72 weeks and are aiming to reduce this to 68 weeks by the end of the financial year.

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

- Follow-up report on condition of the NHS estate more widely

7. Transfer of community paediatric therapies services in North East Essex from ESNEFT (North East Essex Community Services) to HCRG Care Group
Report taken as written.

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

- Members enquired as to whether the KPI's remain unchanged in this transfer of services, and who holds overall responsibility to monitor for compliance.

8. Chairman's Report – September 2023

The committee noted this report.

9. Member Updates

Members noted the report.

10. Work Programme – September 2023

The committee noted the current work programme.

GP provision (access to GP surgeries) in Essex item, previously presented to the committee in December 2022, has been added to the committees work programme for January 2024 **(failure to notify patient database of how surgeries are now working) Reps from the surgeries.**

A report on the overview of NHS estates has been added to the committees work programme. – add to January 2024

The autism services item planned for January 2024 has been moved back to February 2024.

Suggestion of working group to be set up in relation to Section 106 monies. Proposed by Cllr Steptoe, seconded by Cllr Henry. Members to be written to determine who wishes to be on the group.

11. Date of Next Meeting

To note that the next meeting will be held on Thursday 2 November 2023 at 10:30am in Committee Room 1, County Hall.

12. Urgent Business

No urgent business has been received.

13. Urgent Exempt Business

No urgent exempt business has been received.

The meeting closed at 12:32pm.

Chairman