



Essex County Council

Health Overview Policy and Scrutiny Committee

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| 10:00 | Thursday, 02 November 2023 | Committee Room 1 County Hall, Chelmsford, CM1 1QH |
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For information about the meeting please ask for:

Richard Buttress, Democratic Services Manager

Telephone: 07809 314835

Email: democratic.services@essex.gov.uk

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| | | Pages |
|----|---|--------|
| ** | Private Pre-Meeting For committee members only, starting at 9.30am in Committee Room 1. | |
| 1 | Membership, Apologies, Substitutions and Declarations of Interest To note the membership, apologies and declarations of interest. | 5 - 5 |
| 2 | Minutes of the Previous Meeting To note and approve the minutes of the meeting held on Thursday 5 October 2023. | 6 - 11 |

- 3 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. No statement or question shall be longer than three minutes and speakers will be timed.
- On arrival, and before the start of the meeting, please register with the Democratic Services Officer.
- 4 Mid and South Essex NHS Foundation Trust 12 - 15**
To receive an update from the Chief Executive of MSEFT.
- 5 Fixed Term Changes to ESNEFT Endoscopy Services in Colchester and North East Essex 16 - 18**
To note an update on fixed term changes to East Suffolk and North Essex NHS Foundation Trust Endoscopy services in Colchester and North East Essex.
- 6 Chairman's Report - November 2023 19 - 19**
To note the latest update on discussions at Chairman's Forum meetings.
- 7 Member Updates 20 - 20**
To note any updates of the Committee.
- 8 Work Programme - November 2023 21 - 26**
To note the Committee's current work programme.
- 9 Date of Next Meeting**
To note that the next meeting will be held on Wednesday 6 December 2023, in Committee Room 1, County Hall.
- 10 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)

The following items of business have not been published on the grounds that they involve the likely disclosure of exempt information falling within Part I of Schedule 12A of the Local Government Act 1972. Members are asked to consider whether or not the press and public should be excluded during the consideration of these items. If so it will be necessary for the meeting to pass a formal resolution:

That the press and public are excluded from the meeting during the consideration of the remaining items of business on the grounds that they involve the likely disclosure of exempt information falling within Schedule 12A to the Local Government Act 1972, the specific paragraph(s) of Schedule 12A engaged being set out in the report or appendix relating to that item of business.

11 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.

Agenda Item 1

| | |
|--|-------------------------|
| Report title: Membership, Apologies, Substitutions and Declarations of Interest | |
| Report to: Health Overview Policy and Scrutiny Committee | |
| Report author: Richard Buttress, Democratic Services Manager | |
| Date: 2 November 2023 | For: Information |
| Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk | |
| County Divisions affected: Not applicable | |

Recommendations:

To note:

1. Membership as shown below
2. Apologies and substitutions
3. Declarations of interest to be made by Members in accordance with the Members' Code of Conduct

Membership

(Quorum: 4)

| | |
|------------------------------|---------------|
| Councillor Jeff Henry | Chairman |
| Councillor Martin Foley | |
| Councillor Paul Gadd | |
| Councillor Ian Grundy | |
| Councillor Dave Harris | Vice-Chairman |
| Councillor Eddie Johnson | |
| Councillor Daniel Land | |
| Councillor June Lumley | |
| Councillor Anthony McQuiggan | |
| Councillor Richard Moore | |
| Councillor Stephen Robinson | |
| Councillor Mike Steptoe | Vice-Chairman |

Co-opted Non-Voting Membership

| | |
|----------------------------|-------------------------|
| Councillor Stacy Seales | Harlow Council |
| Councillor Paula Spenceley | Maldon District Council |

**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.

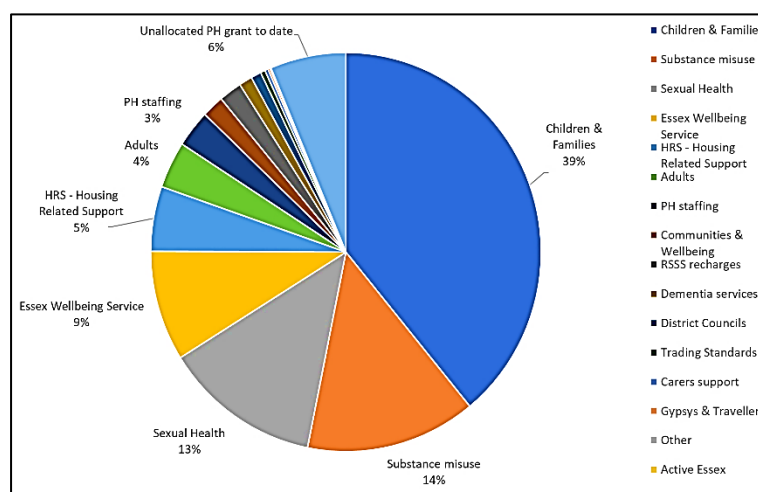
4. Public Health update

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

Health Overview Policy and Scrutiny Committee – Matters Arising as of 20 October 2023

| Date | Agenda Item | Action | Status |
|--------------|--|--|---|
| | | | |
| 12 July 2023 | Community Musculoskeletal (MSK) and Pain Service | Update on progress to be reported in 3 – 6 months' time Demonstration of the app when appropriate | Item to be added to Committee's Work Programme when update is available |
| 12 July 2023 | Adult Mental Health Services – EPUT | Committee to be updated of EPUT's response to the CQC findings | Circulated to committee when available |

| | |
|---|------------------------|
| Report title: Mid and South Essex NHS Foundation Trust update | |
| Report to: Health Overview Policy and Scrutiny Committee | |
| Report author: Mid and South Essex NHS Foundation Trust | |
| Date: 2 November 2023 | For: Discussion |
| Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Freddey Ayres, Democratic Services Officer (freddey.ayres2@essex.gov.uk) | |
| County Divisions affected: Not applicable | |

1. Introduction

Mid and South Essex NHS Foundation Trust has three strategic goals, focused on quality of care, equity for our population and opportunities for our people. We consider our annual objectives against this strategy in the context of the needs of the mid and south Essex population, and the integrated care strategy of our system partners.

In this report to the Committee, the Trust presents an introduction from our Chief Executive, planned improvements and operational data.

2. Action required

To note the contents of the report.

3. Statement from Matthew Hopkins, Chief Executive at Mid and South Essex NHS Foundation Trust

In the short time that I have been at Mid and South Essex NHS Foundation Trust, I have already seen the passion and dedication that our staff show each day at work when caring for our patients.

Since I arrived, I have outlined to colleagues and partners that I have three priorities for the year ahead. These will help to move the Trust more quickly to our vision of one team working together for excellent patient care.

First, our Trust needs to be absolutely focused on driving up the quality of care for our patients. That means getting the basics of patient care right and making sure that people have the best possible experience when they are in our hospitals. We are also focussed on making sure we see and treat people as quickly as we can. Waiting times and quality of care go hand in hand. There is clear evidence that people who wait longer for care – whether in our emergency departments, for a cancer diagnosis or for planned care – suffer more harm.

Secondly, we need to make sure that we are using our money effectively and efficiently. We have a responsibility to spend taxpayers' money in the right way, cutting out waste so that the funding we have available is focused on doing the best for our patients. This means being clear about what we want to achieve and then delivering on those commitments.

My third priority is organising ourselves for success. Merging three organisations into one is always complicated, but we need clarity for our staff and our patients around who is in charge, how we escalate concerns, and how we make improvements. Making sure we are organised for success also means putting in place the processes, structures, and ways of working that enable our staff to do the right things for our patients and colleagues easily.

I want to thank our partners for the support that they provide to our staff, and I look forward to having strong working relationships across our health and care system.

4. Industrial Action

- Staff continue to work hard to provide patients with the best possible care during the ongoing industrial action
- Wherever possible, elective activity (both outpatients and inpatient) continues – especially high-priority services for example, cancer treatments. Where cancellations happen, the vast majority of patients are given another appointment close to their original date
- The Trust has had to cancel 4,362 surgeries since April 2023 – this includes both inpatient and day-case surgeries. 444 or 10.2% of these were cancer-related surgeries
- The Trust has had to cancel 31,614 outpatient appointments since April 2023 – this includes both new and follow up appointments. 3,264 or 10.3% were cancer-related appointments
- Please note that these statistics include all cancellation activity on strike days, some of which may have been cancelled for other reasons.
- The Trust focuses on putting on catch up clinics in some areas where there is particular pressure.

5. Operational Update

5.1 Urgent and emergency care

- Across the Trust's emergency departments (EDs), performance against the four-hour standard in September was 67.1%, down slightly from 67.5% in August
- The Trust is redesigning processes when seeing patients in its EDs. Basildon Hospital is working to develop surgical and frailty same-day emergency care (SDEC), Broomfield Hospital is focusing on frailty, and Southend Hospital is reviewing the unnecessary use of its SDEC and is looking to establish a medical receiving unit.

5.2 Ambulance handovers

- There were 6,463 ambulance arrivals in September 2023, compared to 4,262 in September 2022, which is a 51.6% increase
- In September the average time for an ambulance to offload a patient was 22 minutes, down from 25 minutes in August and the quickest time since February 2022
- In September 44.7% of ambulances handed over in under 15 minutes, and 84.9% under 30 minutes, which are both improvements from August. There were 253 ambulances waiting over 60 minutes, down from 460 in August
- We are already seeing an increase in ambulance attendances in October, indicating that we are getting busier.

5.3 Cancer performance

- The Trust has a target that 75% of people are seen within the 28-day faster diagnosis standard by March 2024. Performance was 64.9% in August, down from 68.8% in July, although this remains on track to meet the target
- At the end of September there were 770 patients waiting over 62 days on GP-referred pathways to rule out or treat cancer, up from 653 in August. There is a target of under 475 patients waiting over 62 days by March 2024
- Performance has been affected by industrial action and higher than expected dermatology referrals which will mean extra capacity needs to remain in place until the tele dermatology service sees more patients in the community. August also saw more staff on leave although this is expected to reduce from September
- The top cancers contributing to the backlog are colorectal, urology, skin, and gynaecology.

5.4 Elective care and referral to treatment

- In September there were 247 patients waiting more than 78 weeks for treatment, in part due to the impact of industrial action. This is up from 192 patients in August
- The Trust has been validating its waiting list to check with patients to see if they still need an appointment, which has led to some being discharged and releasing appointments for those who need care
- The majority of patients waiting over 65 weeks will have an appointment booked by the end of October 2023. The Trust remains assured that we can virtually eliminate this cohort of patients by the end of the year

5.5 Diagnostics

- The Trust has a diagnostics target is to ensure patients receive tests within six weeks. In September this was provisionally achieved for 70.4% of patients, down from 74.5% in August
- Performance was lower than planned for investigations of the upper digestive system (gastroscopy), the heart structure (echocardiography), the colon (colonoscopy), how well the bladder releases urine (urodynamics) and the lower part of the large bowel (flexi-sigmoidoscopy)
- There has been successful recruitment of radiographers, and elective recovery funding has been agreed to bring in additional external staff and resources into the organisation for endoscopy
- Further work is planned on general anaesthetic endoscopy and cystoscopy, and the Trust is putting on additional echocardiography sessions.
- Community diagnostic centres (CDCs) will increase diagnostic capacity. They are in progress, but until they are built the Trust is installing mobile capacity to speed up community diagnostics. By the end of 2023 there will be mobile MRI and CT facilities based at the Orsett Hospital site. Planning work is underway to bring further temporary diagnostic capacity to the area from April 2024, and details will be shared once plans are confirmed. There will also be a temporary endoscopy unit coming to Orsett Hospital for late 2023, allowing the Trust to provide additional endoscopy services to south Essex residents until the Pitsea CDC is built.

6. News and developments

- Staff based at the Trust's Essex Cardiothoracic Centre have carried out the country's first procedure to place a new pacemaker into a patient's heart that

suffers from a slower-than-normal rate. The new device is leadless and is implanted via a patient's leg, avoiding a visible incision. It is more easily retrievable and has double battery life of traditional pacemakers

- State-of-the-art manikins are the centre piece of a new simulation suite at Basildon Hospital that will help improve patient care, by helping the Trust's doctors better train for a range of medical situations. The five hi-tech dummies in the suite have the ability to realistically mimic breathing, blinking, produce heartbeats, and even talk and scream.
- The Trust ran public engagement events at The Place in Pitsea to share news of the planned Pitsea CDC. Across the events on 28 September and 9 October, over 150 residents had the opportunity to hear from representatives from the Trust, the ICB, Essex County Council, and Basildon Council, and provide their feedback.

7. CQC update

The Trust will provide an update at the meeting on CQC inspections and progress.

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|--|-------------------------|
| Report title: Fixed term changes to East Suffolk and North Essex NHS Foundation Trust (ESNEFT) Endoscopy services in Colchester and North East Essex | |
| Report to: Health Overview Policy and Scrutiny Committee | |
| Report author: Emma Hunter, Senior Democratic Services Officer | |
| Date: 2 November 2023 | For: Information |
| Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Emma Hunter, Senior Democratic Services officer – emma.hunter@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk | |
| County Divisions affected: Not applicable | |

1. Introduction

- 1.1 This is an update on fixed term changes to East Suffolk and North Essex NHS Foundation Trust (ESNEFT) Endoscopy services in Colchester and North East Essex, provided by Luke Mussett – Senior Engagement Officer at ESNEFT.

2. Action required

- 2.1 The Committee is asked to note the report, which is for information only.

3. Background

- 3.1 This report provides an update on the Endoscopy services at Colchester Hospital and a fixed term change taking place at the start of 2024.

4. Update and Next Steps

- 4.1 See appendix.

5. List of Appendices

- 5.1 Fixed term changes to East Suffolk and North Essex NHS Foundation Trust (ESNEFT) Endoscopy services in Colchester and North East Essex: update for Essex Health Overview Policy and Scrutiny Committee

A paper for information

Fixed term changes to East Suffolk and North Essex NHS Foundation Trust (ESNEFT) Endoscopy services in Colchester and north east Essex: update for Essex Health Overview Policy and Scrutiny Committee

2 November 2023

1. Introduction

1.1 In January 2024, ESNEFT will partially close the Elmstead Day Unit building at Colchester Hospital. The area of the building to close provides endoscopy services including operational work in theatres. This closure is to allow for the building work to continue for the Essex and Suffolk Elective Orthopaedic Centre (ESEOC) which opens in summer 2024, in the Dame Clare Marx Building.

1.2 This will mean a temporary change in location for those patients having planned endoscopy procedures up until a new outpatient endoscopy centre opens at Colchester Hospital in summer 2024. This new centre will be a stand-alone building with four state-of-the-art rooms designed for endoscopy procedures. This development will mean shorter waiting times for patients, with fewer chances of a cancellation. Patients will be treated quickly and safely with better access to endoscopy procedures. The design will also meet the highly sought after Joint Advisory Group on Gastrointestinal (GI) Endoscopy (JAG) accreditation. This is a supportive process which promotes improvement through highlighting best practice and encouraging continued development of services.

1.3 Before the new unit opens we will support our capacity by sending patients to our two new endoscopy procedure rooms at Clacton Community Diagnostic Centre (CDC) facilities and to the Oaks Hospital. Facilities will still remain at Colchester hospital for endoscopy procedures during an inpatient stay.

2. Background

2.1 The construction work for ESEOC is on track to open in summer 2024. Which is a programme that the HOSC has been involved with from our public consultation in 2020. Part of the building work includes providing link corridors to the Elmstead Day Unit next door and a turning circle with a drop off zone by the time it opens. The drop off zone is vital for patient's access to the centre. To allow for this work to take place, some of the current endoscopy space in the Elmstead Day Unit will be required to relocate for a temporary period.

2.2 In November 2023, the CDC at Clacton Hospital is due to complete all building work. This final part of the programme includes the opening of two diagnostic procedure rooms for endoscopy. This will mean that Clacton CDC will be the first such facility in the country to provide this particular service. This will really benefit local residents who will no longer need to travel from Clacton to Colchester for investigations, and reduce their waiting times.

3. Changes taking place for patients and staff

- 3.1 When Elmstead Day Unit partially closes at the start of next year, patients will be offered appointments at two different locations. These will be pre-determined by clinicians and the booking team to make sure the location is suitable to deliver the procedure required. Any pre and post procedure outpatient appointments are still planned to take place in a patient's normal hospital. Endoscopy facilities will remain at Colchester Hospital for high risk and complex inpatients only, until the new centre opens during summer 2024.
- 3.2 Clacton CDC was designed to provide diagnostic procedures for patients living in Clacton and the surrounding areas to allow for quicker diagnosis and treatment for local residents. During this interim period, patients from Colchester and other areas in north east Essex will also be referred to Clacton CDC until the new endoscopy centre at Colchester Hospital opens.
- 3.3 Clacton CDC will be staffed by the Colchester Hospital endoscopy team.
- 3.4 For those procedures not suitable for Clacton CDC we are looking at alternative options for patients to keep their appointments. We are talking to the Oaks Hospital in Colchester to rent space for a short period until the new endoscopy centre opens. For inpatients at Colchester Hospital (as listed in 3.1), we will be using a room in the radiology department that is in the main building, close to the emergency department and other teams.

4. Conclusion

- 4.1 We are confident that this temporary transfer will not impact on patients care. To support this transition we are creating the opportunity to have more capacity for endoscopy than what we currently have on offer, with the use of the CDC, Oaks and a radiology room. Therefore, the only scenario a delay would occur is if a patient declines treatment either at the Oaks or at Clacton CDC. Reporting times, staffing, and delivery of care will remain the same as they would if the patient was to be seen currently at the Elmstead Day Unit.
- 4.2 The project team are running patient engagement activities to ask patients about any additional support they need. The booking team for endoscopy procedures will also signpost any extra support our patients may need during this period like access to community transport, which we are aware is going to have a reduction of funding.

Report author: Rebecca Driver

Title: Director of Communications and Engagement, ESNEFT

Date of report: 20 October 2023

| | |
|--|-------------------------|
| Report title: Chairman's Report | |
| Report to: Health Overview Policy and Scrutiny Committee | |
| Report author: Richard Buttress, Democratic Services Manager | |
| Date: 2 November 2023 | For: Information |
| Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk | |
| County Divisions affected: Not applicable | |

1. Introduction

- 1.1 This is the latest update reporting on discussions at HOSC Chairman's Forum meetings (Chairman, Vice Chairmen and Lead JHOSC Member).

2. Action required

- 2.1 The Committee is asked to consider this report and identify any issues arising.

3. Background

- 3.1 The Forum usually meets monthly in between scheduled Committee meetings to discuss work planning. In addition, there are also meetings with the Cabinet Member for Health and Adult Social Care on a bi-monthly basis and quarterly meetings with senior officers.

4. Update and Next Steps

- 4.1 Please find update below covering the period since the last HOSC meeting on 5 October 2023.

HOSC visit to East of England Ambulance operations centre

The illness outbreak at EEAST has now cleared and arrangements for committee members to visit the operations centre will restart.

5. List of Appendices – none

| | |
|--|------------------------|
| Report title: Member Updates | |
| Report to: Health Overview Policy and Scrutiny Committee | |
| Report author: Richard Buttress, Democratic Services Manager | |
| Date: 2 November 2023 | For: Discussion |
| Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk | |
| County Divisions affected: Not applicable | |

1. Introduction

This is an opportunity for members to update the Committee
(See Background below)

2. Action required

- 2.1 The Committee is asked to consider oral reports received and any issues arising.

3. Background

- 3.1 The Chairman and Vice Chairman have requested a standard agenda item to receive updates from members (usually oral but written reports can be provided ahead of time for inclusion in the published agenda if preferred).
- 3.2 All members are encouraged to attend meetings of their local health commissioners and providers and report back any information and issues of interest and/or relevant to the Committee. In particular, HOSC members who serve as County Council representatives observing the following bodies may wish to provide an update.

4. Update and Next Steps

Oral updates to be given.

5. List of Appendices – none

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| Report title: Work Programme | |
| Report to: Health Overview Policy and Scrutiny Committee | |
| Report author: Richard Buttress, Democratic Services Manager | |
| Date: 2 November 2023 | For: Information |
| Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk | |
| County Divisions affected: Not applicable | |

1. Introduction

- 1.1 The current work programme for the Committee is attached.

2. Action required

- 2.1 The Committee is asked:
- (i) to consider this report and work programme in the Appendix and any further development of amendments;
 - (ii) to discuss further suggestions for briefings/scrutiny work.

3. Background

3.1 Briefings and training

Further briefings and discussion days will continue to be scheduled on an ongoing basis as identified and required.

3.2 Formal committee activity

The current work programme continues to be a live document, developed as a result of work planning sessions and subsequent ongoing discussions between the Chairman and Lead Members, and within full committee.

4. Update and Next Steps

See Appendix.

5. List of Appendices - Work Programme overleaf

Health Overview Policy and Scrutiny Committee Work Programme – November 2023

| Date | Topic Title | Lead Contact/Cabinet Member | Purpose and Target Outcomes | Cross Committee Work Identified (where applicable) |
|----------------------|--|---|---|--|
| November 2023 | | | | |
| November 2023 | Mid and South Essex NHS Foundation Trust | <ul style="list-style-type: none"> Matthew Hopkins, Chief Executive | Update from the new Chief Executive, appointed in July 2023 on the trusts CQC action plan | |
| December 2023 | | | | |
| December 2023 | Dementia Services | <ul style="list-style-type: none"> Alfred Bandakpara-Taylor, MSE ICB Robert Chandler, SNEE ICB Jo Reay, HWE ICB Melanie Williamson, ECC | To provide a further update on Dementia Services, both from an ECC and NHS perspective | |
| January 2024 | | | | |
| January 2024 | GP Provision in Essex | <ul style="list-style-type: none"> Laura Taylor-Green, Alliance Director for North East Essex Pam Green, Alliance Director for Basildon and Brentwood William Guy, Director of Primary Care for Mid and South Essex Avni Shah, Director of Primary Care for | To provide an update on community pharmacy work and general GP provision update | |

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|----------------------|-----------------|----------------------|---|--|
| | | Herts and West Essex | | |
| January 2024 | NHS Estates | TBC | To provide the committee with an overview of the current condition of the NHS estates, detailing future capital programmes and maintenance programmes | |
| February 2024 | | | | |
| February 2024 | Autism Services | | To provide a further update on Autism Services, both from an ECC and NHS perspective | |

| Items to be programmed | | | | |
|------------------------|------------------------|-----------------------------|--|--|
| Date | Topic Title | Lead Contact/Cabinet Member | Purpose and Target Outcomes | Cross Committee Work Identified (where applicable) |
| TBC | NHS Section 106 monies | | <p>To receive a briefing on:</p> <ul style="list-style-type: none"> How are S106 monies assigned to the health service and who agrees the figure(s) What the process is for the health service to claim such monies in order to fund new/improve existing services | |

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|-----|---|--|--|--|
| | | | <ul style="list-style-type: none"> • How aware are the health service that S106 is available to them • Who monitors what has been allocated | |
| TBC | Princess Alexandra Hospital Redevelopment | <ul style="list-style-type: none"> ▪ Lance McCarthy, Chief Executive, PAH | <p>To receive written update on the new hospital development, including:</p> <ul style="list-style-type: none"> ▪ Sharing detailed plans of new hospital site ▪ Confirmation of date for planning application submission | |
| TBC | Linden Centre Inquiry – Essex Partnership University Foundation Trust | <ul style="list-style-type: none"> ▪ Paul Scott, Chief Executive, EPUT ▪ Cllr John Spence, Cabinet Member for Adult Social Care and Health ▪ Nick Presmeg, Executive Director for Adult Social Care | To review appropriate scrutiny once the inquiry has concluded in 2023 | |
| TBC | NHS 111 | TBC | To receive an update to include the impact of residents that are being referred to this service by GP practices | |
| TBC | Digitalisation of access to health | TBC | <p>What are possibilities</p> <p>How will it move health service forward</p> | |

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| | | | Capturing patients who aren't digital yet Pros and cons Patient feedback – Healthwatch | |
| TBC | Community Beds Programme – Mid and South Essex | <ul style="list-style-type: none"> Claire Hankey, Director of Communications and Engagement, Mid and South Essex Integrated Care System | To receive further update on how the programme is progressing | |
| TBC | Hospital Waiting Times | <ul style="list-style-type: none"> Anthony McKeever, Chief Executive, Mid and South Essex ICB Jane Halpin, Chief Executive, Hertfordshire and West Essex ICB Ed Garratt, Chief Executive, Suffolk and North East Essex ICB | Ambulance Waiting Times A&E Elective surgeries (pre and post Covid) Referral delays Cancer services | |
| TBC | POD: Pharmacy Optometry Dentistry (NHS England) | TBC | Number of private/NHS dentists Availability issues/solutions Delivering services in different ways How are allocations of services determined | Talk to anthony mceever – professor in optometry shahina pardhan director of vision and eye institute – works at Cambridge ARU |

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| | ICS Alliances – Mid and South, West, North East | | | |
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