



Essex County Council

Health Overview Policy and Scrutiny Committee

10:15	Wednesday, 05 February 2020	Committee Room 1, County Hall, Chelmsford, CM1 1QH
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For information about the meeting please ask for:

Graham Hughes, Senior Democratic Services Officer

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		Pages
1	Private Pre-Meeting, HOPSC Members Only To be held at 09:15am in Committee Room 6, County Hall.	
2	Membership, Apologies, Substitutions and Declarations of Interest	4 - 4
3	Minutes	5 - 8
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	A&E seasonal pressures and admissions avoidance	9 - 65
6	Chairman's Report	66 - 67
7	Member Updates	68 - 68

8 Work Programme

69 - 72

9 Date of next meeting

To note that the next committee activity day is scheduled for 09:30am on Wednesday 4 March 2020, in Committee Room 6, County Hall. Scheduled activity dates may be a private committee session, meeting in public, briefing, site visit, etc. - format and timing to be confirmed nearer the time.

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.

Essex County Council and Committees Information

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Committee: Health Overview Policy and Scrutiny Committee

Enquiries to: Graham Hughes, Senior Democratic Services Officer

Membership, Apologies, Substitutions and Declarations of Interest

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
4. Councillor Stephenson has been appointed to fill the current vacancy.

Membership

(Quorum: 4)

Councillor J Reeves	Chairman
Councillor A Brown	
Councillor J Chandler	
Councillor B Egan	Vice-Chairman
Councillor R Gadsby	
Councillor D Harris	
Councillor J Lumley	
Councillor B Massey	
Councillor M McEwen	
Councillor J Moran	
Councillor M Stephenson	
Councillor A Wood	Vice-Chairman

Co-opted Non-Voting Membership

Councillor T Edwards	Harlow District Council
Councillor M Helm	Maldon District Council
Councillor A Gordon	Basildon Borough Council

Minutes of the meeting of the Health Overview Policy and Scrutiny Committee held in Committee Room 1, County Hall, Chelmsford, CM1 1QH at 10:30am on Wednesday 15 January 2020

County Councillors Present:

Councillor Reeves (Chairman)	Councillor Harris
Councillor Egan (Vice-Chairman)	Councillor Brown
Councillor Chandler	Councillor Massey
Councillor McEwen	Councillor Moran
Councillor Gadsby	Councillor Baker
Councillor Stephenson	

Non-Voting Co-opted Members:

Councillor Edwards (Harlow Council)

Graham Hughes - Senior Democratic Services Officer

Andrew Seaman – Democratic Services Officer

Hannah Fletcher from Essex Health Watch was also in attendance.

The meeting started at 10:37

1. Membership, Apologies, Substitutions and Declarations of Interest

Apologies had been received from Councillors Lumley, Helm, and Wood

The following Councillors declared an interest:

- (i) Councillor Egan – Code interest. Her cousin is Managing Director of Basildon and Thurrock University Hospital Trust – however, she believed that this did not prejudice her consideration of the public interest and that she was able to speak and vote on the matters on the agenda. Councillor Egan also declared a code interest as a representative on Rochford and Castlepoint CCG, similarly she did not believe this impacted on her participation at the meeting.

2. Minutes

Cllr Edwards requested the change, in item 4 paragraph 2 with the alterations: inserting “amongst” as well as mentioning Harlow as a deprived area also.

It was then agreed for these changes to be made. The Minutes of the meeting of the Health Overview Policy and Scrutiny Committee (HOPSC) held on 6 November 2019 were then approved as a correct record and were signed by the Chairman.

3. Questions from the Public

There were no questions from the public.

4. Sustainability and Transformation Partnerships - Updates

The Committee considered report **HOPSC/01/20**. The following representatives joined the meeting and at the invitation of the Chairman, introduced the item.

From Hertfordshire and West Essex STP: Harper Brown – Director of Strategy and Andrew Geldard -Chief Officer; from Mid & South Essex STP: Jo Cripps – Programme Director and from Suffolk & North Essex STP: Susannah Howard – ICS Programme Director and Sharon Rodie – West Suffolk CCG.

An overview of the updates provided in the report that was provided by each STP. The following points were highlighted and/or acknowledged:

Hertfordshire and West Essex STP:

- (i) A new strategic system was being implemented to serve across the STP which involved the introduction of including District Councils.
- (ii) They had looked where there was low uptake for breast scanning appointments, the focus should be why people were not attending screenings. Certain ethnic minorities and disadvantaged groups were of low uptake. There was an increase collaboration with cancer alliances.
- (iii) There had been large engagement exercises over specific things such as gluten free food, working closely with Health Watch and working with local authorities and voluntary groups.
- (iv) There was better integration locally in West Essex which had put them in a good working position. However there remained a strain on some relationships, structures and boundaries in both health and social care.
- (v) The STP had been working with the British Legion and voluntary sectors to support veterans. People were recording themselves as veterans, however, it was not being used by services.
- (vi) Sharing information agreements were in place. It was noted that GDPR was a framework as opposed to a barrier when it comes to sharing information.

Mid and South Essex STP:

- (vii) A new independent chair had been appointed, making a good opportunity to rebrand. The 3 acute hospitals within the STP area would be merging as of the 1st of April. A plan had been submitted to NHS England and would be published shortly. The plan included a focus on healthy starts and mental health as well as an improvement in health inequalities.
- (viii) As with the other STP area they were looking to appoint a single accountable officer for the Mid & South Essex STP, this would look to reduce fragmentation from within the STP.
- (ix) There was a focus to reduce waiting times and to increase screening uptake for cancer patients. Early rapid diagnostic centres were being developed.
- (x) The benefits of primary care networks were still to be seen and so there was hesitance to overload the system.

Suffolk & North East Essex STP:

- (xi) It was noted that Suffolk & North East Essex was now considered an Integrated Care System (ICS)
- (xii) They had improved governance through the introduction of an integrated Chair, a single accountable officer and a single management structure within the ICS.
- (xiii) An advance programme on population health management had been developed to use data collected more efficiently and to be used across the ICS.
- (xiv) The ICS were looking to work with Health Watch in order to maintain and improve engagement. This included introducing engagement focused roles managed by Health Watch as this would ensure independence. Co-production was something that would be encouraged as well as improving information sharing which was highlighted as a challenge. .

Common issues across all STPs

- (xv) Expanding integrated care records was being worked on across all the STP areas.
- (xvi) It was noted that there was a lower than average take up of immunisation for children in 2017/18 within the STPs and the HOPSC was reassured that actions were being taken after the latest Ofsted inspection.
- (xvii) They had a key focus on improving health inequalities and deprivation within their area.

- (xviii) Sharing the learning from Low level localised schemes across other footprints needed to be improved. The success of the Great Bentley Mental Health Hub was cited by Members as a good example that had not been shared.

Conclusion:

The Chairman thanked the representatives for attending who then left the meeting.

Adjourned – 12:48 Restarted – 12:55

5. Chairman's Report

The report (**HOPSC/02/20**) was noted.

6. Member Updates

The report (**HOPSC/03/20**) was noted.

A paper from the senior democratic services officer proposing updated membership for the joint HOSC for Suffolk was considered. It was agreed:

- To continue to dispense with observing political proportionality.
- That the HOSC's representatives on the Joint HOSC with Suffolk be Councillors: Brown, Harris, Wood and Erskine. Councillor Baker and Stephenson to be substitutes.

7. Work Programme

The committee noted and considered report (**HOPSC/04/20**).

8. Date of next meeting

The committee noted that the next committee activity day was scheduled for 09:30 on Wednesday 5 February 2020.

9. Urgent Business

There was no urgent business.

The meeting ended at 13:05

Chairman

A&E pressures, seasonal planning and admission avoidance

Reference Number: HOPSC/05/20

Report title: A&E pressures, seasonal planning and admission avoidance - updates	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 5 February 2020	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk .	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 The Committee last considered these issues in July 2019 and requested an update in a further six months' time.

2. Action required

- 2.1 To consider the appendices attached comprising reports received from the East of England Ambulance Service, hospital acute trusts in Essex, and Essex County Council and identify any issues arising and follow-up scrutiny work.

3. Background

- 3.1 On 24 July 2019 the HOSC discussed A&E pressures, seasonal planning and admission avoidance. The discussion had been pitched more at an operational level and involved representatives from the East of England Ambulance Service, hospital acute trusts in Essex, and Essex County Council as social care commissioner and provider. Members requested that this format be repeated for the next update. A link to the agenda papers for the July 2019 meeting and the minutes of that discussion is here - [HOSC meeting papers - 24 July 2019](#)
- 3.2 The Chairman and Lead Members have agreed a scope which has been circulated in advance to the East of England Ambulance Service, hospital acute trusts in Essex, and Essex County Council and they have been asked to respond to the information requested as laid out below in their report.

Lines of enquiry:

To understand the pressures faced in A&E and emergency departments during the winter of 2019/20;
To assess the success of the advance planning undertaken and lessons learnt.
To assess the extent of partnership working in continuing to address pressures (including admission avoidance).
To understand if the pressures are no longer specific to winter and any need for

A&E pressures, seasonal planning and admission avoidance

contingency planning at other times of the year.

Information requested:

Review of the advance winter planning, predicted demand and expectations and what actually happened.

What worked well and what did not.

Provide examples of partnership working

Describe any admission avoidance work being undertaken with and without partners [we will have someone from ECC at the meeting so will also hear what work the county council is doing on this].

Describe the discharge planning/process undertaken and what still are the key challenges with this.

Provide information on reasons for Delayed Transfers of Care (to include a breakdown of non-social care delays as well as those attributable to social care) and indicate any trends.

Provide information on the numbers of inappropriate A&E presentations with a breakdown of how many are delivered by ambulance and indicate any trends.

Provide information on re-admissions – how classified and calculated and indicate any trends.

Provide commentary on to what extent are pressures no longer just seen in winter – or are there different pressures.

Any significant change in recruitment and vacancy rates/issues in A&E and Emergency Care since the November HOSC discussion and the success of actions being taken to address shortfalls and skill mix.

4. Update and Next Steps

Updates have been requested from each of the East of England Ambulance Service, the Essex hospital acute trusts and Essex County Council as social care commissioner/provider. These each comprise an appendix to this report.

5. List of Appendices

Updates from each of the three STP footprints have been requested and are attached as Appendices overleaf in the following alphabetical order:

- A. Essex County Council as commissioner and provider of social care
- B. East Suffolk and North Essex Hospital Foundation Trust [TO FOLLOW]
- C. Mid and South Essex Hospitals Group incorporating Basildon, Broomfield and Southend Hospitals).
- D. Princess Alexandra Hospital (Harlow).
- E. East of England Ambulance Service [TO FOLLOW]

Further reading:

NHS England news announcement - NHS announces rapid response teams – 23 January 2020 [Link to Rapid response teams announcement](#)
Nuffield Trust – Is it becoming Winter All Year Round for the NHS – October 2019 - [Link to Nuffield Trust article](#)>



HOSC - FEB 2020 Update – APPENDIX A



Seasonal Operational Pressures

Summary

TOPICS COVERED TODAY

- Purpose & Key Learning from last year
- Key Principles for managing Acute Pressure
- Winter 2019 priorities
- Current Picture (Intermediate Care & DTOC)
- 2019/20
 - Countywide & Local Schemes
 - Key Themes
 - Newton Europe
 - Appendix - Local Activity

Purpose

The purpose of this update is to provide an update as to how well the system is responding to 2019 Winter pressures.

This will look at the pressures faced in A&E and emergency departments during the winter of 2019/20;

Key learnings and lessons learnt from 2018;

The extent of partnership working in continuing to address pressures (including admission avoidance) and;

Clarity over whether pressures are contained to “winter”

Key Learning from last year

Although winter is often identified as a key time for pressures it is becoming more difficult to extract it from pressure felt year-round or during other seasonal peaks.

Beds are not the only answer to managing increased demand

Admission Avoidance is a key enabler to reducing pressure on both the Health, Acute and Social Care system - this can be achieved through additional Community and prevention services

Winter 2019 priorities

PREVENTION

Focusing on Admission
Avoidance, community support
and prevention as much as
discharge

DISCHARGE TO ASSESS

Supporting adults to maximise
their potential for full recovery
following admission

LEARNING FROM 2018

Looking to schemes that were
successful last winter and re-
commissioning them

BEDS

Ensuring that there are enough beds
to support discharge as an
alternative to discharge to
assess where appropriate

MARKET

Working with ECA to learn from
2018 and develop an approach
to managing demand for 2019
together

EVIDENCE

Using data to ensure that
resources are in the right place
to manage demand - not
working from assumptions

Intermediate Care: The current picture

There is significantly more demand in the system, so there has been increased demand over and above planned levels. Our Service Placement Team have indicated that have had to place double the amount of packages compare to this time last year:

Intermediate Care - Year on Year Movement 18/19-19/20			
CCG	Community Based Provision		
	Block Commissioned	Actual Hours	Adults Supported
	% Change	% Change	% Change
Mid Essex	45%	59%	49%
North East Essex	65%	78%	44%
Castle Point & Rochford	4%	18%	15%
Basildon & Brentwood	42%	34%	41%
West Essex	27%	62%	11%
Total	36%	47%	32%

To help address this additional demand we are undertaking a procurement process for 'Reablement in Lieu' Block contracts securing 900hrs in North East Essex, 400hrs in Mid, 700hrs in South West, 850hrs in South East & 300hrs in West

DTOC: The current picture

It is important to note that the official December DTOC figures are not available until Feb 13th 2020.

- Over the course of the year (April - November), our average performance is better than the same time last year
- There have been fewer delay days in total over the course of the year.
- Our average social care daily DTOC performance is 2.06 per 100k population 18+, compared to a target of 2.4.

Essex Summary	FEB 17 (baseline)	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER
(a) Social Care DTOC (acute)	922	285	303	228	333	269	273
Social Care DTOC per day per 100,000 18+ population	5.9	1.78	2.06	2.79	2.64	1.94	2.00
Social Care DTOC per day per 100,000 18+ population TARGET	2.60	2.60	2.60	2.40	2.40	2.40	2.40
(b) Social Care DTOC (non-acute)	594	211	213	470	416	204	164
(c) Social Care DTOC (trusts outside of Essex)	410	118	219	266	193	220	253
(a+b+c) TOTAL SOCIAL CARE ESSEX DTOC	1926	614	735	964	942	693	690
TOTAL HEALTH ESSEX DTOC	2120	2064	1884	1568	1715	1714	1539
SOCIAL CARE + HEALTH ESSEX DTOC per day per 100,000 18+ population			7.35	7.1	7.70	6.75	6.46
SOCIAL CARE + HEALTH ESSEX DTOC per day per 100,000 18+ population TARGET			8.40	8.40	8.40	8.40	8.40
TOTAL BOTH ESSEX DTOC	171	218	203	287	287	297	364
TOTAL ESSEX DTOC (Health + SC+ Both)	4217	2896	2822	2819	2944	2704	2593
% of total Essex DTOC attributable to Social Care	46%	21%	26%	34%	32%	26%	27%

- Joint DTOC values for 2019/20 have consistently been above the values for the same month last year. The rate of joint DTOCs has been increasing over 2019/20. The main reason for joint delays are:
 - 'Awaiting care package in home'
 - 'Awaiting nursing home placement'.

- Essex compares favourably against the East of England region & nationally – Our average daily delay rate has been below the EoE rate and the England rate every month this year

DTOC Recommendations

NHS Improvement – a DTOC Masterclass was held in Dec 2019 with NHSI; the recommendations from this include:

- **DToC/Length of Stay (LLoS) Reporting** – Internal (ECC) and system wide. The focus of the work will be on improving confidence in the data and qualitative information reported.
- **Mental Health DToC/LLoS** – The development of an agreed process for validation and reporting of under 65's & over 65's (EPUT/ECC). Given the differing structures and commissioning arrangements robust systems for the validation & reporting of delays and Lengths of stay are required to ensure timely and appropriate discharge for individuals at an operational level and to provide confidence in the data/performance being reported across the system.
- **Mental Health Discharge planning/MDTs** – Further work is needed to ensure an integrated approach to discharge planning is embedded for all Essex adults experiencing MH Inpatient Care in/outside of Essex. Clarity is required in relation to the interpretation of guidance and “start/stop” processes
- **Community DToC/LLoS** – The development of an agreed process for validation and reporting of community inpatient DToC/LLoS.
- **Community Discharge planning/MDTs** – Further work is needed to ensure an integrated approach to discharge planning MH Inpatient settings is embedded for all Essex adults experiencing MH Inpatient Care in/outside of Essex.
- **OOA Inpatient Care (all care settings)** - The development of an agreed process for validation and reporting of community inpatient DToC/LLoS. Given the differing structures and commissioning arrangements robust systems for the validation & reporting of delays and lengths of stay are required to ensure timely and appropriate discharge for individuals at an operational level and to provide confidence in the data/performance being reported across the system.
- **OOA Inpatient Care (all care settings)** - Further work is needed to ensure an integrated approach to discharge planning MH Inpatient settings is embedded for all Essex adults experiencing MH Inpatient Care in/outside of Essex.

2019/20

2019 Winter Budget

In 2019 c£5,919,494 for social care has been included as part of the Better Care Fund. The funding is to support social care and winter pressures. During 2019 this budget is no longer restricted to being used for winter demand management, but can be spent throughout the year to support wider seasonal pressures. This flexibility also allows for better planning for Winter and high-demand months.

As in 2018 it has been agreed that a countywide and local approach is the best way to manage this fund and agreement has been made with partners that it is split 27% (£1,571,823) for county-wide schemes and 73% (£4,347,671) for local schemes

Although there will be local differences in schemes, it is important that ECC has a consistent set of outcomes we want this money to achieve for us. We expect the £5.9m funding to prioritise improvements in the following areas:

1. Prevention: including admissions avoidance for health and social care; investment in carers; and community resilience
2. Early Intervention and enablement: including reducing rates of permanent admissions to residential care and reduced social care DTOCs
3. Safeguarding: including keeping people safe and free from harm
4. Care market quality and sustainability

Countywide and local schemes should then show a link to these outcomes. Local schemes would be subject to local discretion and agreement with local partners

Countywide & Local schemes

All partners in Essex have worked together to develop plans for winter 2019/20; these plans were submitted and approved as part of the Better Care Fund in September 2019 (and approved nationally in January 2020). These plans included full commitments against the winter funding allocation – and have ensured that capacity is at least the same as in winter 2018/19 (some additional capacity has been commissioned within local systems where there has been the need)

The Integration & Partnerships team lead on the system-approach with partners to plan for peak periods (which are now all year around, rather than just winter) and we liaise day-to-day on any capacity issues.

The Essex health and wellbeing board area comprises 5 acute trusts and we can confirm the following:

1. **Princess Alexandra Hospital/West Essex:** an additional 19 beds will also come on stream from 20 January 2020
2. **Southend and Basildon hospitals/South Essex:** ECC have increased the domiciliary offer by increasing the bridging service from 20 starts across the South last year to 40 starts this winter (this is working very well).
3. **Mid Essex:** on top of additional capacity already in place for winter 2019/20, a Hospital-led bridging service is due to go live in January 2020, generating an additional 20 visits per week.
4. **East Suffolk and North Essex Foundation Trust/North Essex:** extension of the successful Early Intervention Vehicle, extension of the Home from Hospital navigator service, and funding of wrap-around services providing 24 hour care for c8 adults up to 6 weeks each or 24 adults up to 2 weeks.

It is important to also state that although the winter funding element (which is extremely helpful and crucial for affordability and sustainability of councils) is only a small part of overall adult social care spend to manage demand - In Essex, we spend over £500m a year on adult social care.

Another challenge has been continued price inflation in the residential and domiciliary care markets during 2019/20. Since the winter funding allocation is the same as in 2018/19, it can afford less in 2019/20. Even with the increases in the Better Care Fund, the county council is currently funding a £4m over-spend (primarily purchasing domiciliary care) over and above the amount identified from the Better Care Fund.

Winter 2019 allocations – Key Themes

Bridging

Hospital led bridging service to support an adult at home until their package of care can start/ restart to allow an individual to return home sooner and increase capacity in the acute.

£1,026,240

IP Beds

Interim Placement Beds to allow for an assessment of need to take place outside of the acute setting. Increasing capacity within the acute.

£1,673,039*

Therapy input IP Beds

Therapy Input into Interim Placement Beds with individual and agreed goals. Enabling shorter stay in beds, increase likelihood of returning home.

£233,228*

Admission Avoidance

Including Dedicated Social Work presence within A&E and the Integrated Discharge Teams, Early Intervention Vehicle & CTT support.

£642,220

Carers

Additional support through existing contract with Carers First

£100,000

Market Pressures

Care market pricing & BCF allocation

£5m+

*West IP Therapy costs amalgamated into IP bed allocation

Appendix – Local Activity

North East Essex

Winter schemes in North East Essex aim to balance providing extra capacity, along with piloting new ways of working, which if prove impactful can be scaled for future seasonal pressures.

In addition to the core schemes, both Community 360 and Tendring CVS are funding a variety of small scale winter schemes such as 'winter readiness packs' funded through the NEE Alliance and Essex County Council.

Activity funded winter 2019/20

- Residential Reablement Beds including Therapy
- Reablement offer on care of the elderly wards
- Bridging
- Physio support for IP placements
- Wrap around service (admissions avoidance)
- Home from Hospital Navigator
- Early Intervention Vehicle (Falls) extension

Both Community 360 and Tendring CVS have received money through the Alliance and ECC to help with seasonal pressures. A flavour of the work:

- Tendring CVS – have completed 'door knocking' exercises in a number of areas identified as those most at risk due to seasonal pressures. The door knocking, coordinated by the CVS, has pulled together a range of partners including Fire and Rescue, housing and health. Households are asked how they are preparing for winter and signposted as appropriate to support.
- Colchester Community 360 – have created a bid process for the funds linked to the Live Well domains that support people to live well through winter.

Mid Essex

Mid Essex ASC has agreed its governance re decision making with system partners for winter money expenditure via the BCF Partnership Board. This is made up of partners from ECC, CCG, Acute, MSE hospital group and Community Health Providers.

Mid Essex engaged with the Economic and Social Research Council to support via a Challenge Lab and a research project to complete capacity and demand mapping for the system.

The aim was to find research driven solutions to focus attention to deliver system-wide change. This is in order to build improved whole system resilience as part of the winter planning process

In particular we wish to:

- Understand the demand that currently comes into the mid Essex health and care system for the acute and community
- Understand the capacity that is available both in the acute and community to manage the identified demand including primary care
- Use data to allow more informed decision making regarding if health and social care resources are in the correct place to manage the demand Identify any gaps in services and solutions within the mid Essex capacity Explore the potential for predictive analytics to identify future anticipated demand increases
- Use data to recommend how mid Essex should use their collective resources to manage the demand based on the finding of the research.

PAH have faced some real challenges with demand and have struggled with the ED performance targets. DTOC however has remained low (as a result of the Discharge to Assess approach) and there is a robust approach to transfer of care which our integrated discharge team and integrated SPA are central to.

Wherever possible we have tried to focus on schemes that prevent admission to hospital in the first place and the admission avoidance scheme demands a fast response time to referrals from the community to enable this to happen.

We also know that older people are much more likely to be admitted to hospital if there is a lack of MDT frailty services working with A and E, so we have also supported that.

DISCHARGE TO ASSESS

- For the adult to maximise their potential for full recovery with a view for the individual to maintain or regain their ability to live at home.
- To ensure the adult needs are met in the right place at the right time by staff with the right skills and competencies
- To reduce the level of an adult deconditioning within the acute setting by reducing their length of stay
- To be part of a full system wide Intermediate Care model that meets the needs of all the adults within West Essex whatever their pathway Increase flow through the system maximising system capacity, resource and managing financial demand.
- To develop a fully integrated model of care around the adult utilising current resource from the community including speech and language therapist, Social Workers, physio and occupational therapists, community nursing and primary care

South Essex

Winter Learning sessions took place with providers, partners & frontline staff which then fed into comprehensive Winter Plans with a consistent approach across the Mid & South Essex (MSE) Group.

Both BB & CPR have established BCF/iBCF Partnership Boards to provide a decision making framework regarding local winter money expenditure. Additionally the South East Essex Partnership Board (CPR) and recently established Basildon & Brentwood Alliance provide strategic oversight from partners across the South system. These forums have developed further over the past 6 months with agreed changes to the governance structures to ensure engagement with wider local government and community stakeholders.

Areas of focus are:

- Prevention and Reducing Inequalities
- Community Model of Care/Locality Development
- System Resilience
- System Integration

Relationships across partners within the South system remain strong and discussions continue regarding working together to jointly commission services to support the system as a whole. An example of this is the Joint South Bridging service in conjunction with the two CCGs, ECC & the MSE Trust.

Partners are particularly keen to take on board learning from the Newton Europe diagnostic work in helping to inform future decision making and are extremely engaged in the process.

Discharge to Assess - the focus for this year will be less on beds and more focused on getting people home, through the use of bridging, before assessing.

The Trusted assessor for care homes has demonstrated good reduction in length of stay for patients returning to a care home. Relationships with care homes has improved and demonstrated better co-ordination and communication.

Mid & South STP - Community Treatment Team

Mid Essex and South Essex STP are working together in relation to a Community based pilot project that commenced in July 2019. The project is part of the Admission Avoidance work stream that is one of three key areas within the STP.

Aim of pilot

The service aims to support and empower adults over the age of 18 years, to remain at home or in another community setting by optimising the individual's level of function by maximising independence. The service will provide timely multi-disciplinary assessment and intervention to reduce the number of adults conveyed to A&E by ambulance/admitted to Acute Hospitals by rapidly mobilising community services.

Objectives

- To provide immediate multi-disciplinary assessment for adults experiencing a health crisis (within 2 hours)
- To provide timely, effective and holistic treatment and access to intermediate care services as needed
- To empower adults and their family/carers through prevention, education and closer support to lead as healthy a life as able/self- manage their condition
- To maintain good communication with the adult, carers and multi-agency partners
- To reduce the number of adults accessing acute services (reduce the 10% of Category 2/3 patients who would have been attended to be EEAST either for assessment or conveying to Acute)

Referrals

Senior community team staff will for part of each day, base themselves at the EEAST Control Centre in Chelmsford and work with call handlers and clinicians at EEAST, so where clinically appropriate, offer a potential alternative to the deployment of an ambulance, which frequently results in the transfer of the person to Emergency Department and admission to hospital.

54 patients have been treated by CTT
77% of all referrals were accepted

All patients received treatment within **3 hours 30 mins** of their 999 call

The CTT has saved an **estimated 87.5 hours of patient time** just in those who were considered high acuity calls. This is likely to be higher if low acuity calls are also included

So far approximately **89% of patients are believed to have remained at home. 25 patients are suspected to be hospital admission avoidance** as they are likely to have gone to hospital

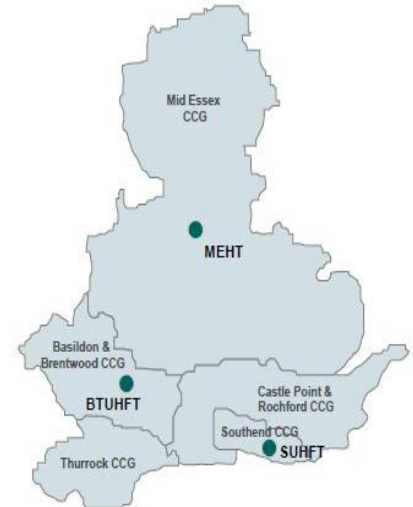
The CTT has saved a conservative estimate of **£65K** in admission avoidance, plus if all falls were not attended to within 5 hours this saving could be closer to £105,000

A&E pressures, winter pressures planning and admission avoidance

Mid and South Essex University Hospitals Group – APPENDIX C

Key Line of Enquiry: Pressures faced by A&E and Emergency departments during Winter 2019

- Overview and national context
- Pressures on each Site
- Key metrics – Performance/Admissions



Overview and national context

NHS Providers have highlighted factors which have supported improved winter planning this year and areas where challenges continue

Factors to support improved winter planning	Ongoing challenges
Better system working	Continuing growth in demand for urgent and emergency care both volume and acuity
Expansion of innovative model of emergency care e.g. same day emergency care	Growth in demand across acute, mental health, community and ambulance services outstripping growth in NHS secondary care capacity
Improvement support available to trusts	Insufficient capacity growth in primary and secondary care with areas of operational instability
	Performance starting in a poorer position compared to previous winters
	Ongoing workforce challenges and danger of staff burnout
	Current NHS pensions issues meaning loss of vital additional senior consultant shifts and failing to incentivise other staff including talented managers and leaders to commit to careers in the NHS
	Lack of dedicated winter funding to support additional capacity

Pressures faced in A&E and emergency departments during the winter of 2019/20 – Mid Essex

- Year on year increase in attendances and higher acuity clinical presentations have caused operational and flow pressures within the ED and hospital more generally. There was a 5.7% increase in demand year on year overall (8732 in Dec 18, compared to 9,236 in Dec 19).
- Conversion rate: the potential increase in acuity could also be indicated an increasing trend of the most recent conversion rate of 29.0%.
- Year on year, there were 7.5% fewer ambulance conveyances in Dec 2019 (2411) compared to Dec 2018 (2601).
- Poor flow: particularly during the early part of each day - cause by limited discharges numbers during each morning period, causing front-door flow challenges.
- Medical staffing vacancies: reliance on locums, which can often mean unfilled or variably filled shifts.
- Access to reablement services has been inconsistent, resulting in the use of alternative pathways. This has increased delays to discharges and slowed flow within the hospital.
- Lack of access to mental health beds have caused ED delays at times. In particular for tier 4 services.

Page 31 of 72

Pressures faced in A&E and emergency departments during the winter of 2019/20 – Southend

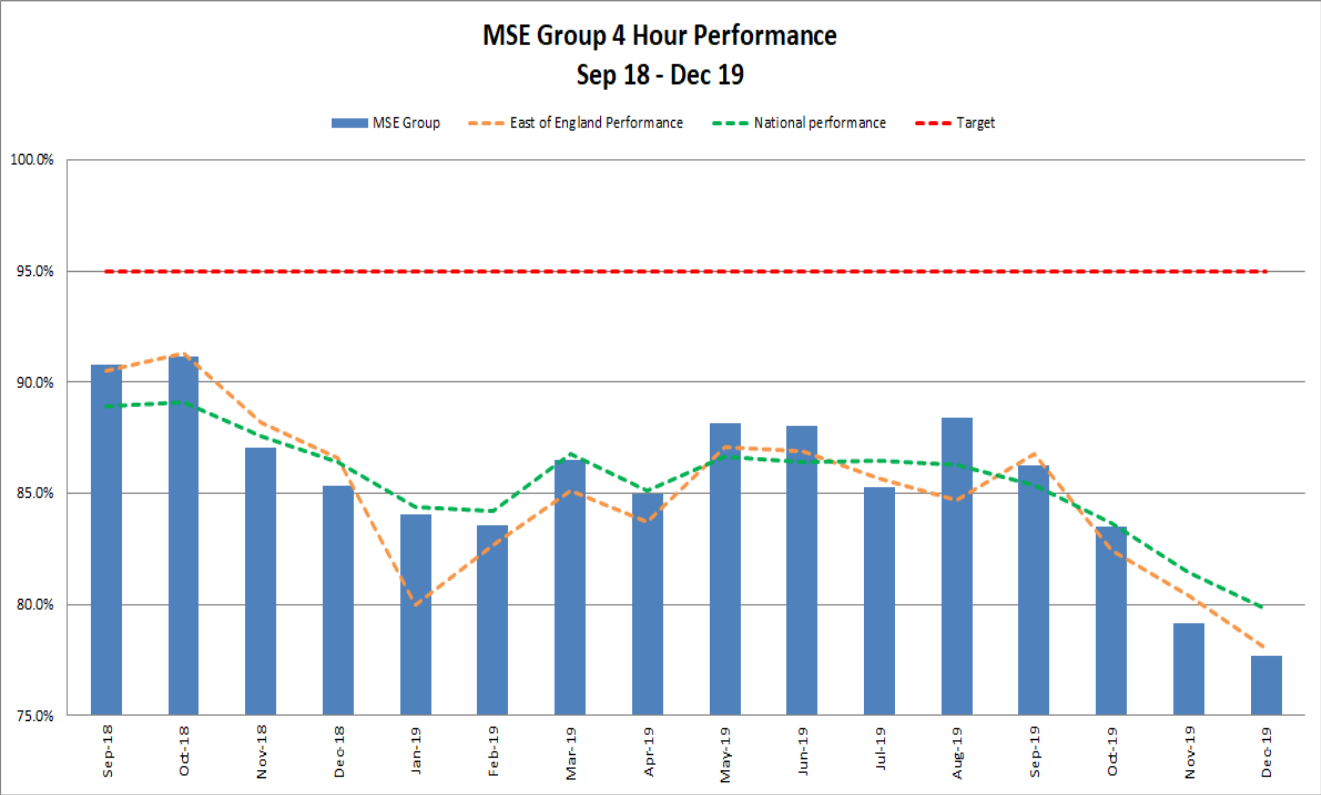
- A&E attendances in Q3 19/20 were 3.4% (850) greater than Q3 18/19.
- Forecast A&E attendances in January 2020 is 8,950 (8,929 in January 2019).
- Ambulance arrivals to A&E during Q3 19/20 represented 25.3% of all A&E attendances.
- Batched ambulance arrivals that appear to coincide with end of meal breaks or shift changes continue on a daily basis resulting in significant A&E pressures impacting our ability to receive patient handover within 15 minutes of arrival. There were a total of 1,299 handover delays in Q3 2019/20.
- Increased level of emergency presentations to Respiratory; Cardiology; Stroke; and Orthopaedic Trauma.
- Additional capacity brought on-line in a phased way, (increase in SDEC capacity; increase in GP Streaming capacity; 6 DME beds; 6 escalation beds; additional A&E minors capacity; Infusion Unit development).
- Increase in referrals to GP streaming during Q3 2019/20 – 5,791 representing 22% of all A&E attendances (11.3% of which were conveyed by ambulance).
- Increase in Mental Health attendances to A&E, associated delays awaiting mental health beds. Crisis Café due to open in November 2019, not now due to open until February 2020.
- Higher than anticipated staff absence due to sickness that required mitigation.
- HALO re-introduced December 2019 – March 2020

Pressures faced in A&E and emergency departments during the winter of 2019/20 - Basildon

- Monthly attendances now above 12,000 which c.8-10% above contracted plan
- Conversion to admission rates remain low
- 4 hour standard performance continue to deteriorate although BTUH delivers above National and Regional benchmark performance
- Ambulance attendances also showing growth although there has been significantly improved position re ambulance delays year on year due to implementation of RAAT bay. Basildon has also supported ambulance diverts across the MSE group during times of pressure
- Large increases in MFFD and DTOC lists after Christmas with delays in Social Care and constraints in placement availability
- Cardiology pathway for MEHT patients went live 6th Jan
- Interventional Radiology Hub in place 7 days at BTUH
- Increased Frailty Service 7 day cover from Jan
- Further areas for Improvement:
 - GP Streaming, SDEC trauma & surgical, discharge processes and weekend supported discharge capacity

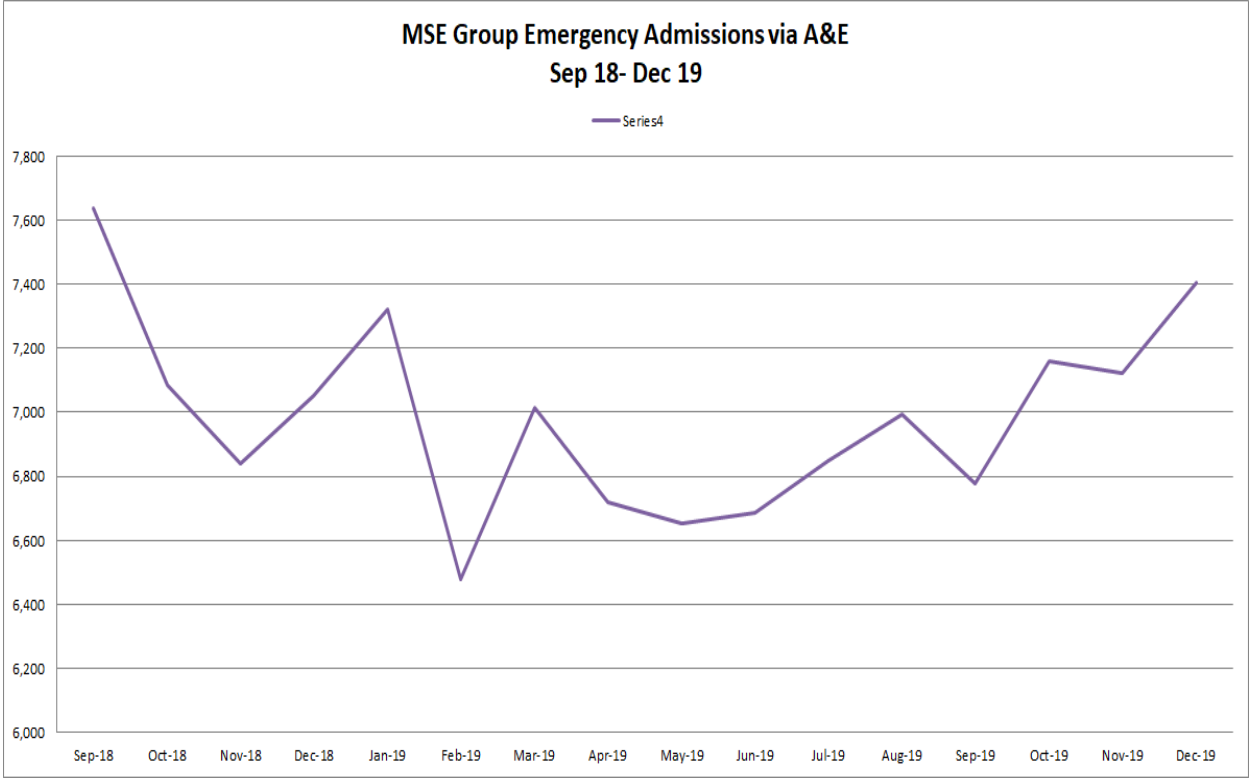
Page 33 of 72

MSE Group Performance



MSE Group performance has been in line with, or above, the national and East of England average across the majority of the last year. However there have been site specific challenges at Mid Essex and Southend in Q3 which has impacted the overall Group performance

Trust	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
MEHT	82.5%	87.0%	80.7%	77.8%	77.3%	79.0%	78.6%	77.3%	77.9%	84.2%	79.1%	86.8%	82.3%	77.4%	75.5%	73.8%
SUHFT	90.6%	90.3%	81.4%	78.4%	79.2%	80.5%	82.7%	82.7%	89.7%	84.6%	83.1%	85.9%	84.3%	81.6%	74.3%	73.8%
BTUH	96.8%	94.5%	95.1%	95.1%	91.3%	89.5%	95.7%	92.9%	95.3%	93.8%	92.2%	91.7%	91.0%	89.8%	85.7%	83.5%

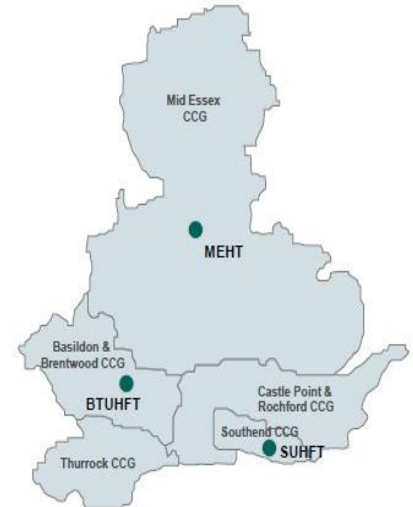


Emergency admissions via ED have shown a steady increase since February 2019 highlighting the potential increase in acuity.

Trust	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
MEHT	2,187	2,365	2,158	2,354	2,333	2,111	2,316	2,174	2,147	2,220	2,299	2,389	2,422	2,508	2,430	2,637
SUHFT	2,410	2,578	2,542	2,591	2,712	2,384	2,604	2,495	2,569	2,513	2,613	2,539	2,375	2,526	2,573	2,632
BTUH	3,040	2,143	2,138	2,108	2,278	1,982	2,096	2,051	1,938	1,954	1,936	2,064	1,981	2,127	2,118	2,136

Key Line of Enquiry: Assessing the success of advance planning undertaken and lessons learnt

- Elements that worked well in 2018/19 that were used to inform winter planning in 2019/20
- Areas of focus for 2019/20
- System working



Winter 2018/19 Review – What worked well and maintained for 2019/20

Things that went well:
System Culture
Integrated Discharge team
Stranded Patients – process and ‘buy in’ from partners & wards
Operational grip
Bed modelling
Teletracking rollout
Winter room established in respect to <u>local</u> need
Nominated Operational leads supporting system
Conference calls kept to a minimum

Winter 2019/20 Areas of focus

Things that didn't go well in 2018/19 and were an area of focus this year

Load levelling

Availability of care home places

Staffing shortages

Demand management/admission avoidance

TTAs, discharge letters & Transport

Bed availability early in the day in the community

Inconsistent reporting of MFFD across wards

Late Discharges

Timely management of Mental Health patients in ED in particular Mid Essex

Neuro-rehab delays in patient flow

Paediatric Growth – unforeseen demand

Primary Care type presentations

Opportunity of EEAST to use alternative pathways

Page 38 of 72

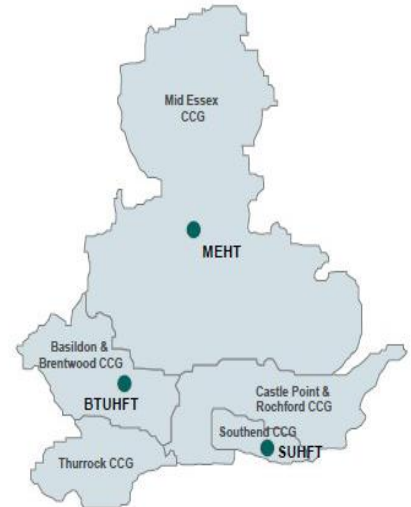
Please note a full review of this winter will be undertaken in March 2020 to support planning for next year

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Trust/System	
Mid & South Essex	<p><u>Winter Planning</u></p> <p>A common approach has been taken to winter planning across the STP sub systems:</p> <ul style="list-style-type: none">• Oversight of the Winter plan process to ensure consistency and collaboration.• Monthly meeting arranged chaired by MSE Integrated Care Director.• Focus on keeping patients safe by minimising ambulance handover delays, overcrowding, corridor care and minimising 12 hour breaches.
	<p><u>Teletracking</u></p> <p>MSE control centre has:</p> <ul style="list-style-type: none">• the overview of all 3 sites capacity and demand 24/7• Provides live and transparent bed availability• Monitors discharges and tracks discharge progression• Controls the allocation of all inpatient beds on all 3 sites• Two week trial planned with EEAST colleagues to be based in the control centre to support decision making between EEAST & MSE• Facilitates repatriations and clinical transfers on all 3 sites• Key role in treat and transfer pathways• Responsible for the distribution of regular capacity snapshot on all 3 sites• Lead clinical site coordinator on duty 24/7• Twice daily capacity calls between all 3 sites and the control centre with senior manager and executive involvement
	<p><u>Common Bridging service offer</u></p> <ul style="list-style-type: none">• Following the success of the Winter 18/19 service across South Essex the jointly commissioned service has been extended to include Mid Essex and a greater level of activity.• This allows for mutual aid to be provided in regards to staffing and capacity.
	<p><u>Mutual Aid</u></p> <ul style="list-style-type: none">• The STP has begun to plan demand and capacity as a system for both planned periods of peak demand and unplanned surge management e.g. Cardiac patients from Mid Essex are included within the BTUH bed model.• Increased collaboration between resilience leads across CCGs.• Agreed Load levelling thresholds for Ambulance demand

Key Line of Enquiry: To assess the extent of partnership working in continuing to address pressures (including admission avoidance)

- Partnership working
- Delayed Transfers of Care
- Medically Fit for Discharge



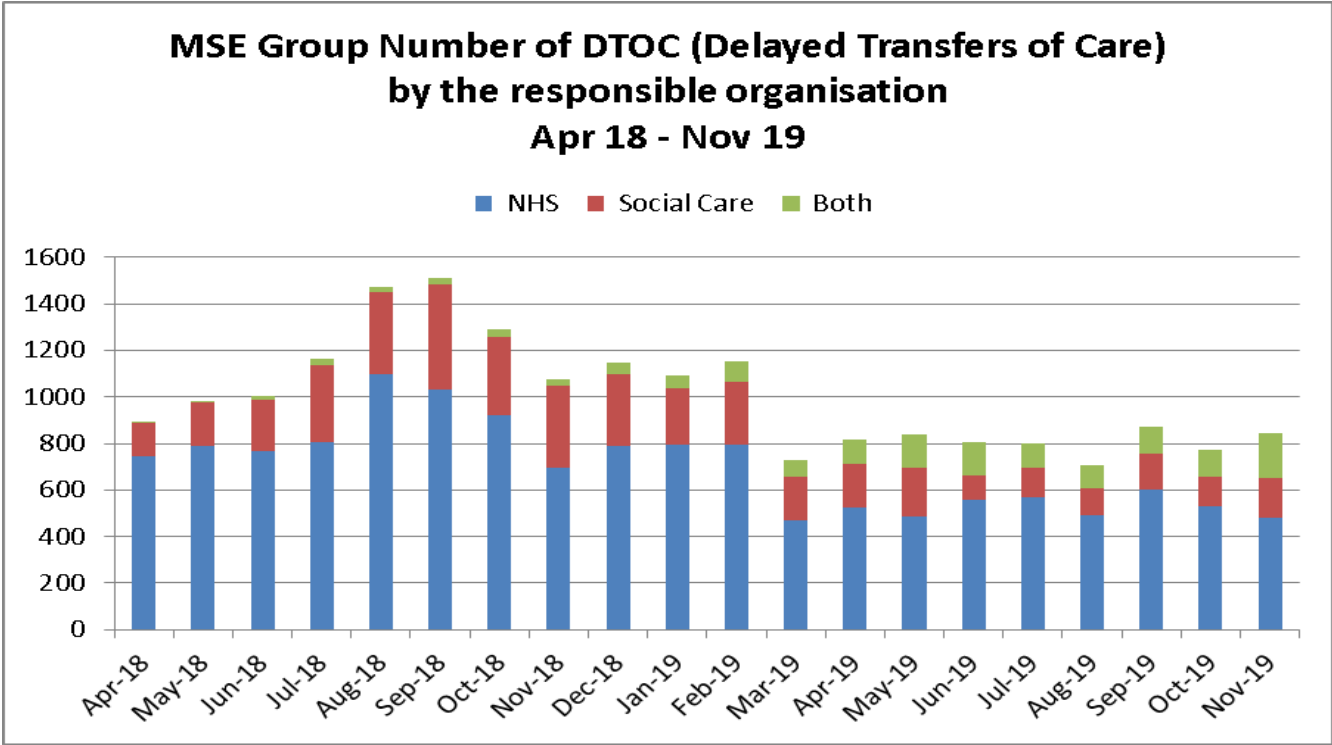
Partnership working

- Across MSE – partnership relationships well established as part of established Integrated Discharge Teams (IDT) on each site
- IDT provide 7 day service and will in times of pressure increase capacity to meet demand
- Partners remain responsive but in times of escalation can lack proactive response and will wait for acute trust to ask for help
- All partners are key members of system AEDB
- Within Integrated care – relationships with all system partners robust and responsive
- In relation to admission avoidance – Community providers are piloting Community Treatment Team (CTT) – this pilot is having a member of an admission avoidance service based with EEAST with the aim of redirecting assessments to STP admission avoidance services in the community – this is led by NELFT
- Initial results demonstrate potential to support admission and ambulance avoidance
- As part of winter funding and referred to earlier – ECC commissioned South and Mid Quadrant bridging service hosted by MSE
 - The bridging service has been successful in supporting discharge but due to lack decision on funding agreement has caused delays in recruiting and implementing service
 - Following feedback to ECC colleagues – discussions underway to deliver a continued service with ability to flex during winter

Page 41 of 72

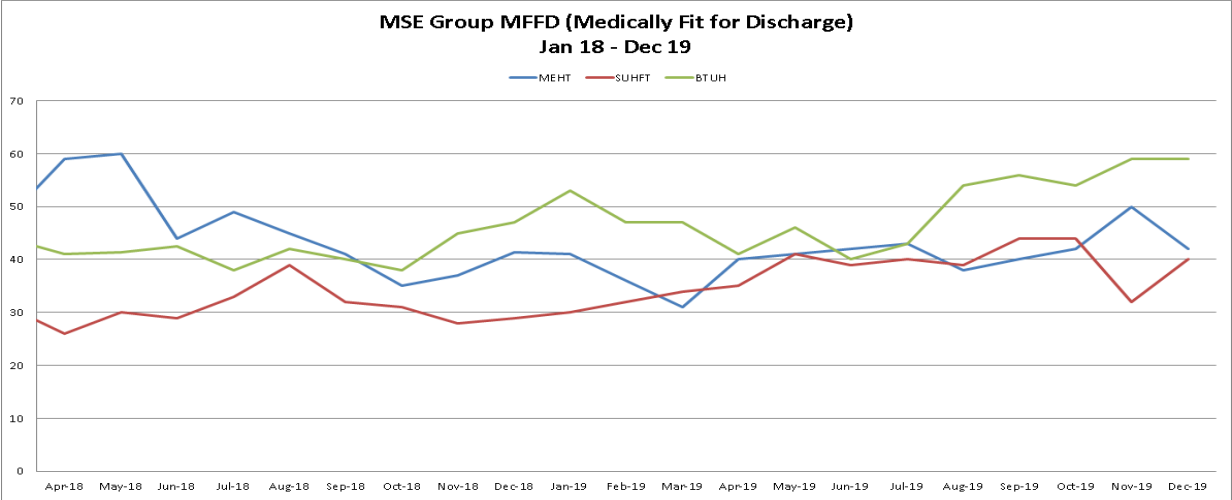
Partnership working

- Trusted assessor in place across MSE which supports care home relationships and allows the trusted assessor to discharge rather than care home coming to hospital to do assessment
- Posts are in their infancy but definitively having an impact and has allowed for better relationships with care homes



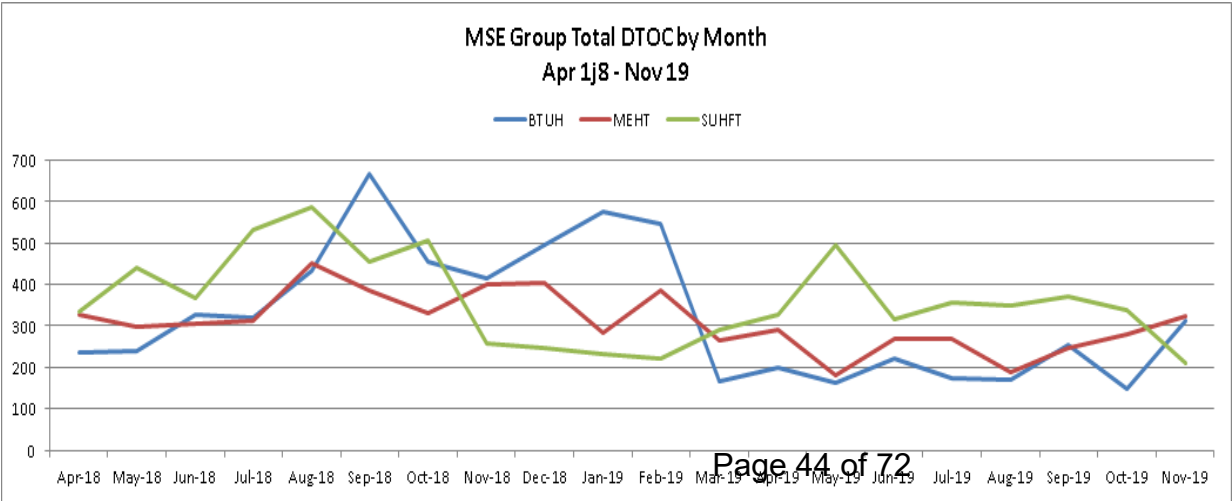
- There has been a significant reduction in the overall DTOC since last winter with the proportion of social care and NHS delays lower and performance better than the national average

Trust	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
BTUH	666	456	414	497	575	548	168	201	164	220	174	171	256	149	312
MEHT	387	332	402	405	285	386	267	289	181	270	270	189	247	281	322
SUHFT	457	505	258	247	231	221	291	327	496	315	358	348	371	340	209



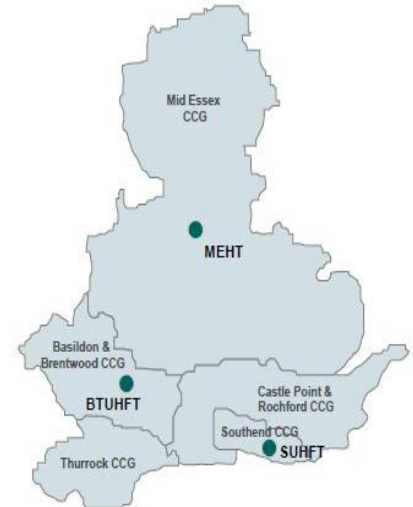
Challenges with Medically Fit for Discharge patients particularly at Basildon since July 2019.

Performance Southend has worsened in Quarter 3 with improvements at Mid Essex. All three sites working to meet national MFFD targets set by NHSE/I.



Key Line of Enquiry: To understand if the pressures are no longer specific to winter and any need for contingency planning at other times of the year

- Site specific planning
- Workforce



Pressures are no longer specific to winter and any need for contingency planning at other times of the year – Mid Essex

- Additional ward capacity is planned. This will provide 26 additional medical beds.
- Protecting bed capacity to manage dual pressures of Elective and non elective demand
- Review of on-site primary care services. Pilot planned in Feb/March to improve streaming to primary care.
- Focus on discharge planning and increasing discharge numbers each morning and at weekends.

Pressures are no longer specific to winter and any need for contingency planning at other times of the year – Southend

- Continue extending operating hours of the Rapid Assessment & Treatment (RAT) bay to midnight.
- Continue the use of the RAT bay after midnight as a safe cohort facility to be used by EEAST at times of high ambulance arrivals.
- Continued monitoring of LOS >21days – taking appropriate actions to improve the discharge planning process building on the success in 2019/20 of the IDT (Integrated Discharge Team).
- Undertake a review of the GP Streaming Service (GPS) and to establish the percentage of A&E growth that is contributable to the presence of a GPS on site.
- Commence planning for Winter 2020/21- to include demand management schemes, pathway redesign and capacity planning.
- Roll out the Pharmacy on Wheels (POW) scheme across all Medical Wards, thereby reducing the average time to complete TTA's (2 hours if dispensed by main pharmacy compared to 26 minutes if dispensed at ward).
- Redirection Policy – use of GP Hub
- Second Social Worker in A&E – admission avoidance
- Increase use of 'Hospital@Home' and Bridging Service – early supported discharge.
- Continued use of HALO

Page 47 of 72

Pressures are no longer specific to winter and any need for contingency planning at other times of the year - Basildon

Protecting bed capacity to manage dual pressures of Elective and non elective demand

System has to be aligned to requirement to operate consistently this includes community services and care services undertaking key facilitative actions on a 7 day basis

- Assessments for placement/readmissions
- Commencement of care packages in the home
- Admissions and readmissions to care and nursing homes
- IMC beds – consistent 7 day process

Mid Essex Workforce:

- Medical staffing vacancies - which also result in a reliance on locums, which can often mean unfilled or variably filled shifts.
- Recruitment to substantive medical and nursing vacancies to fill consultant and middle grade gaps

Southend Workforce:

- Trained x7 middle grades to operate RATs bays without consultant with view to extending opening times (specific times to be finalised).
- HALO reintroduced in to A&E with effect from 9th December 2019 (12:00 – 23:59 x 7 days).
- Shortages monitored daily with substantive redeployment in place, daily capacity monitored for redeployment from SPA time.

Basildon Workforce:

- Work being undertaken with an external recruitment provider to fill the remaining 4.87 wte Specialty doctor gaps and Consultant posts.
- Workforce recruitment, and focus on retention with the Emergency Department supported by the Organisational Development programme, commenced in June 19.
- Successfully obtained a NHS Graduate Trainee who commenced in Acute Medicine as an additional Operational Manager from October 2019 for 9 months.
- New Winter rotas implemented for the emergency department, and new streaming and triage process implements.
- New ENP led injuries service implemented from 14th October 2019.



Winter 19/20

Winter pressures across West Essex and East and North Herts population was higher than predicted. Demand and attendances increased approx. 5.6% compared to 18/19 and 4% higher than planned growth. Robust winter planning was undertaken across the Trust and healthcare system with a number of systemwide planning events and input from all parts of health and social care. The Trust Local Delivery Group chaired by Chief Executive / Chief Operating Officer has been the forum to engage and agree additional capacity schemes to support patient flow.

The Princess Alexandra Hospital achievement of the 4 hour standard has fallen below the national standard, however progress has been made across a range of indicators.

- **Capacity Planning**

Through the Trust Local Delivery Board chaired by CEO/COO an additional 18 inpatient beds were opened on the 30th December 2019 at PAH. During the period 3rd – 13th January 2020, a further 29 beds were also occupied during increased additional pressure. This resulted in postponement of planned elective activity for a period of 7 days. In addition a further 6 beds were commissioned and opened at Herts and Essex Hospital on the 6th January 2020 with a further 19 intermediate care beds opened on the 20th January 2020 (phased opening 4 x weekly admissions).

- **Ambulance Handovers**

The Trust received support from EEAST and the CCG ensure a HALO (Hospital Ambulance Liaison Officer) was in post 7 days a week across winter. This has proven to be extremely effective in the management of ambulance handovers, delays and flow of patients. The Trust had seen improvement in ambulance handover times, however have also experienced pressures throughout December and January which have resulted in longer than expected delays. The Trust have worked closely with EEAST colleagues to minimise impact on patients. No serious incidents have occurred during these periods.

Winter Planning 2020/21

- **Frailty Schemes**

The Trust have extended the frailty service in November to cover 7 days a week, 12 hours per day with additional consultant, therapy and nursing support. The teams are working closely on admission avoidance and reducing length of stay. Part of the system capacity and demand schemes has focussed on those patients with 4 or more admissions and how this can be reduced. Additional intermediate care and social care support has been commissioned throughout winter.

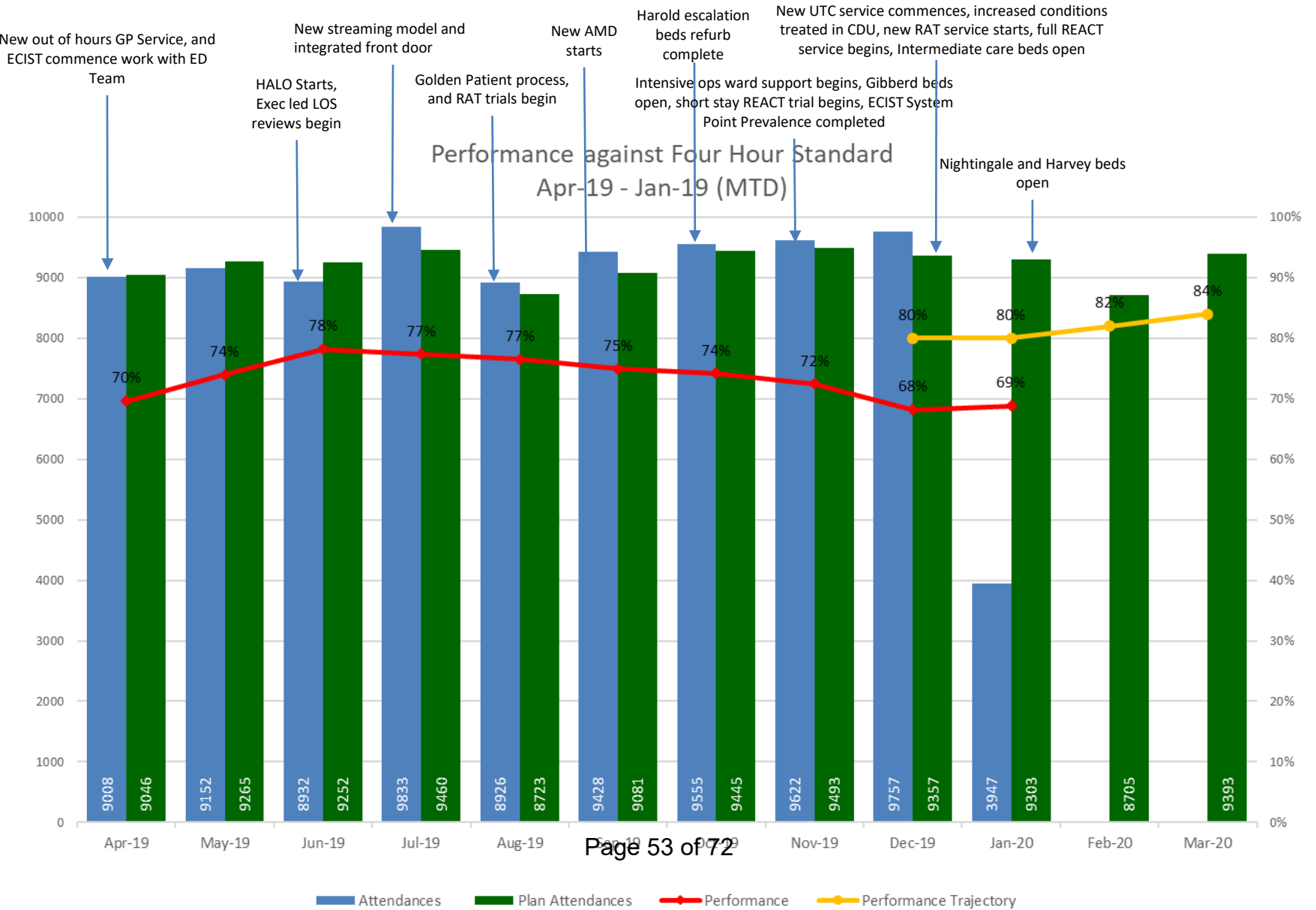
- **Urgent Treatment Centre & Same Day Emergency Care Schemes**

The Trust went live with the new Urgent Treatment Centre and SDEC in December 2019. Working in collaboration with Herts Urgent Care GPs, the Trust now has 7 day, 12 hour GPs dealing with all non urgent attendances. Streaming services have been strengthened, pre bookable GP appointments are now accessible and in excess of 45% of all walk in patients can be re directed through SDEC where appropriate.

- **Winter Planning 20/21**

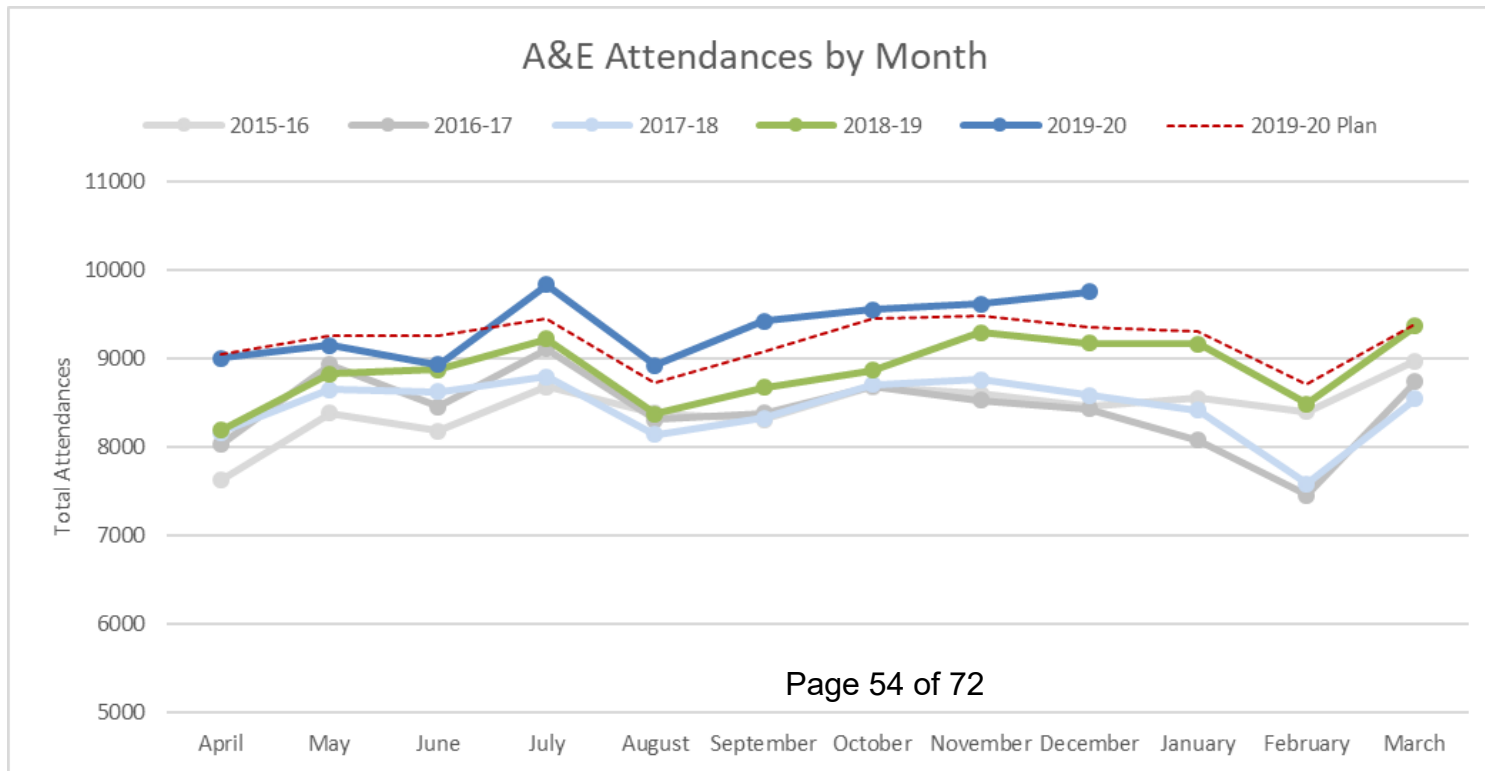
A bid for additional capital monies was submitted to NHSI in 2018/19 for approx. £9.5m capital. This was part of NHS wave 4 capital bids. The bid has been supported by the STP and is in the final approval stages. The bid would support the development and creation of additional inpatient, assessment and urgent care capacity at Princess Alexandra Hospital. The business case is based on an additional 30 assessment spaces, additional frailty and same day emergency care spaces. We would envisage the building subject to planning approvals commencing at the end of March / early April 2020 with handover and occupation from August 2020. This will provide sufficient time for commissioning of the unit, additional workforce and recruitment schemes to be operational and clear pathway redesign.

4 hour Performance



A&E Growth and Planning

	April	May	June	July	August	September	October	November	December	January	February	March
2017-18	8164	8649	8625	8794	8141	8328	8707	8767	8583	8419	7584	8547
2017-18 %	79.0%	78.1%	75.0%	73.3%	75.0%	70.4%	68.3%	71.8%	67.3%	66.4%	63.1%	64.5%
2018-19	8192	8829	8875	9226	8373	8678	8868	9296	9173	9168	8487	9368
2018-19 %	73.7%	75.8%	77.9%	74.0%	81.6%	78.8%	85.1%	72.8%	73.1%	67.9%	60.8%	72.4%
% Change (17-18 to 18-19)	0.3%	2.0%	2.8%	4.7%	2.8%	4.0%	1.8%	5.7%	6.4%	8.2%	10.6%	8.8%
2019-20 YTD	9008	9152	8932	9833	8926	9428	9555	9622	9757			
2019-20 YTD %	69.6%	74.0%	78.2%	78.3%	76.5%	75.0%	74.2%	72.4%	68.2%			
% Change (18-19 to 19-20)	9.1%	3.5%	0.6%	6.2%	6.2%	8.0%	7.2%	3.4%	6.0%			

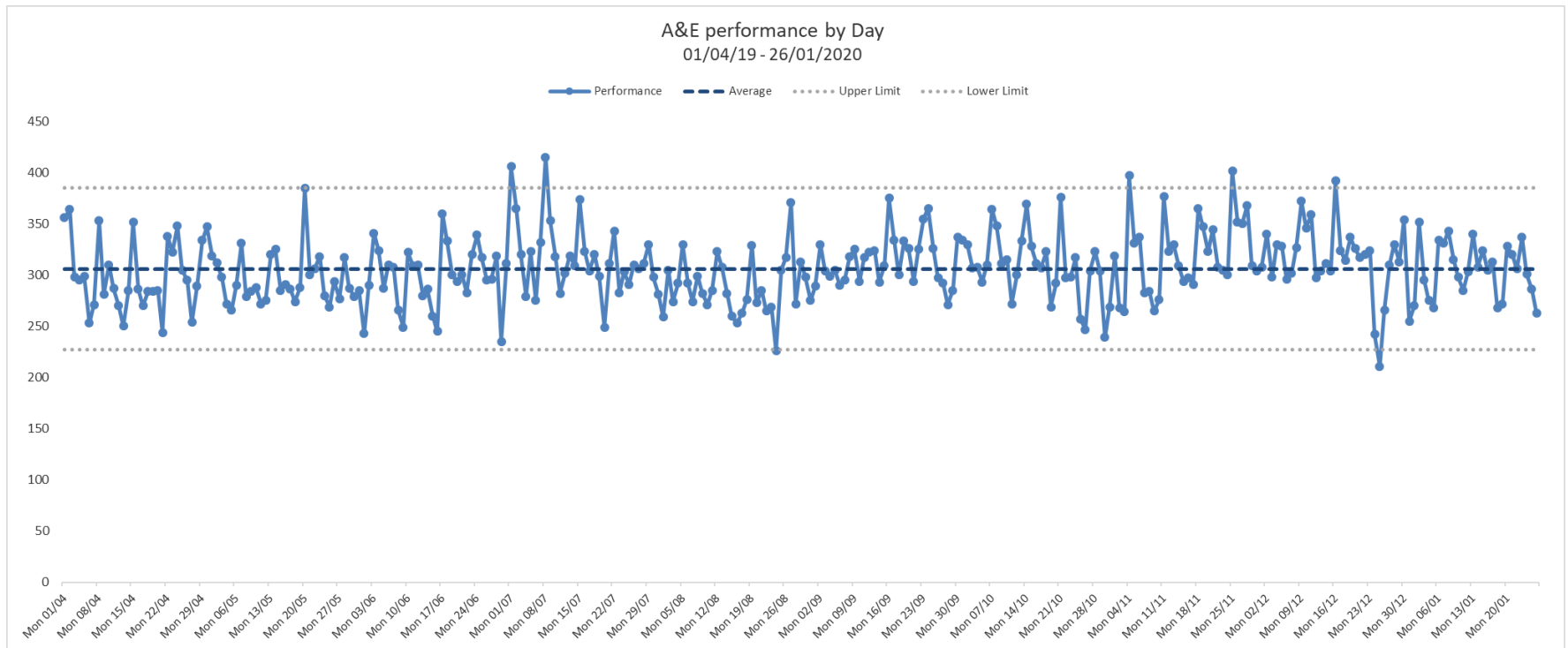


Comparative Performance

Month	Type 1 Performance	Type 1 Ranking	All Ranking	All Type Performance
Aug-18	81.6%	87	113	83.4%
Sep-18	78.8%	94	124	80.7%
Oct-18	85.1%	63	90	86.8%
Nov-18	72.8%	112	128	75.3%
Dec-18	73.1%	106	126	75.2%
Jan-19	67.9%	106	128	70.9%
Feb-19	60.8%	121	133	64.5%
Mar-19	72.4%	107	128	75.1%
Apr-19	69.6%	108	127	72.4%
May-19	74.0%	82	110	76.7%
Jun-19	78.2%	65	101	80.4%
Jul-19	78.3%	66	98	80.5%
Aug-19	76.5%	73	107	78.8%
Sep-19	74.9%	77	105	77.3%
Oct-19	74.2%	72	101	76.7%
Nov-19	72.2%	60	99	74.7%
Dec-19	68.2%	64	104	70.4%

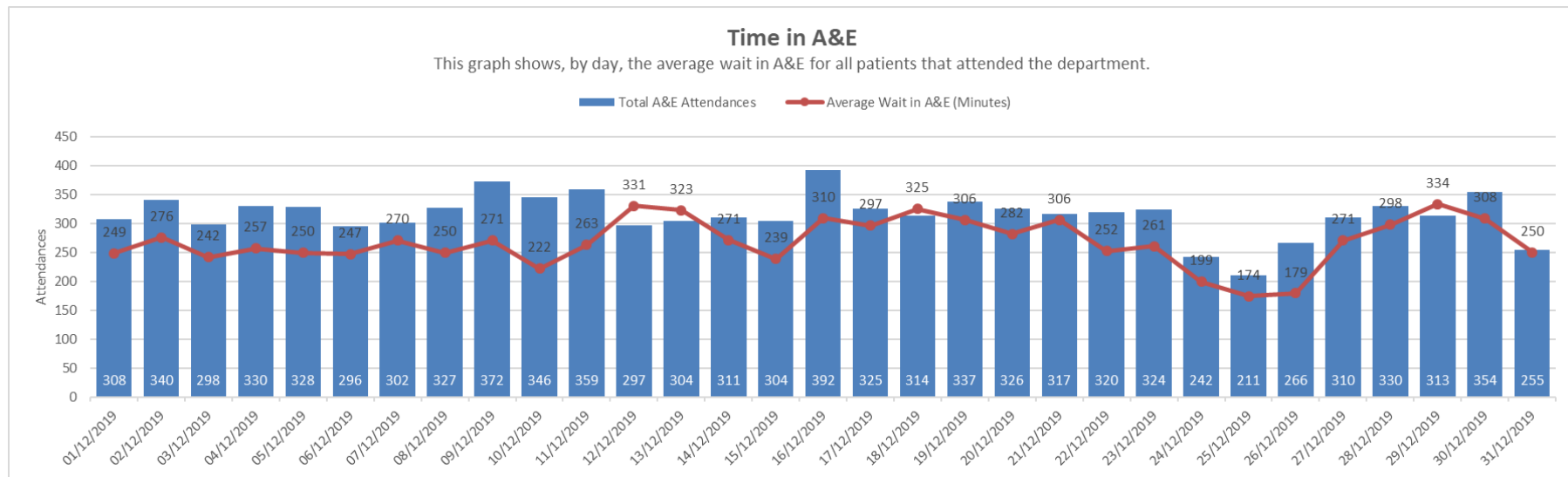
Whilst our performance against the four hour standard has remained relatively static, our performance compared to other providers has improved since last spring

Daily Attendance Chart



Our attendances for 19/20 (year to date) are 5.6% higher than the comparative period in 18/19

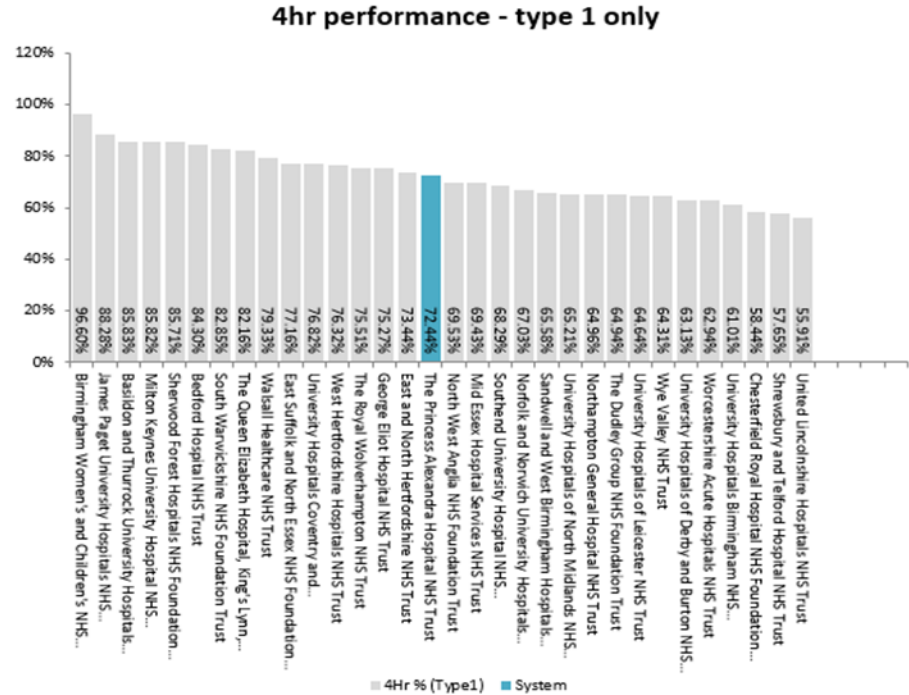
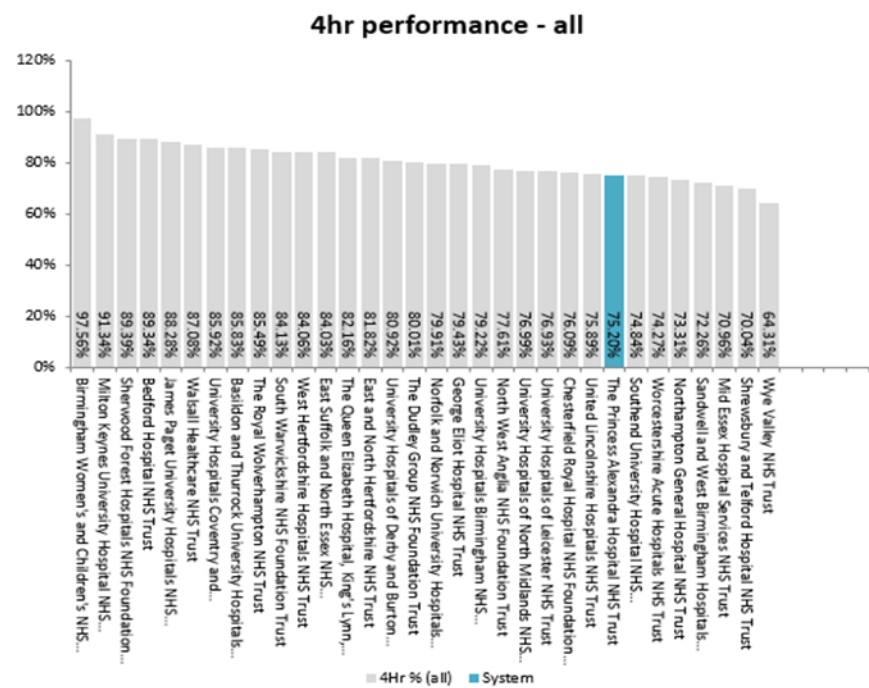
Daily A&E Waiting Times



Regional and National Benchmarking Picture

4hr performance weekly rank (all Types)	
National	Region
95/123	29/40

4hr performance weekly rank (Type 1)	
National	Region
57/123	18/40

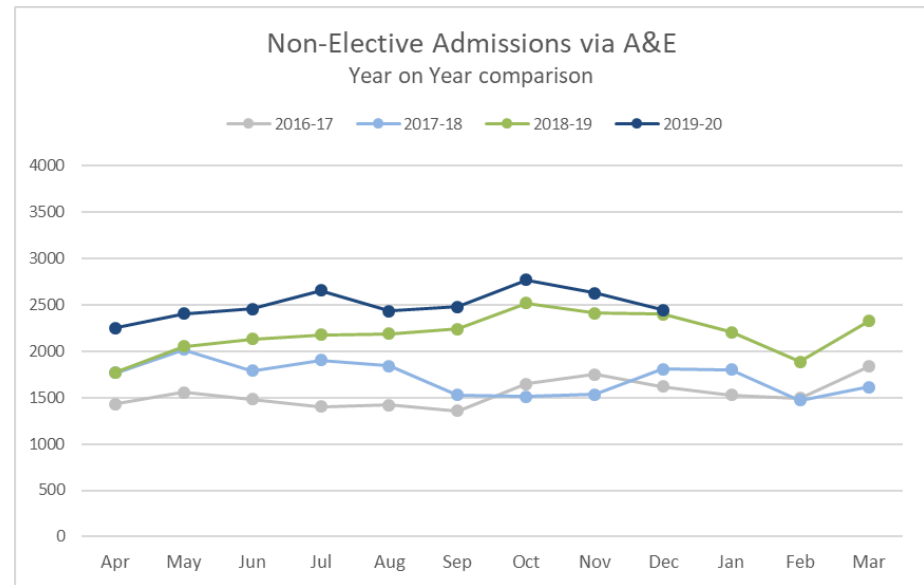
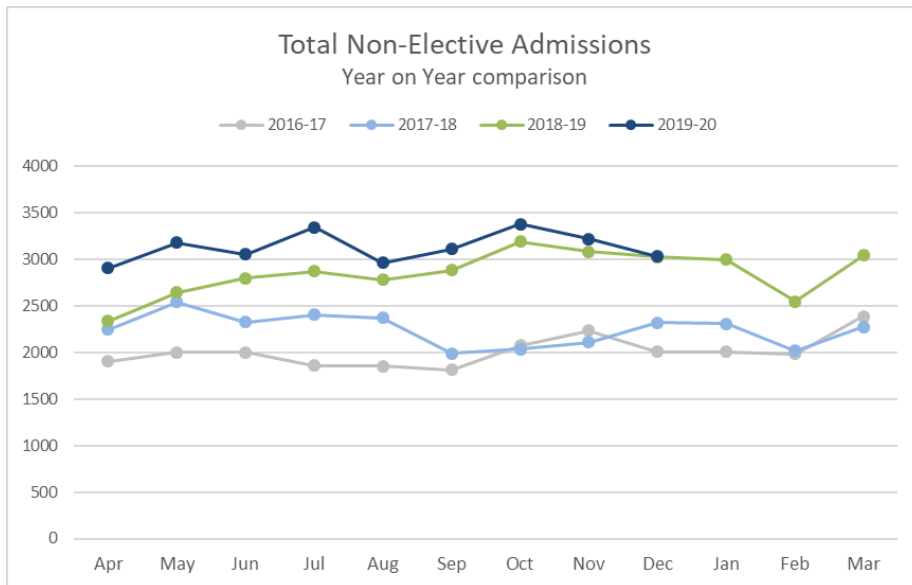
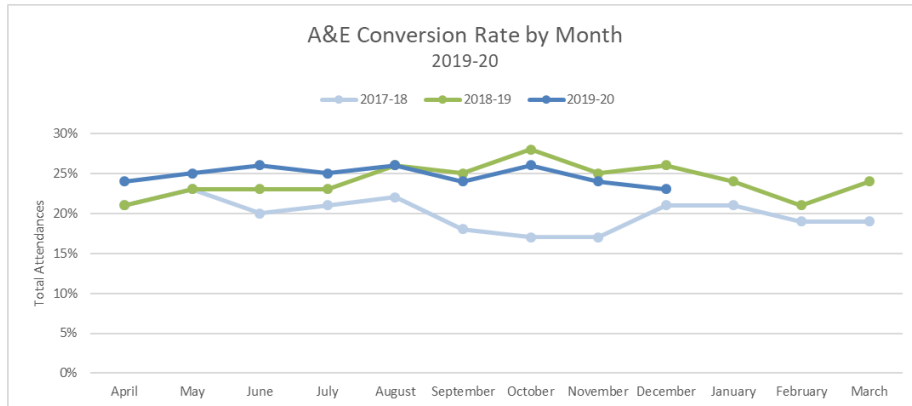


Local Comparison

	PAH	Basildon	East & North Herts	Colchester	Ipswich	Broomfield	Southend
Monday	17.07%	15.01%	15.61%	15.72%	14.91%	15.32%	15.24%
Tuesday	15.37%	14.65%	14.29%	14.12%	13.51%	14.12%	14.23%
Wednesday	14.28%	14.37%	14.01%	13.19%	13.22%	13.77%	13.66%
Thursday	14.01%	13.79%	13.78%	13.63%	13.35%	13.57%	13.97%
Friday	14.19%	13.65%	13.49%	13.34%	13.48%	13.67%	13.25%
Saturday	11.98%	14.05%	14.10%	15.02%	15.33%	14.32%	14.29%
Sunday	13.10%	14.48%	14.73%	14.97%	16.20%	15.24%	15.38%
Minimum	11.98%	13.65%	13.49%	13.19%	13.22%	13.57%	13.25%
Maximum	17.07%	15.01%	15.61%	15.72%	16.20%	15.32%	15.38%
Variation	5.10%	1.35%	2.11%	2.52%	2.98%	1.75%	2.13%

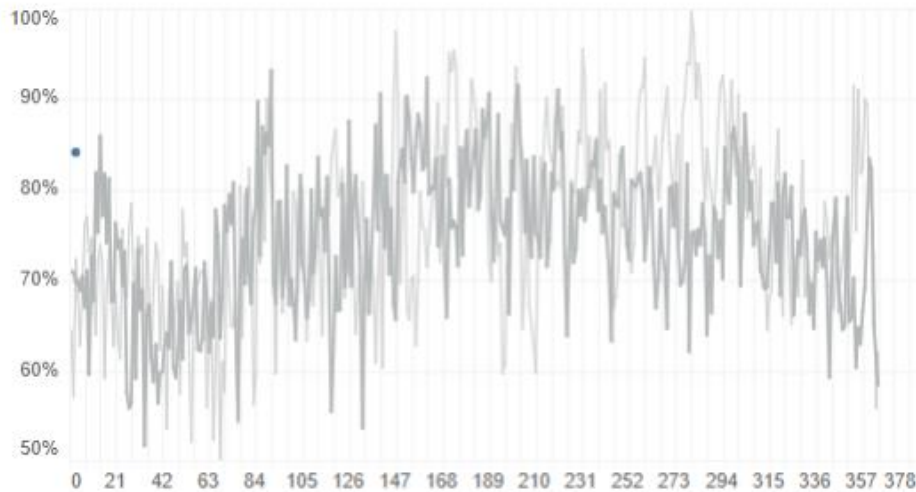
This chart shows the relative percentage of weekly attendances by day of the week, comparing PAH with local providers (as at Oct-19). You will see our variation between our busiest and quietest days is significantly higher than other local providers

Admissions



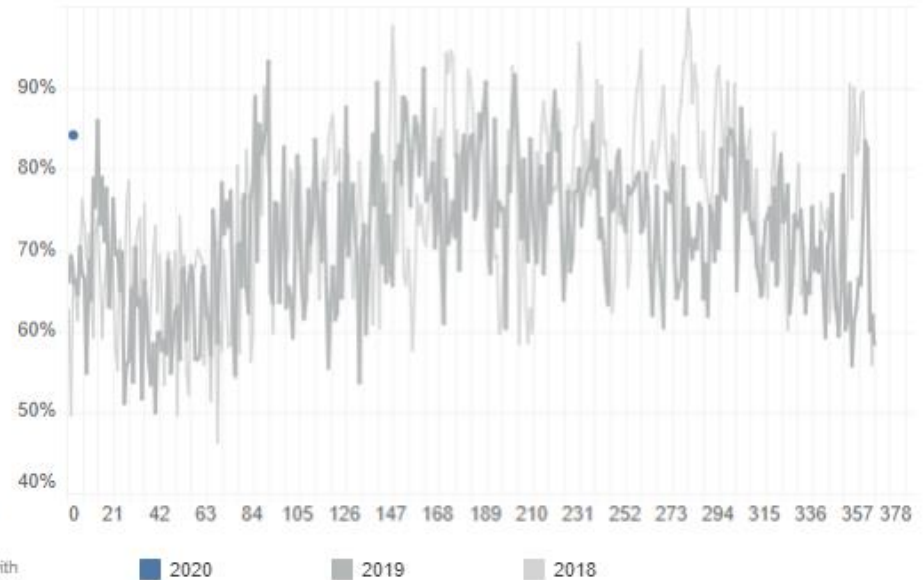
Part 1: daily performance and attendances

The Princess Alexandra Hospital NHS Trust A&E Performance

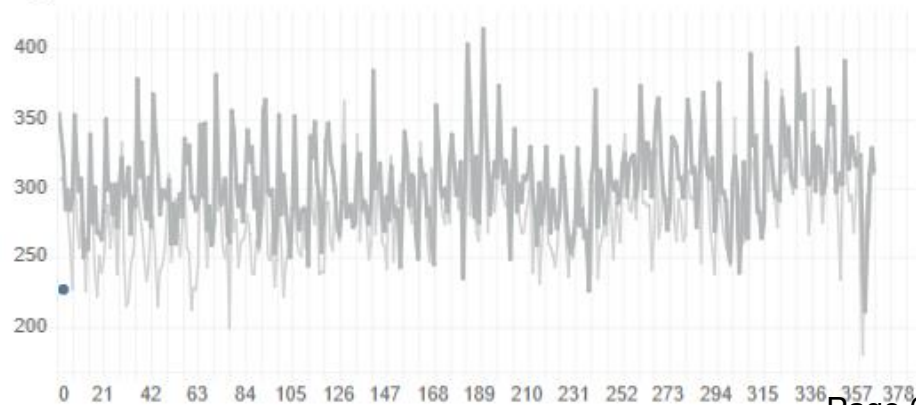


The comparison lines in these graphs reflect all acute providers with a type 1 A&E department, by day of the week, with number 3 on the x-axis representing Wednesday 1st January 2020 and Wednesday 2nd January 2019 and Wednesday 3rd January 2018.

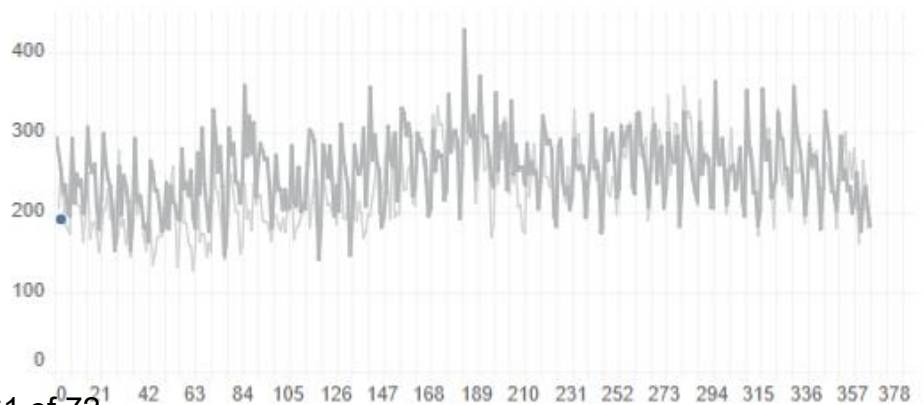
Type 1 Performance



Type 1 Attendances

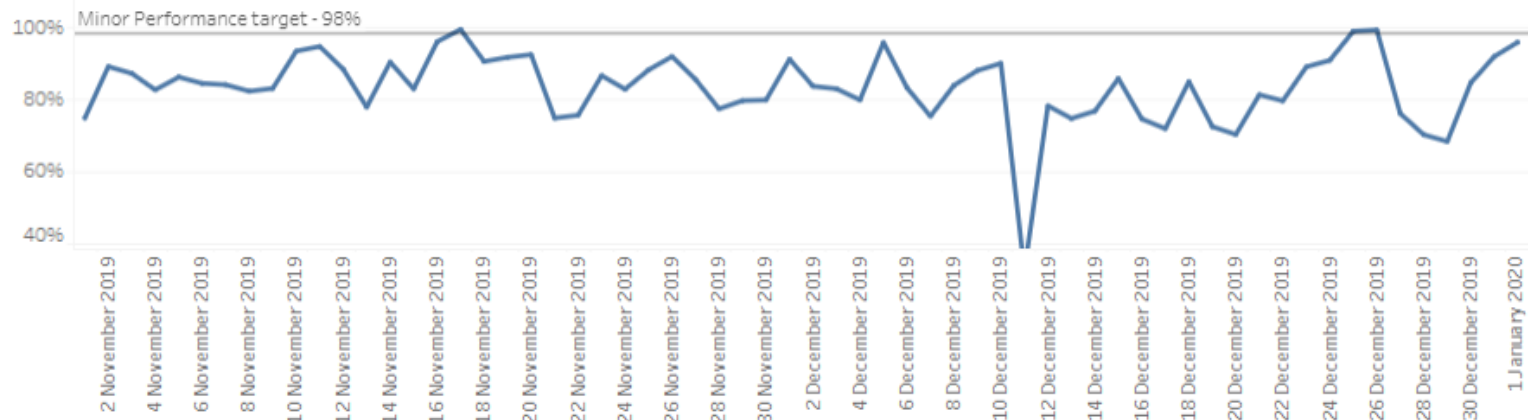


Treated within 4 hours



Part 1: minors performance

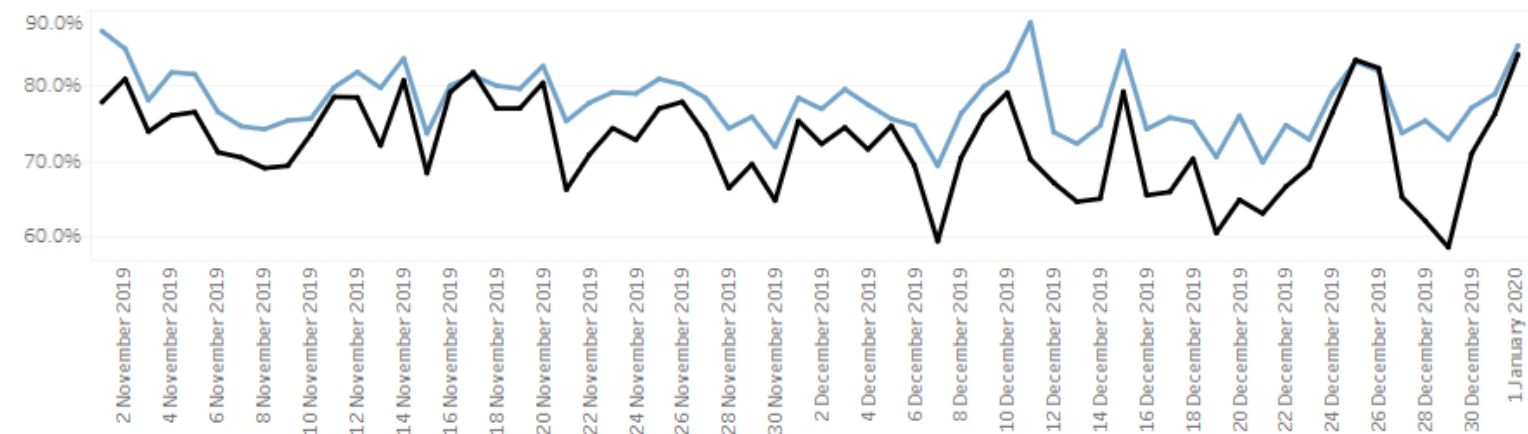
Type 1 minors performance -All The Princess Alexandra: All site(s)



Difference in performance over the past 3 months (if minors performance was 98% every day)

Performance	72.1%
Potential performance with 98% minors performance	77.8%

Adjusted performance if minors performance was 98%

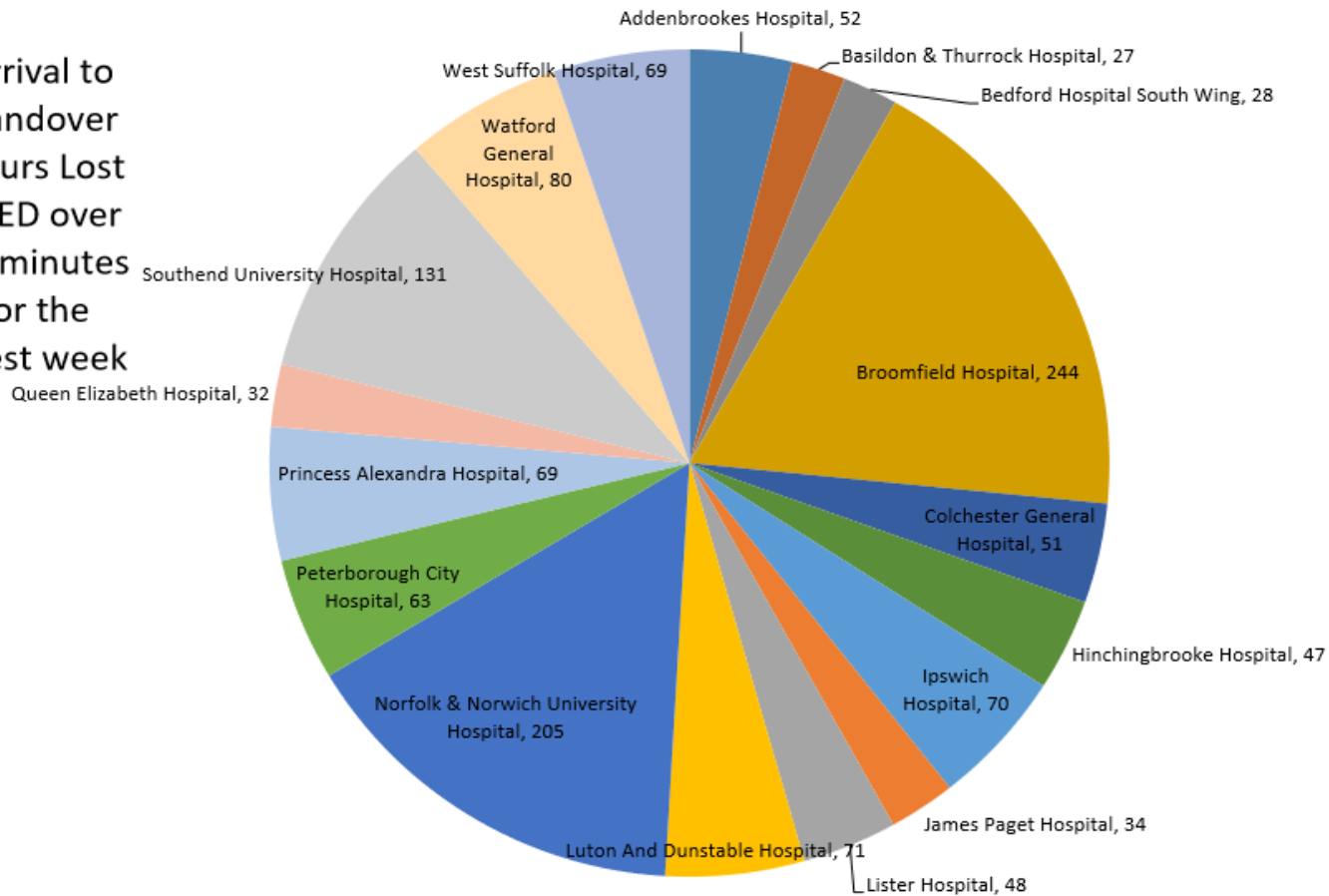


■ Performance

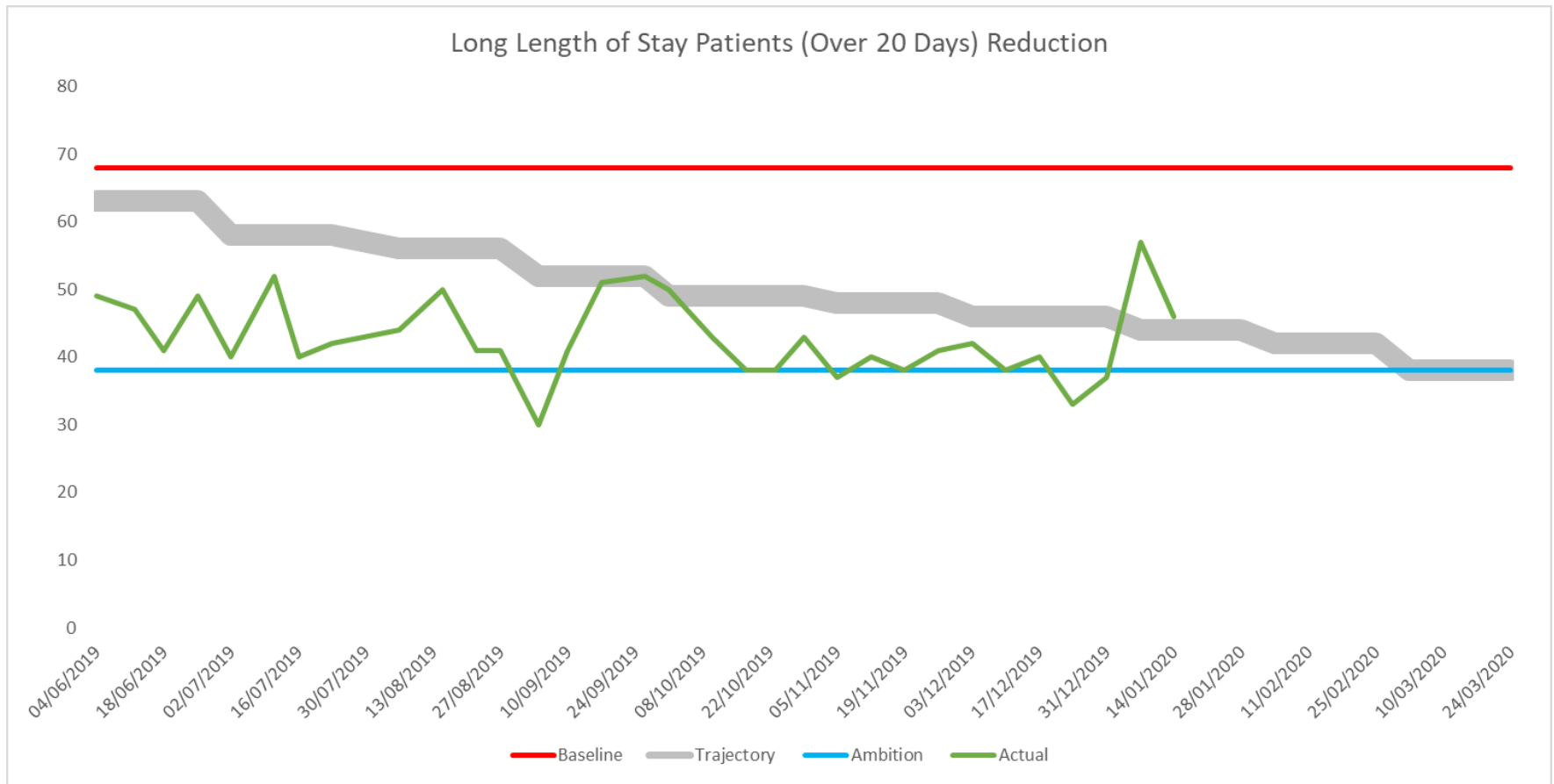
■ Potential performance with 98% minors performance

Ambulance Conveyance and Lost Minutes

Arrival to
Handover
Hours Lost
In ED over
15 minutes
for the
latest week

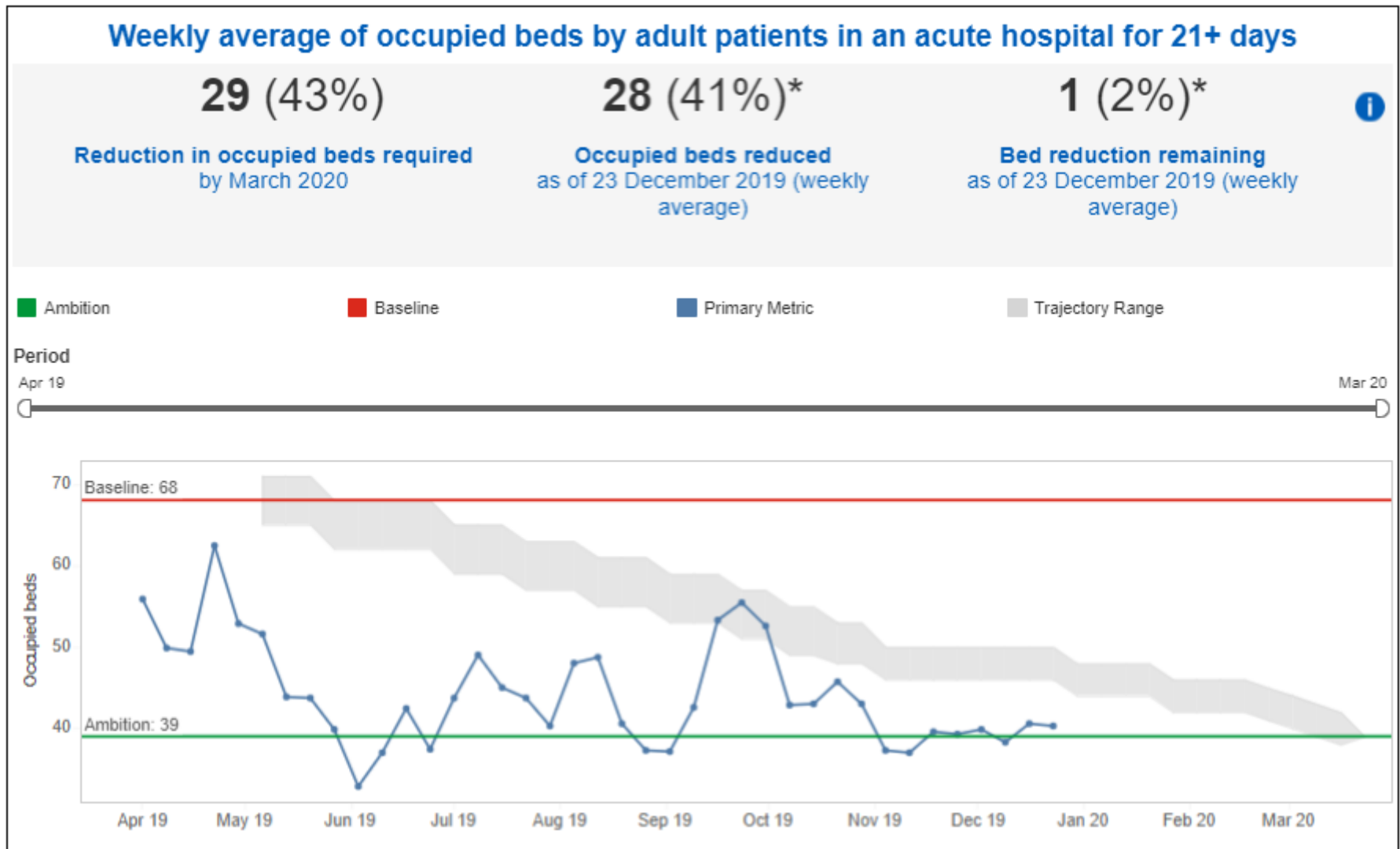


Long Length of Stay Trajectory



Our long length of stay patients (over 20 days) have stayed on or below trajectory (other than the spike for the Christmas period)

Part 3: long stay patients



Page 65 of 72

Chairman's Report

Reference Number: HOPSC/06/20

Report title: Chairman's Report	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 5 February 2020	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@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 usually held in between the formal meetings of the committee.

2. Action required

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

3. Background

- 3.1 The Chairman, Vice Chairmen and Lead Joint HOSC Members, usually meet monthly in between scheduled meetings of the full Committee to discuss work planning and this often entails talking to ECC and external health officers. This is the latest regular short report of these meetings. 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. The Forum last met on 22 January 2020 and the main issues discussed and actions agreed were:

Cystoscopy services - Clacton

Agreed: to seek further information on changes before further discussion at next Forum.

February 2020 HOSC: A&E Pressures, seasonal planning and admissions avoidance item

Agreed:

- (i) following the format from July 2019 meeting, to keep at operational level with representation from acute trusts, ambulance service and County Council;
- (ii) scope and advance questions to be sent to contributors;
- (iii) earlier start time if it helps contributors.

Cont....

Chairman's Report

Cont... 2/2

Noted the People and Families Policy and Scrutiny Committee would be looking at domiciliary care and that HOSC may wish to suggest that it also has representation on the T&F Group being set up.

Healthwatch Essex Data:

The Forum discussed the Spotlight on Services call data per CCG area collated by Healthwatch Essex (HWE) for the period 1st October to 31st December 2019 and how it could help inform future HOSC (and PAF) work. Agreed: to invite HWE to present and discuss at future HOSC meeting (probably March).

GP surgery issue

Scrutiny Officer to provide written HOSC position statement for Cllr Brown to respond to query raised at recent informal meeting of Joint HOSC (with Suffolk).

Work Programme

Mental Health - deferred further discussion on scoping until next meeting of Forum.

Dentistry/Opticians/Pharmacist services briefing and update - services commissioned by NHS England and not individual CCGs. Agreed: to start planning to bring this to March/April HOSC if possible.

Scrutiny Annual Report

Agreed: Members to suggest at next Forum meeting the HOSC work that should be highlighted for inclusion in the report.

5. List of Appendices

None

Member updates

Reference Number: HOPSC/07/20

Report title: Member Updates	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 5 February 2020	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk.	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 This is an opportunity for members to update the Committee (see Background below).

2. Action required

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

3. Background

- 3.1 The HOSC Chairman and Vice Chairmen have requested that there be a standard agenda item to receive member updates (usually orally but advance briefing papers can be included in agenda packs if preferred)
- 3.2 All members are encouraged to attend Board and other public meetings of their local health commissioner and providers and report back to the HOSC any issues of interest and/or relevance to the committee. In particular, the HOSC members who serve as ECC representatives observing the following bodies may wish to update on their attendance at any recent meetings:

Councillor Anne Brown (North East Essex CCG)
Councillor Beverley Egan (Castle Point & Rochford CCG);
Councillor Andy Wood (Essex Partnership University Trust)

In addition, issues arising from the work of the Joint HOSCs established with (i) Suffolk and (ii) Southend and Thurrock respectively, should also be highlighted.

4. Update and Next Steps

- 4.1. Members to provide any oral updates.

5. List of Appendices

None.

Work Programme

Reference Number: HOPSC/08/20

Report title: Work Programme	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 5 February 2020	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@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.

Joint Committees/Task and Finish Group activity

The Committee participates in two Joint Committees with neighbouring authorities as detailed on the second page of the Appendix to this report. There is no Task and Finish Group activity at present.

4. Update and Next Steps

See Appendix.

5. List of Appendices – Work Programme overleaf.

Essex Health Overview, Policy and Scrutiny Committee

Work Programme as at 23 January 2020

Date	Theme	Topic	Theme/Focus	Approach and Next steps
5 February 2020	Capacity and financial sustainability	A&E pressures/ seasonal pressures/admissions avoidance – <i>further follow up</i>	Relationship between ambulance performance and hospital capacity pressures.	Follow up to November 2018 and July 2019 sessions/review of winter performance. Operational representatives to be present
4 March/April 2020	Quality and Transformation of Services/Community healthcare (prevention and early intervention)	Primary Care	Dentistry/Opticians/Pharmacist update from NHS England	Introductory formal session – as agreed during previous work planning discussions
4 March 2020	Quality and Transformation of Services	Health and social care patient experience data	Have previously discussed how to consider patient feedback and concerns in the work of the HOSC. Healthwatch Essex have provided links to Spotlight on Services call data per CCG area collated by Healthwatch Essex – this session is to discuss how this could be used by HOSC to help inform future work.	TBC
1 April 2020	Capacity and financial sustainability	Princess Alexandra Hospital sustainability – <i>follow up</i>	Initial session in September 2018 looking at plans for capital funding of potential re-build.	Site visit at end of May 2019. Further update being planned.
TBC early 2020	Quality and Transformation of Services/Community healthcare (prevention and early intervention)	Primary Care – <i>further follow up</i>	Contribution to wider system and the STP plans.	To review locality changes from finalised CCG plans and impact of NHSE Long Term Plan.
TBC	Quality and Transformation of Services/Community healthcare (prevention and early intervention)	Primary care – urgent care	Urgent care services update. NHS111 arrangements/out of hours arrangements.	May be picked up during other primary care/STP discussions.
Summer 2020	Capacity and financial sustainability	Relocation of cardiology beds	Consultation on proposed service variation to relocate cardiology beds from Broomfield to Basildon Hospitals	Follow-up and feedback on temporary changes made over the winter period.
TBC	Quality and Transformation of Services/Community healthcare (prevention and early intervention)	Sensory care pathways	Review accessibility to services and system working	
TBC	Community healthcare (prevention and early intervention)	Community providers – <i>follow up</i>	Previously looked at the broader role and contribution to wider system. Agreed to review local performance	on hold as may be covered under the discussions on the Long-Term Plan and link with primary care discussions

Essex Health Overview, Policy and Scrutiny Committee Work Programme as at 23 January 2020

To be programmed:

Date	Theme	Topic	Theme/Focus	Approach and Next steps
TBC	Specialist commissioning issues	Proposals and engagement on relocation of services in London	Details about public consultation launched re: Moorfields eye Hospital was noted at July 2019 HOSC.	Outer North East London JHOSC is monitoring - ECC has representation on that body
TBC	Community healthcare (prevention and early intervention)	North East CCG – community beds	Further update on proposals impacting on Clacton and Harwich Hospitals	TBC
TBC	Quality and Transformation of Services	Hospital mergers	(i) Legal merger process. (ii) clinical services integration	Some work may be undertaken in Joint HOSCs.
TBC	Quality and Transformation of Services/Equity	Mental health – <i>follow up</i>	Partnership working, service changes, access to services. Full Committee reviews: Sept 2017 and April 2018.	Next steps tbc

Work with the People and Families Policy and Scrutiny Committee (PAF)

Led/hosted by PAF	Community healthcare (prevention and early intervention)	Virgin Care 0-19 contract – <i>follow-up</i>	Two sessions held with HOSC representatives also present.	Further session summer 2020.
3 February 2020	Quality and Transformation of Services	Autism services and awareness	Raised separately by both committees.	Joint introductory briefing on health and other support services

Essex Health Overview, Policy and Scrutiny Committee

Work Programme as at 23 January 2020

Sustainability and Transformation Partnerships (STPs) and development of Integrated Care Systems (ICSs)

Full committee

Date	Theme	Topic	Theme/Focus	Approach and Next steps (full committee unless indicated otherwise)
Ongoing	Quality and Transformation of Services	Sustainability and Transformation Partnerships	Seek evidence of joint working across footprints to transform quality of services. Development of Integrated Care Systems.	Joint HOSCs in two footprints continue to look at the detail of proposed service changes. Essex HOSC has high level governance and strategic oversight role.

Joint Health Overview and Scrutiny Committees (JHOSCs)

1. *JHOSC looking at the Mid and South Essex STP (Joint Committee with Southend-on-Sea Borough Council and Thurrock Council)*

This Joint Committee was established to be the scrutiny consultee for a formal public consultation launched by the STP for various proposed service changes. At the time of this report being written the JHOSC had held four meetings in public and a number of private briefings. [Joint HOSC agenda papers](#)

The JHOSC work programme paused as a result of the STP plans being referred to the Secretary of State by Southend-on-Sea Borough Council and Thurrock Council. The proposals have recently been endorsed by the Secretary of State. Discussions are underway about reconvening the Joint HOSC.

Essex HOSC nominated JHOSC members: Cllrs Egan (Lead Member), Lumley, vacancy, vacancy (substitutes: Cllrs Chandler, Reeves and Reid).

2. *JHOSC looking at the Suffolk and North East Essex STP (Joint Committee with Suffolk County Council)*

This Joint Committee was established in anticipation of a formal consultation being launched by the STP for various service changes. A number of public and private briefings have been held. The Joint Committee will be the formal consultee for a number of proposals being finalised by the STP/ICS. [Joint HOSC Agenda papers](#)

Essex HOSC nominated JHOSC members: Cllrs Brown (Lead Member), Erskine, Harris, Wood (substitute: TBC) – subject to ratification by Essex HOSC.

Hertfordshire and West Essex STP - There are no current joint health scrutiny arrangements with Hertfordshire County Council.