



Essex County Council

# Health Overview Policy and Scrutiny Committee

10:30	Thursday, 01 December 2022	Committee Room 1 County Hall, Chelmsford, CM1 1QH
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**For information about the meeting please ask for:**

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		<b>Pages</b>
<b>**</b>	<b>Private pre-meeting</b> For committee members only, starting at 9:30am in Committee Room 1.	
<b>1</b>	<b>Membership, Apologies, Substitutions and Declarations of Interest</b>	<b>5 - 5</b>
<b>2</b>	<b>Minutes of previous meeting</b>	<b>6 - 12</b>

**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.

<b>4</b>	<b>Primary Care Update</b>	<b>13 - 28</b>
<b>5</b>	<b>Integrated Care Strategies – MSE, HWE and SNEE</b>	<b>29 - 51</b>
<b>6</b>	<b>Covering Report - Autumn booster vaccination programme</b>	<b>52 - 57</b>
<b>7</b>	<b>Relocation of Knights Surgery to Basildon Sporting Village site</b> Report to follow.	
<b>8</b>	<b>Chairman's Report - December 2022</b>	<b>58 - 58</b>
<b>9</b>	<b>Member Updates - December 2022</b>	<b>59 - 59</b>
<b>10</b>	<b>Care Quality Commission – December 2022</b>	<b>60 - 69</b>
<b>11</b>	<b>Work Programme covering report - December 2022</b>	<b>70 - 73</b>
<b>12</b>	<b>Date of next meeting</b> To note that the next meeting is scheduled to take place on Thursday 5 January 2022 at 10:30am.	
<b>13</b>	<b>Urgent Business</b> 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.**

**14            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

<b>Report title:</b> Membership, Apologies, Substitutions and Declarations of Interest	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Richard Buttress, Democratic Services Manager	
<b>Date:</b> 1 December 2022	<b>For:</b> Information
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager – <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> or Freddey Ayres, Democratic Services Officer – <a href="mailto:freddey.ayres2@essex.gov.uk">freddey.ayres2@essex.gov.uk</a>	
<b>County Divisions affected:</b> 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 Dave Harris	Vice-Chairman
Councillor June Lumley	
Councillor Bob Massey	
Councillor Jaymey McIvor	
Councillor Anthony McQuiggan	
Councillor Richard Moore	
Councillor Stephen Robinson	
Councillor Clive Souter	Vice-Chairman
Councillor Mike Steptoe	

#### Co-opted Non-Voting Membership

Councillor David Carter	Harlow District Council
Councillor Carlie Mayes	Maldon District Council
Councillor Lynda McWilliams	Tendring District Council

**Minutes of the meeting of the joint Health Overview Policy and Scrutiny Committee, held in County Hall, Chelmsford on Thursday 3 November 2022 at 10:30am**

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**Present**

Cllr Jeff Henry (chairman)	Cllr June Lumley
Cllr Susan Barker	Cllr Carlie Mayes (co-opted)
Cllr David Carter (co-opted)	Cllr Jaymey McIvor
Cllr Paul Gadd	Cllr Anthony McQuiggan
Cllr Marie Goldman	Cllr Clive Souter (vice-chairman)
Cllr Ian Grundy (substitute)	Cllr Mark Stephenson (substitute)
Cllr Dave Harris (vice-chairman)	Cllr Mike Steptoe

**Apologies**

Cllr Martin Foley	Cllr Lynda McWilliams (Co-opted))
Cllr Bob Massey	Sharon Westfield-de-Cortez (Healthwatch Essex)

**Remote Attendees**

Cllr Lynette Bowers-Flint	Cllr Peter May
Cllr Martin Foley	Cllr Aidan McGurran
Cllr Carlo Guglielmi	Cllr Lynda McWilliams (Co-opted)
Cllr Bob Massey	Sharon Westfield-de-Cortez (Healthwatch Essex)

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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 Councillors Foley, Massey, McWilliams and Sharon Westfield-de-Cortez.

Councillor Stephenson substituted for Councillor Foley and Councillor Grundy substituted for Councillor Massey.

**2. Minutes of previous meeting**

The minutes of the meeting held on Thursday 6 October 2022 were approved as an accurate record and signed by the Chairman.

Members asked for the items showing for March 2022 in the Matters Arising report be removed from the report.

### **3. Questions from the public**

No questions from members of the public were received.

### **4. A&E Pressures, Seasonal Planning and Admission Avoidance**

The Chairman welcomed the following to the meeting:

- Alison Stace, East Suffolk and North East Essex NHS Foundation Trust
- Elizabeth Podd, Princess Alexandra Hospital Trust
- Tiffany Hemming, Mid and South Essex NHS Foundation Trust
- Alan Whitehead, East of England Ambulance Service
- Jon Dickinson, Essex County Council.

The committee received the following presentation from ESNEFT:

- Message to the public is to keep using ESNEFT service despite current pressures it is under
- Their winter plan was signed off in July 2022
- Investing over £7m to secure winter plan over the winter period
- Recruited over 170 FTE, mainly within medical nursing
- 35 out of over 100 schemes have been approved which are designed to provide ways of managing through the winter period. 12 of the schemes were to provide additional bed capacity and 9 were to support patient safety
- Have created a virtual ward which enables ESNEFT to look after patients at home via an app
- Senior Nurse at Colchester Hospital working on wards to facilitate different discharge arrangements for patients
- The integrated urgent care response service comprises of Occupational Therapists, social prescribers etc
- New cleric service which was launched in November 2022 takes lower priority patients who contacts ambulance service and are dealt with in a different way
- Have seen a marked reduction from people attending via ambulance – only 60 – 70 currently
- ESNEFT are in constant dialogue with the ambulance service day to day, and working with social services and community teams, residential homes and nursing homes to provide bridging beds to enable patients to move out of hospital.

The committee received the following presentation from PAH:

- Expecting a difficult winter, combined with still being in major incident recovery from Covid
- Winter plan was formulated in July 2022
- Have been asked to create an additional 45 – 50 beds. They have already identified Nightingale wards and an older person's unit
- Currently working with the ICS to create virtual wards
- Implemented electronic health record across A&E and urgent care services called Nervecentre, which has helped improve the safety of patients

- Currently working capacity demand and have created more same day treatment capacity and urgent treatment capacity
- Walk in patients are more than 50% of attendees
- Improvement in discharge services (#handoverathome).

The committee received the following presentation from MSE:

- Winter pressures start in October and have put together a package of measures that they have been asked to do, on top of measures that are right to do
- Working on flow through the healthcare system and ambulance turnaround times, making sure only ambulances that are sent to hospitals are needed to be
- UCRT can deal with patients that keeps ambulance more available
- Have been given just under £8m from NHS England, which is being spent on beds, both actual and virtual
- Increased the size of the bridging service and are expanding virtual wards
- Working with alliances on transfer of care hubs
- Introducing self-co-horting
- Elective procedures are not being impacted by current winter pressures.
- Going at risk with some services in expectation of receiving £500m funding from government. Essex should receive around £12m.

The committee received the following presentation from EEAST:

- Introducing rapid release
- Response times for C1 incidents is currently 10 minutes 56 seconds and C2 incidents are 1 hour and 30 minutes
- High number of staff are leaving EEAST and going to other parts of the NHS
- Looking to recruit allied health professionals, with the first batch starting early January 2023
- Average delay on 49 minutes for hospital handovers currently
- Pressure on the service has remained since Covid and are expecting increase in flu and a further wave of Covid this winter
- Additional resource has been bought in such as private ambulances and HALO's
- UCRT will have access to ambulance services stacks (backlog) to help alleviate waiting times
- Making good progress on CQC inspection recommendations
- Sickness levels around 10% currently which is fairly high
- Looking at mitigating the impact of any potential industrial action
- Wellbeing of staff is important and take a temperature check on morale. Includes video broadcast once a month to vent
- Wellbeing vehicle delivers food and drink to crews who have been waiting at long handovers
- Demand normally falls when industrial action is planned.

The committee received the following presentation from Adult Social Care, Essex County Council:

- Partnership with alliances have really improved over the past couple of years



- Focussing on reablement and independence which keeps people out of hospitals
- Working on building up the virtual ward space and getting people back to their basic baselines
- People returning to care sector or asking for extra shifts to help them deal with the cost-of-living crisis
- Undertaking fair cost of care exercise – asking providers to work out figures and then look at what grants are available to bridge the gap
- Monitoring the level of overtime being claimed
- Challenged with staffing and are holding a lot of vacancies at the moment
- All are working closely with the voluntary sector and other organisations to reach out to vulnerable people before their situation deteriorates.

Members received the following further information:

- Solutions are in place to make sure people do not present at hospital
- There are GP based at hospitals to deal with primary care matters
- A lot of community services available and people should not always use hospitals as a first port of call
- Demand has increased and inflexible rules have not expanded
- People should access the right services for the right condition. Should only present to ED when they need it and should use GPs and treatment centres – messaging needs to improve
- There are GP based at hospitals that are able to deal with primary care matters
- Primary care have a detailed winter plan.

#### **5. Autumn Booster Vaccination Programme**

Committee received the report as written, with a further, verbal update, to be provided at next month's meeting.

#### **6. Service Harmonisation Mid and South Essex ICB**

Committee received the report as written, with a further, verbal update, to be provided at the committee's February 2023 meeting.

#### **7. Mental Health Services for Young People joint Task and Finish Group – final report**

Chairman invited Cllr Guglielmi to present the Task and Finish Group's final report to the HOSC and PAF members.

Members of the Task and Finish Group were thanked for their time and commitment, and the committee received the final report. The report will now be presented to Full Council in December 2022.

#### **8. Chairman's Report**

The Chairman asked if, similar to the visit to Colchester Hospital's, that visits to Princess Alexandra Hospital, Basildon Hospital and Southend Hospital could also be arranged.

#### **9. Member Updates**

Members of the Essex and Suffolk JHOSC met recently and agreed they will be visiting the Clacton Diagnostic Centre in the near future.

Members also asked if a copy of the presentation given to members during the visit to Colchester Hospital on the new elective orthopaedic centre that is currently being constructed.

#### **10. Care Quality Commission – monthly update**

Members noted the report.

#### **11. Work Programme**

Members noted the committee's current work programme and asked whether the Section 106 monies item could be bought to the committee in the near future, potentially March 2023.

Members also asked that the following information be provided during the GP Provision update at next month's meeting – 'understand how many patients are being treated by GPs'.

#### **12. Date of next meeting**

To note that the next committee meeting is scheduled to take place on Thursday 1 December 2022 at 10:30am in the Committee Room 1.

#### **13. Urgent business**

No urgent business received.

#### **14. Urgent exempt business**

No urgent exempt business received.

The meeting closed at 2:15pm.

**Chairman**

### Health Overview Policy and Scrutiny Committee – Matters Arising as of 23 November 2022

Date	Agenda Item	Action	Status
7 April 2022	Hospital redevelopment at Princess Alexandra Hospital	Committee to be provided with date for submission of formal planning application	Item added to Committee's Work Programme
		To receive a further update once the business case process is complete, including whether 2028 delivery date is achievable	Item added to Committee's Work Programme
		Sharing detailed plans of new hospital site	Item added to Committee's Work Programme
9 June 2022	GP Provision in Essex	Updated position to be presented to the Committee in 6 – 8 months' time	Item added to Committee's Work Programme
		Committee asked for data on the number of people who attended A&E that could have been seen by a GP across Essex	Request sent to officers
7 July 2022	East of England Ambulance Service Trust	Updated position to be presented to the Committee in 6 – 8 months' time	Item added to Committee's Work Programme
7 July 2022	Mid and South Essex Community Beds programme	Updated position to be presented to the Committee in 6 – 8 months' time	Item added to Committee's Work Programme

7 July 2022	Covid 19 – Public Health	Committee requested an update from ECC's Public Health team on the latest situation with Covid-19	Item added to Committee's Work Programme
7 July 2022	CQC reports	Committee requested a list of all CQC reports that were assessed as inadequate or requires improvement for all providers in Essex	Request being formulated by support officer
27 July 2022	Integrated Care Systems	Committee to be presented with the three ICS strategies when completed	Item to be added to Committee's work programme once timing has been confirmed
1 September 2022	Mental Health Services	EPUT strategic plan to be shared with the Committee once published in Autumn 2022	Request sent to officers
6 October 2022	East of England Ambulance Service Trust	Updated position to be presented to the Committee in 6 – 8 months' time	Item added to Committee's Work Programme
6 October 2022	Community Children's Services – South East Essex	Provide an update following the transfer of the Lighthouse Child Development Centre to EPUT	Item added to Committee's Work Programme
6 October 2022	Autumn booster vaccination programme – Covid-19 and Flu	Committee to monitor progress against completion target of mid-December 2022	Item added to Committee's Work Programme

<b>Report title:</b> Primary Care Update	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Avni Shah, Director of Primary Care, Herts and West Essex Health and Care Partnership, Laura Taylor Green, Alliance Director, North East Essex and Oge Chese, Deputy Director of Primary Care & Medicines Management, North East Essex William Guy, Primary Care SRO, Mid and South Essex CCGs	
<b>Date:</b> 1 December 2022	<b>For:</b> Discussion
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager ( <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> ) or Freddey Ayres, Democratic Services Officer ( <a href="mailto:freddey.ayres2@essex.gov.uk">freddey.ayres2@essex.gov.uk</a> )	
<b>County Divisions affected:</b> Not applicable	

## 1. Introduction

- 1.1 This report follows a Health Overview and Scrutiny Committee in June 22 that provided an overview of the current state of primary care services in Essex and the efforts being undertaken to transform service delivery. This report provides an update on the matters discussed including an overview of the Fuller Stocktake (a national review of primary care), actions undertaken since our June presentation and actions planned for the remainder of 2022/23.

## 2. Action required

- 2.1 This report is for noting and discussion.

## 3. Background

- 3.1 Primary Care (general medical services) manages an estimated 80% of all patient interaction with the NHS. The responsibility for the provision of primary medical care sits with the three Integrated Care Boards covering the Essex boundaries. Each Integrated Care System is implementing new models of primary care that aimed to better meet patient need through workforce transformation, digital solutions, workload efficiencies and engagement.
- 3.2 Subsequent to our update to the Committee in June 22, each Integrated Care System has been considering how it will implement the outcomes of the Fuller Stocktake, a national review of primary care that aims to spread good practice widely across primary care and integrate systems to better support primary care and the patients it serves.
- 3.3 This report overviews the changing approach to delivering primary care and the initiatives being undertaken across Essex to improve service provision.

## 4. List of Appendices

- App A: Primary Care Update to Essex Health Overview and Scrutiny Committee December 2022
- App B: Case Study from North East Essex
- App C: Case Study from Mid and South Essex

# Primary Care Update to Essex Health Overview and Scrutiny Committee

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December 2022

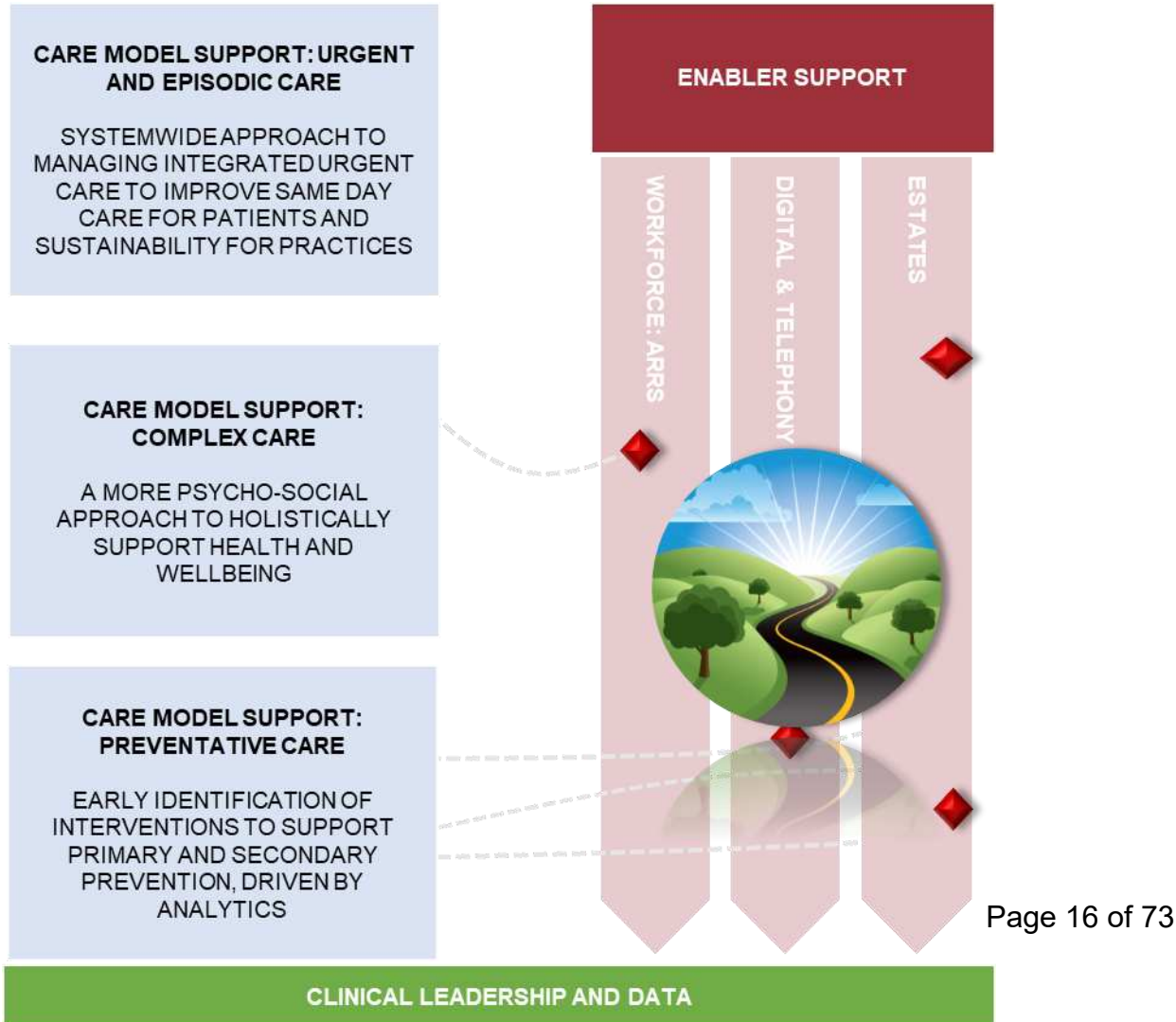
Contributions from  
Hertfordshire and **West Essex**  
**Mid and South Essex**  
Suffolk and **North East Essex**



# Primary Medical Care in Essex

- Further to our update to Essex Health Overview and Scrutiny Committee in June 2022, this report seeks to update members on a number of developments since our previous presentation.
- This report provides an overview of the “Fuller Stocktake”, a stocktake report commissioned in November 2021 by Amanda Pritchard, Chief Executive of NHS England to understand primary care nationally, what’s working well, why it’s working well and how we can accelerate the implementation of integrated primary care across systems. This report was led by Dr Claire Fuller, the then Chief Executive Designate (now Chief Executive) of Surrey Heartlands Integrated Care System.
- All Integrated Care Systems are required to implement the learning from the Fuller Stocktake.
- In addition, this report also summarises the specific actions being undertaken before March 2023 to support primary care and the population it serves through this winter whilst transforming services for the future.
- We have also included some case studies of successful transformative change that we are seeking to roll out more broadly.

# The Fuller Stocktake



- The Fuller Stocktake published in May 22, makes a series of recommendations for local and national leaders to shape primary care services to better support the patients they serve and the staff working within primary care.
- The stocktake identifies three core models of care that need to be transformed through cross health and care system collaboration.
- Crucially, system and national leaders are challenged to create the environment that will enable these changes to be implemented across the NHS in England.
- Each ICS is developing its response to the Fuller Stocktake including identifying where existing programmes align with the Fuller Stocktake approach.



# The Fuller Stocktake – early implementation/alignment with existing transformation programme

## Mid and South Essex

- Care Navigation/Sign posting programme being implemented to support patients to easily access alternatives to primary care
- PACT/Integrated Neighbourhood Teams model being implemented across all four Alliances in Mid and South Essex
- Population Health Management initiatives currently being piloted in PCNs in each Alliance.
- Clinical Model development workshops underway that will support wider transformation including estates plans
- Alliance Clinical Directors in post in all four Alliances. In addition, supporting posts are in recruitment
- System wide Development and Delivery Group in place to operationally oversee the implementation of the Fuller Stocktake recommendations.
- Working Together Scheme being implemented to act as a catalyst to support transformation this winter and into the early part of the new financial year

## North East Essex

- Urgent Treatment Service providing access for minor injury and illness in three locations, Colchester, Harwich and Clacton
- Health Inequality Leads are defined for each PCN and are invited to all the Live Well Integrated Neighbourhood Team meetings
- Population Health Management is being promoted across PCN's
- System partners are realigning operational services to wrap around the Neighbourhoods.
- Primary Care Careers (PCC) service offer covers attraction, recruitment and retention of the primary care workforce across the East of England
- PCN Clinical Director represents Primary Care on the Neighbourhood Steering Group
- Clinical lead roles across the Alliance include a number of primary care leads
- Completion of 10 x PCN estate strategies. Linkages to community assets to be included

## West Essex

- Integration/PACT teams in place across all 6 Primary care Networks working in partnership with range of system partners and identifying health inequalities
- Access – Continued programme on improving access in primary care
  - 20 out of 30 GP practices approved for could based advance telephony. 8 gone live. Rest in pipeline
  - Enhanced training for front line reception staff across all practices
  - Roll out of Accurx and E-consultation across all practices since October 22.
  - Review of the funding of Healthwatch commissioned surveys on Children Young People experience of accessing primary care and experience of primary care in Uttlesford and Harlow. – Following discussion to review actions/recommendations for implementation
  - Review of the scope of urgent treatment centre and same day access to primary care in Harlow underway
  - Additional appointments funded through primary care for winter
- Clinical leadership – appointment of primary care clinical leads through localities and system wide leads
- Reinvigorating Patient participation Groups – 70% received support through National Patient association to reinstate PPG across practices.
- Strategy – Development of the PCN Clinical strategy underway with partner which will inform estates strategy
- Workforce – recruitment for primary care roles. Launch of PCN education team to support recruitment, retention, supervision for all staff in general practice

# Volume of consultation and speed of access

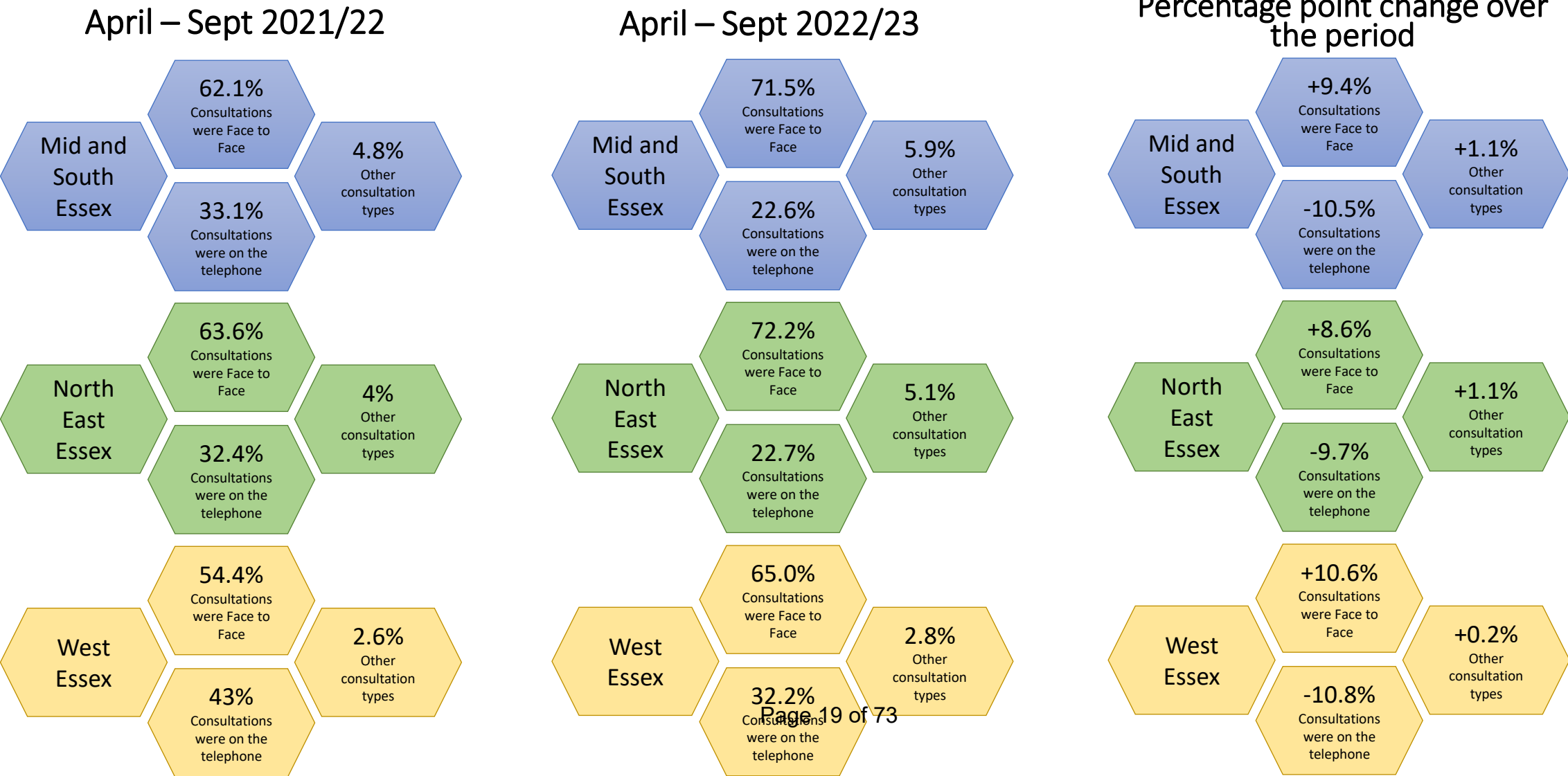
- Total consultation undertaken in primary care for the given period

	April – Sep 2021/22	April – Sep 2022/23	Net change
Mid and South Essex	2,916k	2,977k	+61k or +2.1%
North East Essex	981k	1,013k	+32k or +3.2%
West Essex	725k	762k	+37k or +5.1%

- Speed of access to primary care (April – Sep 2022/23)

	% seen same day	% seen within 24hrs (cumulative)	% seen within 2 weeks (cumulative)
Mid and South Essex	42.3%	50.5%	83.7%
North East Essex	41.7%	48.9%	83.1%
West Essex	50.8%	57.9%	86.2%

# Modality of Access



# Winter 2022/23



- Across all three ICSs Primary Care (general practice and community pharmacy) is central to our response to winter.
- All ICSs have clear communications out to all stakeholders to support patients to support themselves but also how to access primary care services when needed

# Actions being taken forward in the remainder of 2022/23

## Mid and South Essex

- Roll out of cloud based telephony to at least 25 practices in Mid and South Essex
- Commencement of a Care Navigation/Sign Posting initiative to support patients to be offered alternatives to seeing practice staff
- Developments of websites to better support patients
- Commissioning of a local Winter Access Fund initiative that will secure 13k additional twenty minute consultations to better support complex co-morbidity/co-pharmacology patients.
- Additional clinical leadership capacity and project support to help expedite existing transformation projects
- Development of clinically led care models for each PCN – these will help inform estates plans and wider developments

## North East Essex

- The Primary Care Resilience Group continue to meet monthly to:
  - Monitor proactively the resilience of primary medical service contractors across North East Essex
  - Respond as required to information that shows variation or deteriorating positions against quality
  - Gather good practice ideas and innovations so these can be systematically disseminated across the ICB
- Reactive 'wrap around model' continues to support primary care. Focus on Patient Access & Patient Experience, Clinical Governance, Leadership and Managerial Governance, Organisational Culture, Recruitment and retention processes, Future proofing and succession planning, Medicines management practices
- Proactive primary care support model mobilising. Focus on operational improvements, effective and efficient working practices, Maximise resources within a practice, and support the implementation of any identified local improvements

## West Essex

- Operational support to integrate the use of digital tools in primary care such as Accurx and Econsultation taking into account the feedback from patient experience including Healthwatch surveys and more recent work on Digital exclusion
- Scoping models of transformation in primary care including implementing delivery at scale such as asthma diagnosis delivery at PCN level, same day access model at PCN level with care coordination with community partners
- Continue roll out of cloud base telephony and evaluating the impact of this support
- Development of career pathways for additional roles with partners to support integrated working learning from the GP portfolio role development
- Reviewing the impact of GIRFT in primary care and how this enhanced and improves general practice productivity
- Development of the Primary Care Strategy including workforce plan, digital roadmap and new models of care including all primary care providers including dental, optometry, pharmacy with general practice

# ARRS Recruitment and Extended Access Services

Primary Care Networks (PCNs) continue with their development of their **Additional Roles Reimbursement Scheme (ARRS) staff**. This includes roles such as First Contact Physios, Primary Care Pharmacists, Social Prescribers etc.

In autumn, there were a number of national changes that introduced new roles and some flexibilities on existing roles to support PCNs to better meet the needs of their population.

In addition to recruitment, all three Integrated Care Systems are supporting their Primary Care Networks to optimise the usage of the staff (i.e. training/development, care pathway development) and support retention strategies as the demand for these roles across all sectors of the health system is significant.

In October 2022, all Primary Care Networks established their own solutions for **Extended Access**. Models are built around a national specification but tailored to local need/circumstance. The minimum requirements are;

- ✓ Provision every weekday from 6:30pm to 8:00pm
- ✓ Provision every Saturday from 9:00am to 5:00pm
- ✓ 60 mins of provision per 1000 registered patients per week
- ✓ Provision of routine general practice (i.e. not urgent out of hours care)
- ✓ GP led provision
- ✓ There must be a consistent offer to all registered patients



# Case Study – North East Essex

## Delivery of SMI (Serious Mental Illness) Health Checks in Primary Care with GP Primary Choice (GPPC) Federation

Overview	Additional funds were allocated by commissioners to tackle the backlog of annual health checks in NEE and increase the number of annual physical health checks being carried out. NEE were low down on the league table and the importance of seeing these patients and ensuring they were being checked on was highlighted
Challenge	Lack of estate space, exhausted workforce and lack of contact with a challenging group of patients which was only exacerbated with COVID meant that annual checks were not being carried out on a regular basis. This group of patients historically tended to have a high DNA (did not attend) rate or were wary about attending the surgery for appointments.
Solution	Creating a hybrid model. Primary Care could continue to carry out their own annual health checks if they had the estate space and available staff OR GPPC could provide support with our team of 3 SMI Nurses who would hold the clinics on their behalf OR a mixture of both where the GPPC team of nurses could hold clinics at surgeries who were open on weekends during Extended Access. With our nurses making the initial call and talking through the appointment with the patients, taking the time to explain what would happen and giving them a longer appointment, the DNA rate has remained low.
Results	As a result of GPPC creating a team of SMI nurses alongside Primary Care, Annual SMI Health checks completed in NEE increased from 19% to 55% against NHSE target set at 60%. NEE have moved from 79 <sup>th</sup> on the national league table in Q1 21/22 to 8 <sup>th</sup> in Q2 22/23

# PACT – Patient Aligned Community Team

Case study to support Mid and South Essex's HOSC Primary Care Update

December 2022

Please see a video on this case study @ [Benfleet PCN Video FINAL.mp4 - Benfleet PCN Video FINAL.mp4 - Frame.io](#)[Benfleet PCN Video FINAL.mp4 - Benfleet PCN Video FINAL.mp4 - Frame.io](#)



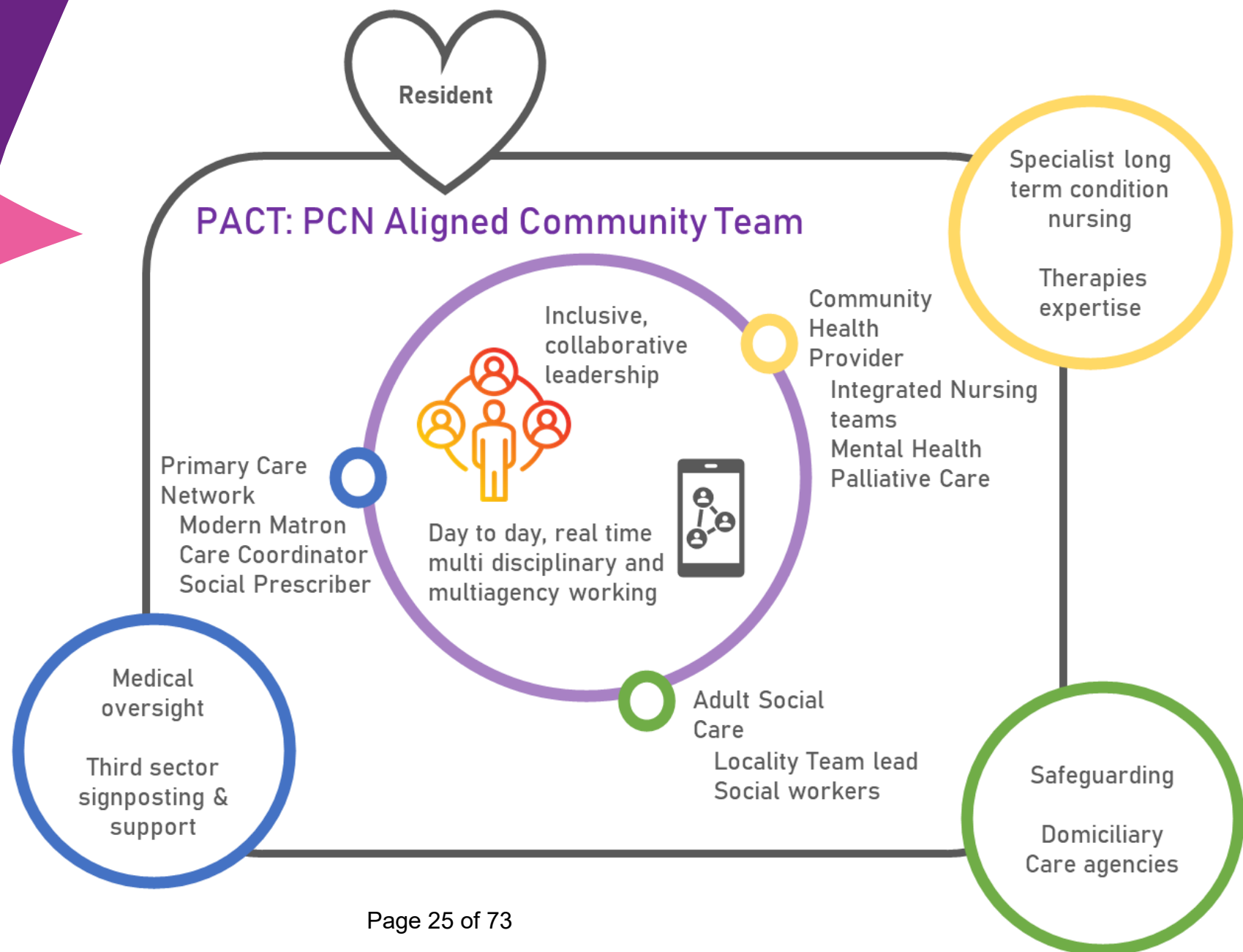
To be successful the PACT framework requires four elements:

The **resident at the heart** of the model

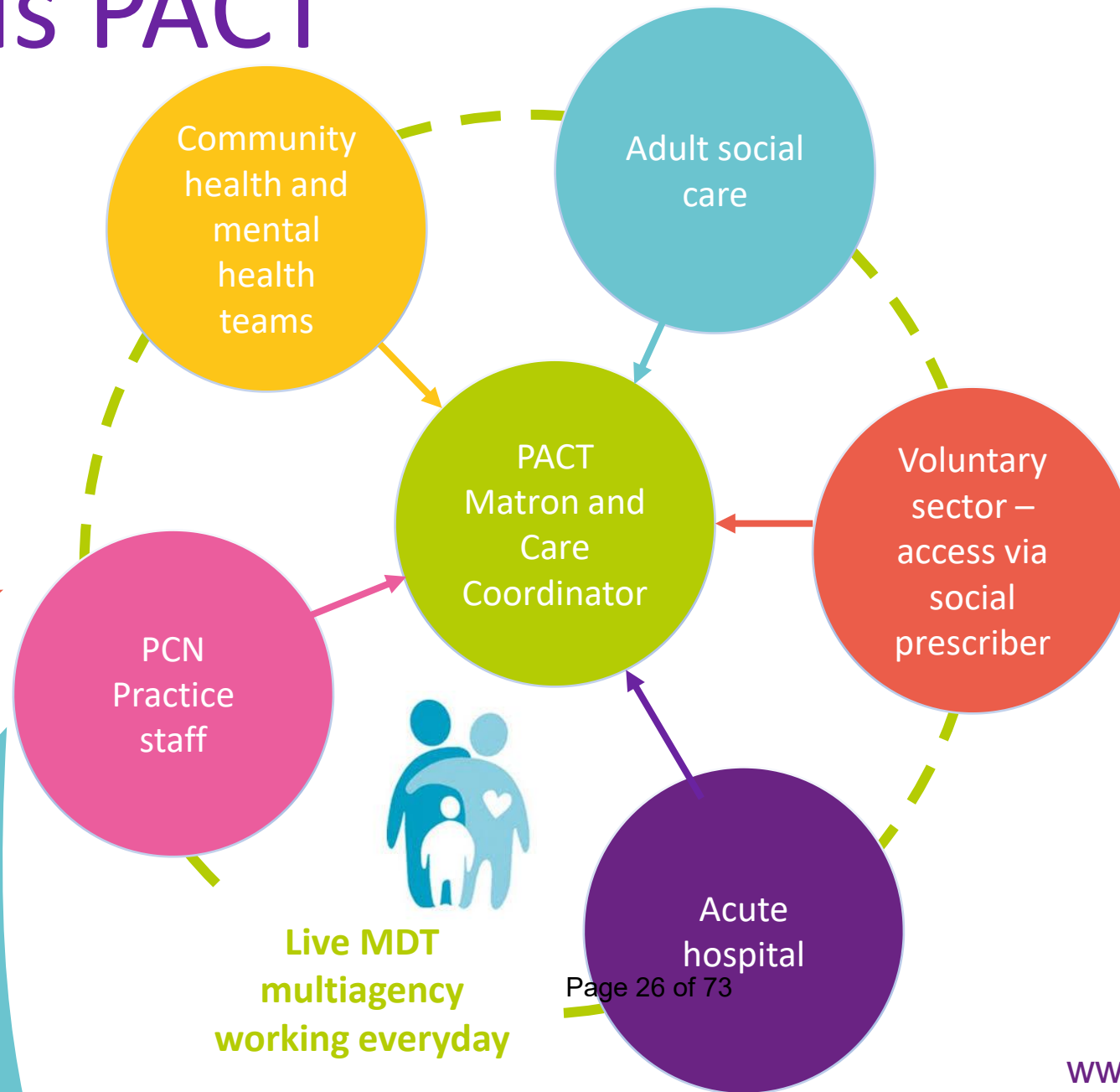
Positive and productive **multiagency, multidisciplinary relationships**

Easy and instant modes of **communication** for real time multiagency and multidisciplinary decision making

An inclusive, collaborative **leader**



# So this is PACT



## PACT is underpinned by:

The FRAIL+ framework

Digital tools and enablers – PCN SystmOne Hub links all practices.

Multiagency collaboration using FrEDA

Pro-active, anticipatory care to prevent crisis – and wrap around support in the event of crisis and hospital discharge

Live and efficient coordination and communication between all multi-agency professionals

# Meet Rose\*

a real 91 year old, housebound, lives with daughter, several comorbidities, 11 regular medications, recently returned home from hospital after a fall

## GP Home visit 1:

Weak, swollen legs, short of breath.

Start Diuretics.  
Refer to cardiology outpatients

## GP Home visit 2:

Rose deteriorates and falls. BP is 159/88

Medication increased to lower BP

## GP Home visit 3:

Mobility is worse, further falls. Blood tests show Rose is becoming unwell

## GP Home visits 4,5 & 6 over the next fortnight:

Rose is feeling increasingly worse and short of breath, mobility has steeply declined, and she is confused.

Hypertension medication increased again

## GP Home visit 7

Urgent admission to hospital. Condition worsens and Rose is discharged to a care home

Page 27 of 73

\* Names have been changed



# Making things better for Rose

## Rose's journey >250 hours

7 **urgent** primary care or community **home visits** in 5 weeks  
4 GP phone calls to family in 3 weeks

2 unplanned, **crisis** admissions with **10 days in hospital** within 7 weeks

1 referral to **specialist cardiology** outpatients



None of these improved Rose's outcome - she just wanted to stay at home and be comfortable

**Proactive FRAIL+ principles via PACT coordinate support around what matters to Rose**

## A better way <5 hours

FRAIL+ principles

- Find
- Refer
- Assess
- Intervene
- Listen



guide **30 minutes** of conversation and planning with Rose and family

Complete FrEDA and refer using internal links – **10 minutes**

Planned reviews shared between all PACT teams – **4 hours** over 10 months and **no hospital admissions**

**Family say, “Thankyou for listening, great communication and team work to manage things in the way WE wanted”**

<b>Report title:</b> Integrated Care Strategies – MSE, HWE and SNEE	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Richard Buttress, Democratic Services Manager	
<b>Date:</b> 1 December 2022	<b>For:</b> Discussion
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager ( <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> ) or Freddey Ayres, Democratic Services Officer ( <a href="mailto:freddey.ayres2@essex.gov.uk">freddey.ayres2@essex.gov.uk</a> )	
<b>County Divisions affected:</b> Not applicable	

**1. Introduction**

- 1.1 To update the Health Overview Policy and Scrutiny Committee with the development of the Integrated Care Strategies across Mid and South Essex (MSE), Suffolk and North East Essex (SNEE) and Hertfordshire and West Essex (HWE).

**2. Action required**

- 2.1 To support the process to date and next steps for each of the Integrated Care Strategies.

**3. Background**

- 3.1 There are three Integrated Care Systems servicing the population of Essex;
- Mid and South Essex
  - Suffolk and North East Essex
  - Hertfordshire and West Essex
- 3.2 Each ICS has to prepare an Integrated Care Strategy by December 2022. The Integrated Care Strategies of each system will define, in common terms, how and where we will work together to ensure consistency of experience for Essex residents. Leaders from each system meet together regularly to update each other, share learning & best practice. In addition to regular networking, sharing of intelligence and joint commissioning (where appropriate) it is anticipated each Integrated Care Partnership will commit to a number of joint partnership initiatives.

**4. List of Appendices**

App A - Three Essex ICS Strategy Process Proposals

## Suffolk & North East Essex Integrated Care System

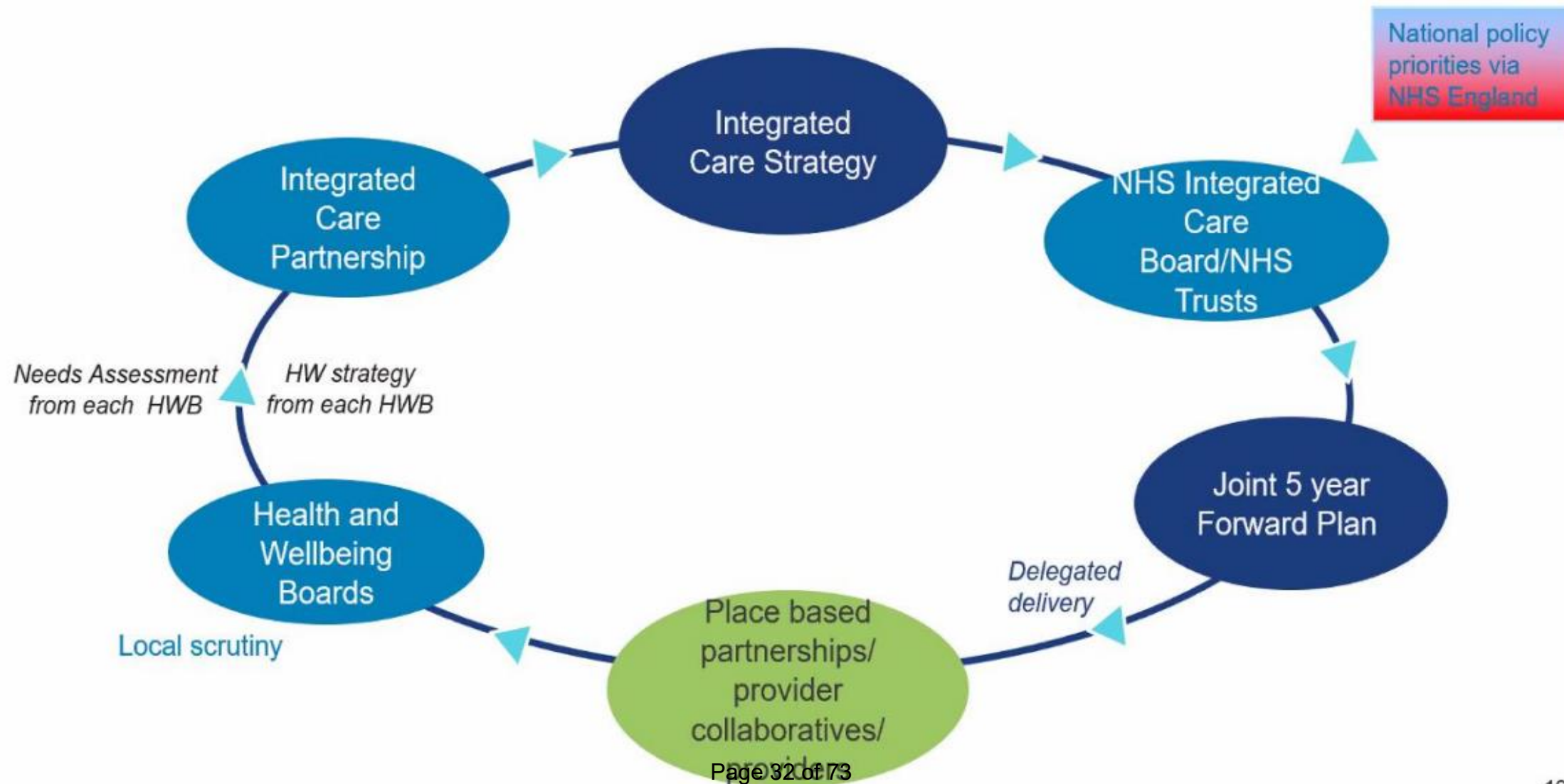


## The Development of Integrated Care Strategies



# Background

- There are three Integrated Care Systems servicing the population of Essex;
  - *Mid and South Essex*
  - *Suffolk and North East Essex*
  - *Hertfordshire and West Essex*
- Each has to prepare an Integrated Care Strategy by December 2022
- Leaders from each system meet together regularly
- The Integrated Care Strategies of each system will define, in common terms, how and where we will work together to ensure consistency of experience for Essex residents
- In addition to regular networking, sharing of intelligence and joint commissioning (where appropriate) it is anticipated each Integrated Care Partnership will commit to a number of joint partnership initiatives





# Mid and South Essex Integrated Care Partnership



“

*ICP's central role is in the planning and improvement of health and care. They should support place-based partnerships and coalitions with community partners which are well-situated to act on the wider determinants of health in local areas. ICP's should bring the statutory and non-statutory interests of places together.*

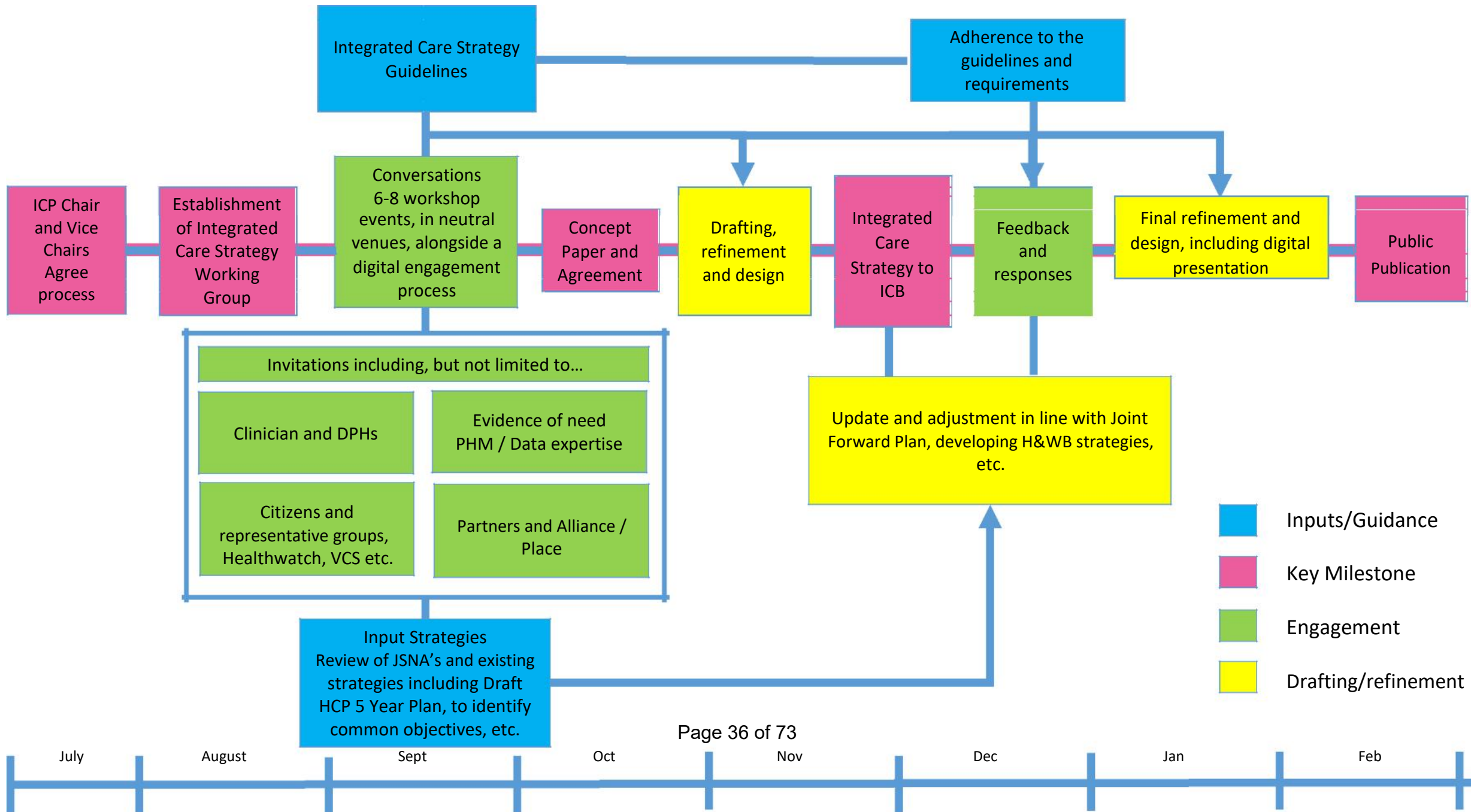
*Integrated Care Partnership Engagement Document: Integrated Care System Implementation*

”

# MSE strategy development

Strong involvement of;

- NHS and local authority partners
- The four Alliances
- VCFSE and infrastructure bodies
- The three Healthwatch organisations
- Wider partners including housing, higher education, policing, etc.
- Citizens - experts by experience
- The Healthwatch bodies have strongly recommended a mixed approach to engagement, with a wide range of partners and stakeholders included in open dialogue and 'conversation-style' events in neutral community settings
- Process designed and agreed by the ICP, with specific input from the Chairs of the three Health and Wellbeing Boards and the three Healthwatch bodies
- An open and engaged process, with ample opportunity for contribution
- Building on the existing strategy, identifying shared outcomes and priorities



# Component parts

- **Working Group**

A small, agile working group meeting fortnightly, with Terms of Reference and operational support provided by the Strategy and Partnerships Directorate. Membership includes Directors or Public Health, Directors of Adult Social Care, Healthwatch lead officers and NHS Clinical leads.

- **Partner, alliance and place engagement**

Meaningful engagement with our partners and Alliances, ensuring that subsidiarity is clearly incorporated into the Strategy

- **Citizen engagement**

There is a strong commitment to strengths-based (ABCD) work and co-production with citizens and representative groups, Healthwatch, VCS. This will grow the scope and range of our partnerships, which is essential for effective prevention and early intervention work.

- **Clinical input**

Input from ICP clinical leads and DPH's, alongside providers, primary, secondary/acute and community, will be essential to aid prioritisation and delivery.

- **Workshops and digital engagement**

A series of mixed-group 'conversations' with a variety of formats/times/venues will be facilitated over September and early October, alongside a digital engagement process, both offering the opportunities for diverse groups and individuals to contribute to the Strategy development.

# Component parts

- **Review of existing 'Input Strategies'**

A comprehensive review of existing strategies will ensure effective focus on shared objectives and where possible, seamless alignment across partners. 25 'Input Strategies' have been identified and are under review.

- **Concept paper**

It is proposed that after the initial rapid engagement and 'ideation' phase, a concept paper will be presented to partners for agreement, establishing the overarching principles and approach proposed for the Strategy.

- **Guidance**

At all stages development and delivery of the Integrated Care Strategy will meet Government guidance. Regular engagement with NHSE is taking places throughout the process.

- **Design and publication**

Communications (Media, Marketing, Campaigns & Design) will be essential in ensuring the Strategy is well presented and understood by the wider ranging partners and stakeholders.



# Partner Engagement Workshops

Mid and South Essex  
Integrated Care Partnership

Integrated Care Strategy  
Partner Engagement Workshops  
28<sup>th</sup> September to 11<sup>th</sup> October 2022

<https://bit.ly/3UgpMAz>



[www.midandsouthessex.ics.nhs.uk](http://www.midandsouthessex.ics.nhs.uk)

# Suffolk and North East Essex Integrated Care Partnership



# Integrated Care Systems are about everyone working together



## INTEGRATED CARE PARTNERSHIP (ICP)

All partners working together to agree a single collective STRATEGY to improve health and wellbeing outcomes for the whole population.



## INTEGRATED CARE BOARD (ICB)

The NHS working with partners to PLAN how best to invest the NHS budget to deliver the Integrated Care Strategy for the population.



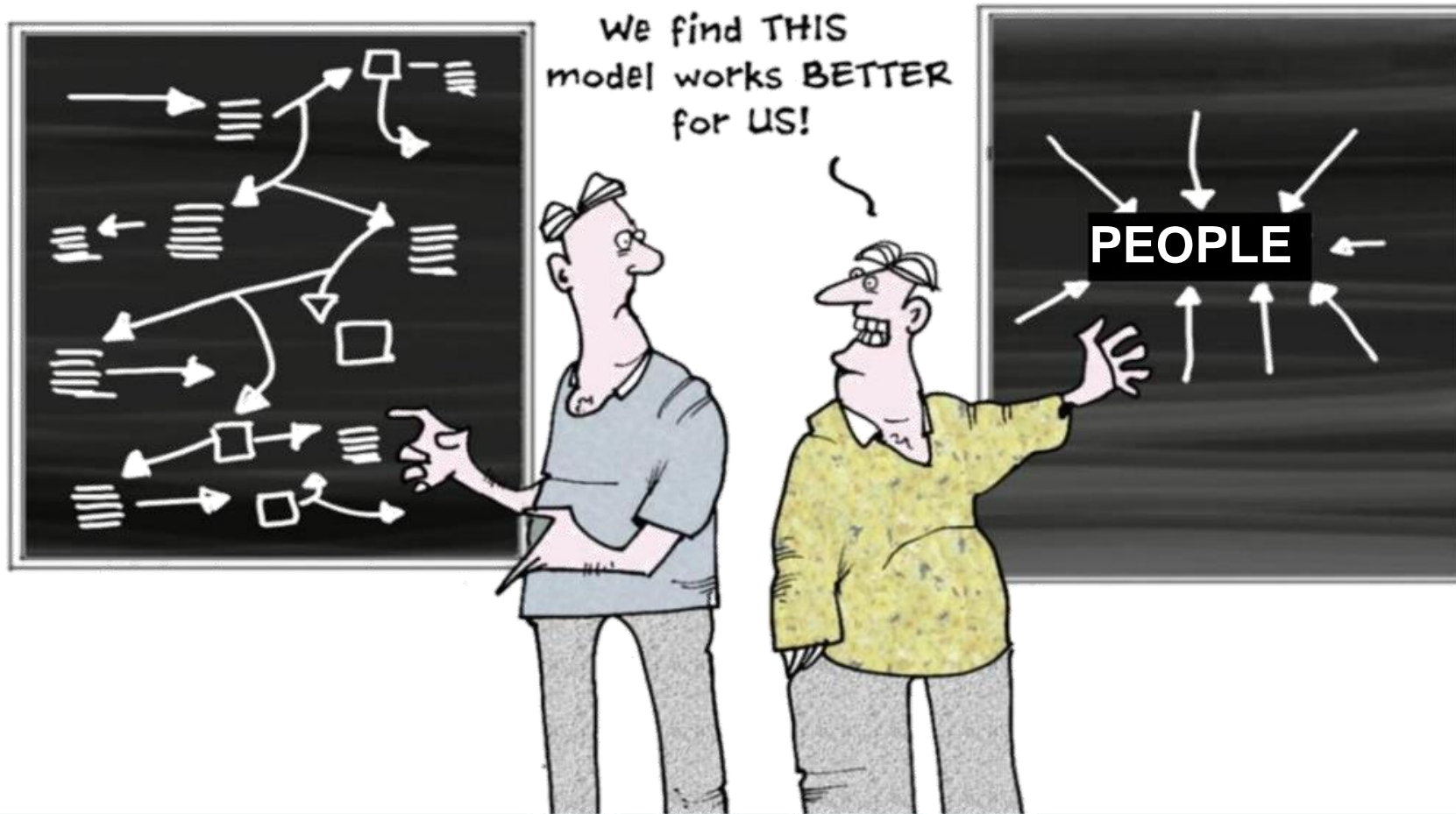
## ALLIANCES AND COLLABORATIVES

Partners working together to co-ordinate local DELIVERY of services and initiatives in places, communities and neighbourhoods.

# AGREED PRINCIPLES FOR DEVELOPMENT OF THE SUFFOLK AND NORTH EAST ESSEX INTEGRATED CARE STRATEGY

1. Build on what we have done previously
2. Look at whole population through a range of different lenses
3. Recognise, bring together, build on and amplify existing strategies across key stakeholders
4. Use an outcome based approach
5. Articulate in language that is meaningful to the people that we serve
6. Use this as an opportunity to further deepen and embed collaboration
7. Integrate measurement throughout
8. Dovetail development of our Integrated Care Strategy with the planning mechanisms for the NHS and County Councils
9. Provide opportunities for everyone to be involved
10. Use this opportunity to drive genuine change and challenge our thinking in health and care.

# How we are approaching our Integrated Care Strategy



**WHAT  
MATTERS TO  
YOU & WHY?**

**How** should we be  
**Thinking**  
Differently  
in health & care?



# Engagement “What matters to YOU? and WHY?”



Range of mechanisms for engagement:

- **Direct feedback** via a link online
- Engagement led by **Healthwatch**
- **Existing engagement mechanisms and groups**
- **Community Conversations** e.g. libraries – small grants
- **Pop Up Video Booth** at various sites and events – x16 locations;
- Outreach to **health and care staff**
- **Theme Specific System Coproduction workshops** - x15 October/November

Suffolk and North East Essex Integrated Care Partnership

# INTEGRATED CARE STRATEGY

Evidence from Lived Experience

Evidence from JSNAs and other sources of data

Evidence from other published resources



## WHY? OUTCOMES

For People, as Described  
By People, Measures

## HOW? OUR COLLECTIVE APPROACH

How we will collectively  
make a difference, Measures



ICS  
Plans and  
Strategies

CCG / ICB  
Plans and  
Strategies

Suffolk  
County  
Council Plans  
& Strategies

Essex County  
Council Plans  
& Strategies

Local  
Alliance  
Plans and  
Strategies

Relevant  
Provider  
Plans and  
Strategies



# OUR INTEGRATED CARE STRATEGY IN SIX NUMBERS

1

## ONE MILLION PEOPLE

Our overall ambition is 'Thinking Differently Together' to make the best possible health outcomes a reality for every one of the **ONE** million people that we serve

2

## TWO COUNTIES

We work flexibly with wider partners across the **TWO** counties of Suffolk and Essex

3

## THREE LOCAL ALLIANCES

We co-ordinate delivery as locally as possible through our **THREE** local place-based alliances

4

## FOUR KEY AIMS

We are united around our **FOUR** Key Aims to enable:

- the best health and wellbeing for all health
- equality, equity, inclusion and social justice
- everyone to 'Live Well' – start well, be well, stay well, feel well, age well, die well.
- a 'Can Do' Health & Care System

5

## FIVE EQUAL SECTOR PARTNERS

We believe in parity between all **FIVE** sectors in the ICS – NHS, primary care, social care, public health, VCSE

6

## SIX CORE VALUES

We work together in line with our **SIX** core values: Collaborative, Creative, Compassionate, Courageous, Cost Effective, Community Focused

# Hertfordshire and West Essex Integrated Care Partnership

# Strategy Update – November 2022

- Strategy steering group set up in July to develop our draft strategy.
- Desktop research undertaken of previous engagement activity to inform priorities
- ICP Strategy presented at numerous boards and shared with groups across Herts and West Essex
- Focus groups undertaken with under-represented groups
- Survey circulated to staff working across the partnership
- Further engagement to occur over the next few weeks ahead of strategy sign off.





**Vision:**

A healthy Hertfordshire and West Essex, enabling everyone to live fulfilled, healthy and quality lives, with the greatest possible independence.

**Principles:**

A decisive shift in integration

Prioritisation of prevention and early intervention

Addressing health inequalities

Involve our citizens

**Strategic Priorities:**

1. Jointly develop our health and care workforce to deliver our vision for the future of health and care

2. Achieve a reduction in health inequalities

3. Increase the number of people that are physically active, eat healthily and maintain a healthy weight

4. Give every child the best start in life

5. Support our communities and places to be healthy and sustainable

6. Enable our residents to age well and support people living with dementia

7. Improve support to people living with Life -Long Conditions, Long Term Health Conditions, physical disabilities and their families

8. Improve our residents' mental health and outcomes for those with learning disabilities and autism

9. Improve access to health and care services

10. Reduce the harm caused by smoking, alcohol, other harmful substances and addictions

**Enablers**

Our Workforce

Anchor institutions

Delivery at the right place

Data and Insight

Harnessing the power of people and communities

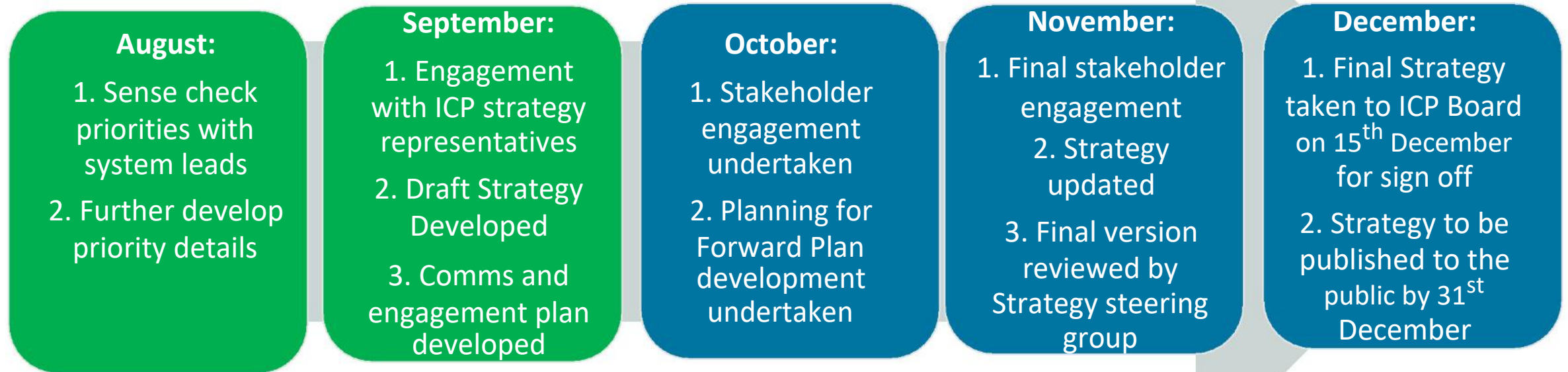
Research and Innovation

Collaborative and joint commissioning

Digital and Technology

## Views and Next steps

- Are there any key gaps or concerns?
- How can partners support with delivering the ambitions?
- What do we need to do differently to deliver the strategy?



Contacts – [Stephen.madden@nhs.net](mailto:Stephen.madden@nhs.net) [Christine.Oker1@hertfordshire.gov.uk](mailto:Christine.Oker1@hertfordshire.gov.uk) [maggie.pacini@essex.gov.uk](mailto:maggie.pacini@essex.gov.uk)

 Suffolk & North East Essex Integrated Care System



*Questions*

<b>Report title:</b> Autumn Booster Vaccination Programme	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Danny Showell, Public Health Consultant, Wellbeing, Public Health and Communities	
<b>Date:</b> 1 December 2022	<b>For:</b> Discussion
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager ( <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> )	
<b>County Divisions affected:</b> Not applicable	

### 1. Introduction

- 1.1 At the committee's October 2022 meeting, during a discussion on its Work Programme, members requested a briefing on the rollout of the Autumn Booster Programme covering both Covid-19 and flu.
- 1.2 Members asked that the first briefing is received at the committee's November 2022 meeting, with a further briefing in December 2022.

### 2. Action required

- 2.2 The committees are asked to note the report and discuss the groups findings and recommendations.

### 3. List of Appendices

App A: Briefing on Covid-19 and seasonal influenza vaccination campaigns

# Briefing on COVID-19 and seasonal influenza vaccination campaigns

## Summary

The COVID-19 autumn booster vaccination programme is on schedule to offer all those eligible a booster vaccination by early December.

Local data on the seasonal influenza vaccination campaign is not available. Data for England as a whole shows that the uptake at this early stage for those aged over 65 years is similar this winter to last winter. The uptake of those in other groups lags behind last winter. These groups are:

- Those under 65 years with clinical risk factors
- Those pregnant
- Children aged 2 and 3 years old

## COVID-19 vaccination

The autumn COVID-19 vaccination is progressing well in Essex. The ambition was to offer COVID-19 boosters to all over 50-year-olds, frontline health and social care staff, and those clinically vulnerable by early December. The programme was offered to the older age groups first. Figure 1 shows that by 13<sup>th</sup> November 60% of the population aged 50 and over had received their autumn COVID-19 vaccine booster.

**Figure 1: Autumn booster vaccination uptake (50+) in Essex, by vaccination date**

Source: <https://coronavirus.data.gov.uk/>

The percentage of people aged 50 and over who have received an autumn booster COVID-19 vaccination. The denominator is the number of people aged 50 and over on the National Immunisation Management Service (NIMS) database.

**Chart**

Data table

About

all 1m

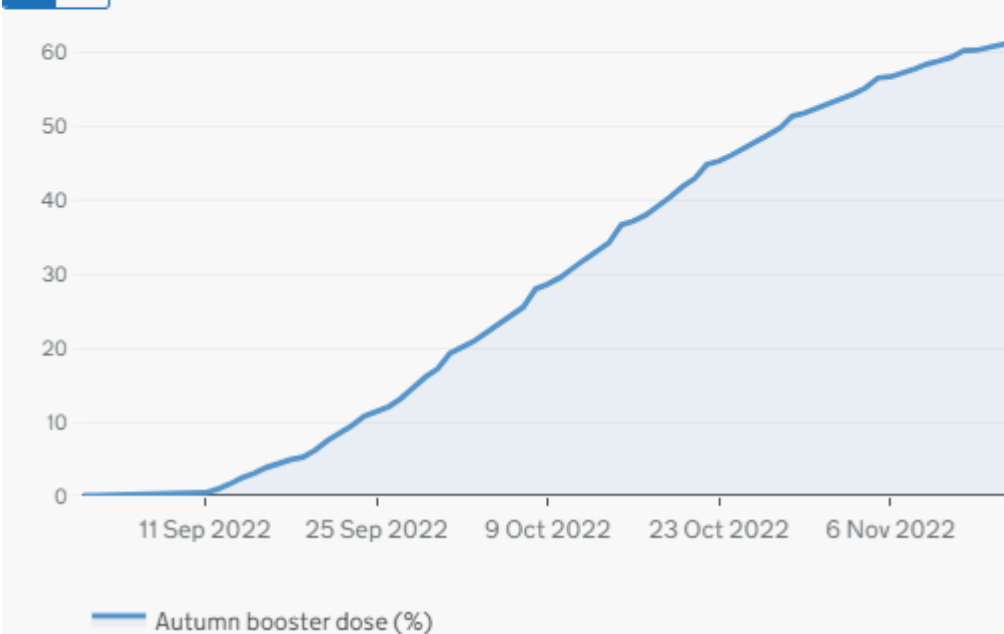
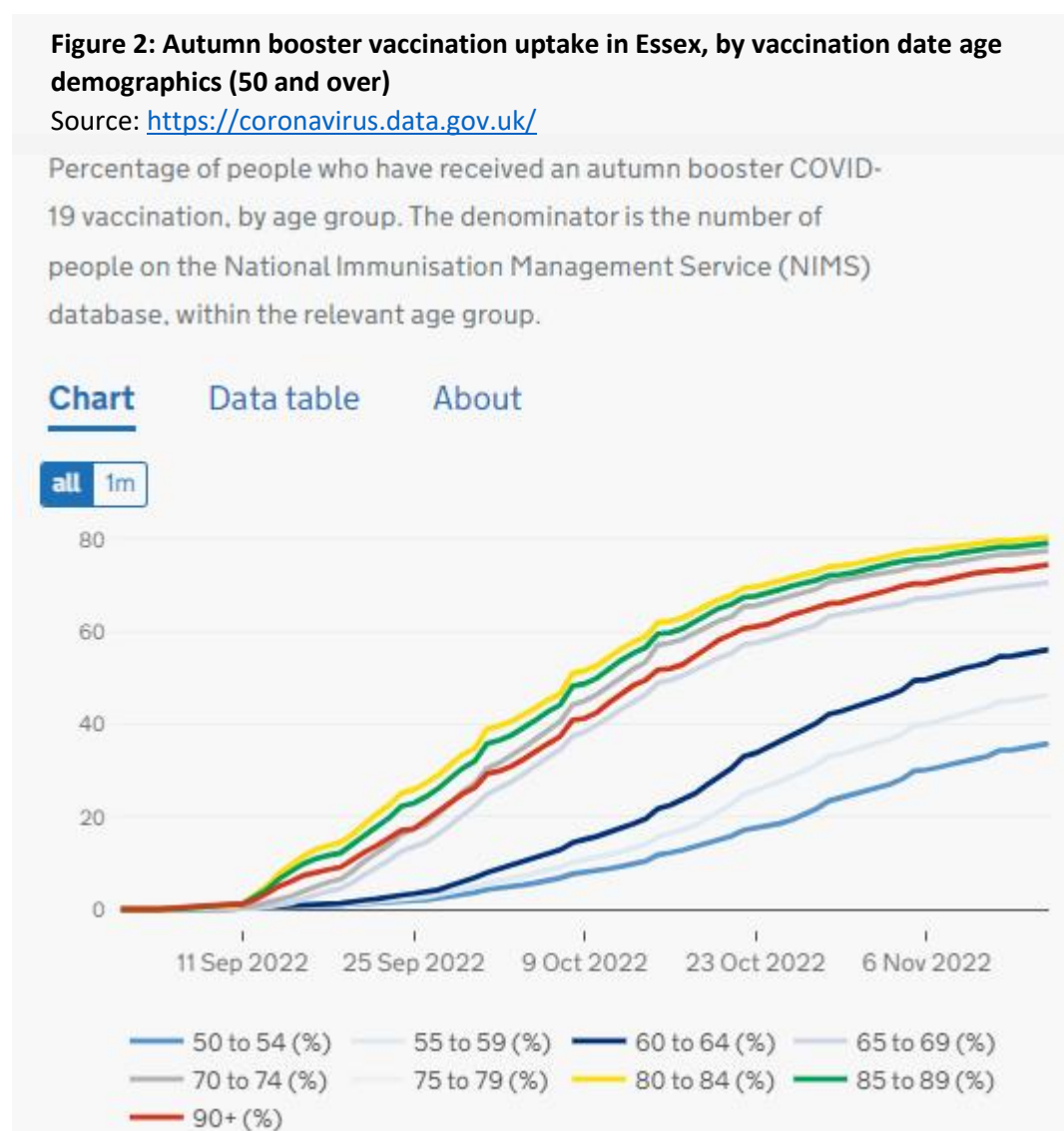


Figure 2 shows the uptake in the different age groups over 50 years old.



## Seasonal influenza vaccination

The Essex County Council data has not yet been released for seasonal influenza vaccinations but the UK Health Security Agency (UKHSA) has released provisional data for England as a whole up to 13<sup>th</sup> November. The provisional proportion of people in England who had received the 2022 to 2023 influenza vaccine in targeted groups was as follows:

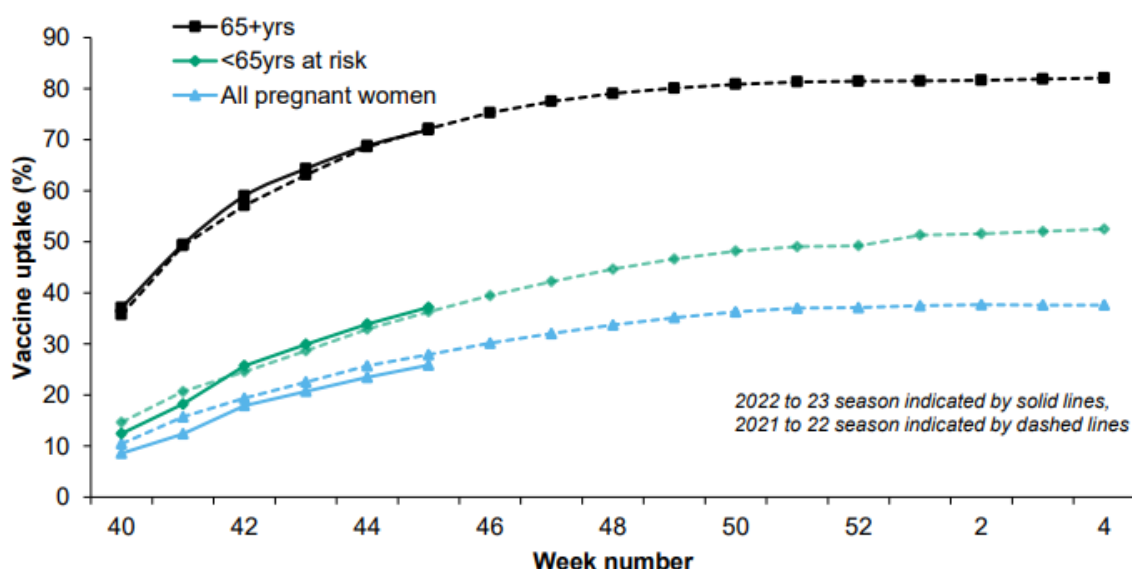
- 18.2% in under 65 years in a clinical risk group
- 12.4% in all pregnant women
- 49.5% in all 65 years old and over

The UKHSA are not yet reporting on 50- to 64-year-olds as the rollout for this age group only began on 15<sup>th</sup> October.

Figure 3 shows this season's coverage against the coverage for last winter (2021/22). To date the uptake in those 65 years old and over is similar to last season's whereas that for pregnant women and the under 65 years in a clinical risk group are slightly lower.

**Figure 3: Cumulative weekly influenza vaccine uptake by target group in England**

Source: UK Health Security Agency



The provisional proportion of children in England who had received the 2022 to 2023 influenza vaccine in targeted groups was as follows:

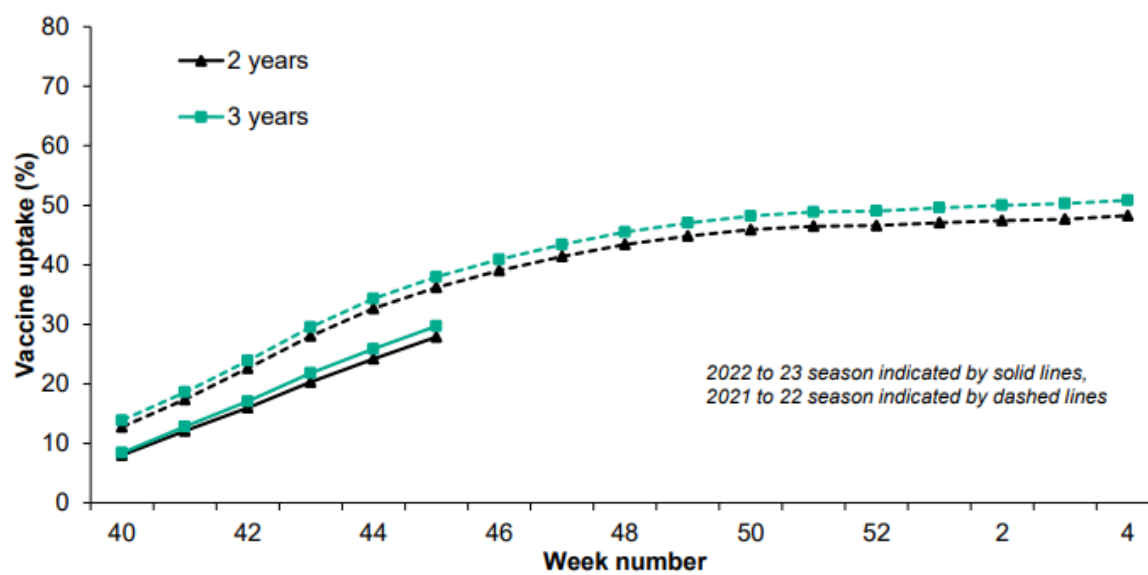
- 12.1% in all 2-year-olds
- 12.8% in all 3-year-olds

Figure 4 shows this season's coverage against the coverage for last winter (2021/22). The coverage of seasonal flu vaccine in 2- and 3-year-olds this year is a little less than last winters.



**Figure 4: Cumulative weekly influenza vaccine uptake in 2- and 3-year-olds, in England**

Source: UK Health Security Agency



<b>Report title:</b> Chairman's Report	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Richard Buttress, Democratic Services Manager	
<b>Date:</b> 1 December 2022	<b>For:</b> Information
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager – <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> or Freddey Ayres, Democratic Services Officer – <a href="mailto:freddey.ayres2@essex.gov.uk">freddey.ayres2@essex.gov.uk</a>	
<b>County Divisions affected:</b> 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 The Chairman's Forum did not meet between its November and December meeting and therefore there is no update to provide.

## 5. List of Appendices – none

<b>Report title:</b> Member Updates	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Richard Buttress, Democratic Services Manager	
<b>Date:</b> 1 December 2022	<b>For:</b> Discussion
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager – <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> or Freddey Ayres, Democratic Services Officer – <a href="mailto:freddey.ayres2@essex.gov.uk">freddey.ayres2@essex.gov.uk</a>	
<b>County Divisions affected:</b> 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

<b>Report title:</b> Care Quality Commission – monthly update	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Richard Buttress, Democratic Services Manager	
<b>Date:</b> 1 December 2022	<b>For:</b> Information
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager – <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> or Freddey Ayres, Democratic Services Officer– <a href="mailto:freddey.ayres2@essex.gov.uk">freddey.ayres2@essex.gov.uk</a>	
<b>County Divisions affected:</b> Not applicable	

## 1. Introduction

- 1.1 Following discussions with members of the Committee in consultation with the Chairman, it has agreed that it would be helpful to bring a new standing report to the agenda. The purpose of the report is to set out the current position of key health care providers in Essex.
- 1.2 The report will support this committees' discussions regarding the work programme by showing the level that the Care Quality Commission (CQC), the Independent regulator of health and social care in England, believes care providers to be.

## 2. Action required

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

## 3. Background

- 3.1 The CQC is the independent regulator of health and adult social care in England. They work to ensure health and social care services are safe, effective, compassionate and of a high quality, whilst encouraging continuous improvement. The CQC monitor, inspect and regulate services and then publish their findings as well as taking action where they find poor care.
- 3.2 The CQC have a number of standards that everybody has the right to expect, these are:
  1. Person-centred care – care or treatment that is tailored to the individual and meets their needs and preferences.
  2. Dignity and respect – this means being treated with dignity and respect when receiving care and treatment including having privacy, being treated as equal and being given support to remain independent.
  3. Consent – individuals, or those acting on their behalf legally, must give consent before care or treatment is given.

4. Safety – individuals must not be given unsafe care or treatment or be put at risk of harm that could be avoided. Providers therefore must assess risks and ensure staff have appropriate qualifications, competences, skills and experience.
5. Safeguarding from abuse – individuals have the right not to receive any form of abuse or improper treatment this includes: neglect, degrading treatment, unnecessary or disproportionate restraint or inappropriate limits on freedom.
6. Food and drink – individuals must have enough to eat and drink to keep them in good health whilst in care or receiving treatment.
7. Premises and equipment – Premises where individuals receive treatment or care must be clean, suitable and looked after properly with equipment secure and used properly.
8. Complaints – individuals must be able to complain, and a proper system must be in place for the handling and response of complaints. Investigations must be thorough and actions taken if problems are identified.
9. Good governance – provider of care must ensure they can meet these standards and have effective governance to check the quality and safety of care.
10. Staffing – the provider must have enough suitably qualified, competent and experienced staff to meet these standards. Staff must be given support, training and supervision they need to do their job.
11. Fit and proper staff – the provider must only employ people who can provide appropriate care and treatment for their role. Strong recruitment procedures must be in place including for work history and criminal record checks.
12. Duty of candour – provider must be open and transparent about care and treatment and if something goes wrong, they must tell the individuals what has happened, provide support and apologise.
13. Display of ratings – providers must display their CQC rating in a place it can be seen. They must also include information on their website and make the latest CQC report available.

3.3 The CQC inspection reports usually include ratings, there are currently four of these:

- Outstanding – the service is performing exceptionally well.
- Good – the service is performing well and meeting our expectations.
- Requires improvement – the service is not performing as well as it should, and we have told the service how it must improve.
- Inadequate – the service is performing badly, and we have taken action against the person or organisation that runs it.

#### **4. Essex ratings**

4.1. According to the CQC website, no service providers or hospitals have been

rated as inadequate or requires improvement in the past month. The most recent report containing data has been attached as an appendix.

**5. Appendices**

App A: Care Quality Commission – monthly update

<b>Report title:</b> Care Quality Commission – monthly update	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Richard Buttress, Democratic Services Manager	
<b>Date:</b> 6 October 2022	<b>For:</b> Information
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager – <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> or Joanna Boaler, Head of Democracy and Transparency – <a href="mailto:joanna.boaler@essex.gov.uk">joanna.boaler@essex.gov.uk</a>	
<b>County Divisions affected:</b> Not applicable	

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  1. Person-centred care – care or treatment that is tailored to the individual and meets their needs and preferences.
  2. Dignity and respect – this means being treated with dignity and respect when receiving care and treatment including having privacy, being treated as equal and being given support to remain independent.
  3. Consent – individuals, or those acting on their behalf legally, must give consent before care or treatment is given.

4. Safety – individuals must not be given unsafe care or treatment or be put at risk of harm that could be avoided. Providers therefore must assess risks and ensure staff have appropriate qualifications, competences, skills and experience.
5. Safeguarding from abuse – individuals have the right not to receive any form of abuse or improper treatment this includes: neglect, degrading treatment, unnecessary or disproportionate restraint or inappropriate limits on freedom.
6. Food and drink – individuals must have enough to eat and drink to keep them in good health whilst in care or receiving treatment.
7. Premises and equipment – Premises where individuals receive treatment or care must be clean, suitable and looked after properly with equipment secure and used properly.
8. Complaints – individuals must be able to complain and a proper system must be in place for the handling and response of complaints. Investigations must be thorough and actions taken if problems are identified.
9. Good governance – provider of care must ensure they can meet these standards and have effective governance to check the quality and safety of care.
10. Staffing – the provider must have enough suitably qualified, competent and experienced staff to meet these standards. Staff must be given support, training and supervision they need to do their job.
11. Fit and proper staff – the provider must only employ people who can provide appropriate care and treatment for their role. Strong recruitment procedures must be in place including for work history and criminal record checks.
12. Duty of candour – provider must be open and transparent about care and treatment and if something goes wrong, they must tell the individuals what has happened, provide support and apologise.
13. Display of ratings – providers must display their CQC rating in a place it can be seen. They must also include information on their website and make the latest CQC report available.

3.3 The CQC inspection reports usually include ratings, there are currently four of these:

- Outstanding – the service is performing exceptionally well.
- Good – the service is performing well and meeting our expectations.
- Requires improvement – the service is not performing as well as it should, and we have told the service how it must improve.
- Inadequate – the service is performing badly, and we have taken action against the person or organisation that runs it.

#### **4. Essex ratings**

4.1. The table below sets out the ratings as of 09/08/22, it is proposed that we



update this in advance of each Committee meeting so that the Committee can consider whether they wish to look at a specific area or provider or look more widely at the topic and consider scheduling items.

- 4.2 The table below sets out the services that are inadequate or requires improvement in Essex.
- 4.3 The table does not include individual dentists, GP surgeries, care homes, residential homes or home care providers but does include service providers and hospitals.
- 4.4 If a rating is not shown in the table, it is because at the time of production no services as above were at that level.

Overall combined Rating	Organisation	Provider and run by	Services with an inadequate or requires improvement rating	Review date	Link to information	Topic at HOPSC
Requires Improvement	Southend University Hospital	Mid and South Essex NHS Foundation Trust	Maternity Surgery Urgent and emergency services	1 December 2021	<a href="https://www.cqc.org.uk/about-us/quality-profiles/southend-university-hospital">Southend University Hospital - Care Quality Commission (cqc.org.uk)</a>	
Requires Improvement	East of England Ambulance Service NHS Trust	East of England Ambulance Service NHS Trust	Emergency operations centre Patient transport services Emergency and urgent care	13 July 2022  31 July 2019  13 July 2022	<a href="https://www.cqc.org.uk/about-us/quality-profiles/east-of-england-ambulance-service">East of England Ambulance Service NHS Trust - Overview - Care Quality Commission (cqc.org.uk)</a>	July 2022, January 2022, October 2021 and September 2021
Requires Improvement	Colchester General Hospital	East Suffolk and North Essex NGS Foundation Trust	Maternity Urgent and emergency services	16 June 2021 8 January 2020	<a href="https://www.cqc.org.uk/about-us/quality-profiles/colchester-general-hospital">Colchester General Hospital - Care Quality Commission (cqc.org.uk)</a>	Maternity – March 2022 and September 2021  <b>September 2022</b>  Urgent and

						Emergency – February 2022
Requires Improvement	East Suffolk and North Essex NHS Foundation Trust	East Suffolk and North Essex NGS Foundation Trust	Safe Responsive	8 January 2020	<a href="#">East Suffolk and North Essex NHS Foundation Trust - Overview - Care Quality Commission (cqc.org.uk)</a>	
Requires Improvement	The Princess Alexandra Hospital NHS Trust	The Princess Alexandra Hospital NHS Trust	Safe Effective Responsive Well-led	Multiple dates in July, August, September 2021	<a href="#">The Princess Alexandra Hospital NHS Trust - Overview - Care Quality Commission (cqc.org.uk)</a>	Hospital Redevelopment – April 2022  <b>October 2022</b>
Requires Improvement	The Princess Alexandra Hospital NHS Trust	The Princess Alexandra Hospital NHS Trust	Medical Care Maternity Urgent and emergency services (Inadequate)	17 November 2021	<a href="#">The Princess Alexandra Hospital NHS Trust - Services - Care Quality Commission (cqc.org.uk)</a>	
Requires Improvement	Mid and South Essex NHS Foundation Trust	Mid and South Essex NHS Foundation Trust	Safe Responsive Well-led Use of Resources	Multiple dates July, August and September 2021	<a href="#">Mid and South Essex NHS Foundation Trust - Overview - Care Quality Commission (cqc.org.uk)</a>	Community beds – July 2022 and November 2021
Requires Improvement	Broomfield Hospital	Mid and South	Maternity	1 December	<a href="#">Broomfield Hospital - Care Quality Commission (cqc.org.uk)</a>	

		Essex NHS Foundation Trust	Surgery	2021		
Requires Improvement	Basildon University Hospital	Mid and South Essex NHS Foundation Trust	Medical Care Maternity Surgery	1 December 2021	<a href="https://www.cqc.org.uk/provider/R1L">Mid and South Essex NHS Foundation Trust - Services - Care Quality Commission (cqc.org.uk)</a>	
Requires Improvement	Essex Partnership University NHS Foundation Trust		Child and adolescent mental health wards Wards for older people with mental health problems Acute wards for adults of working age and psychiatric intensive care units Substance misuse services Safe	29-Jul-22 09-Oct-19  July and August 2019	<a href="https://www.cqc.org.uk/provider/R1L">https://www.cqc.org.uk/provider/R1L</a>	July 2022  <b>Sept 2022</b>
Requires Improvement	North East London NHS Foundation Trust		Specialist Community mental health services	6 September 2019	<a href="https://www.cqc.org.uk/provider/R1L">North East London NHS Foundation Trust - Overview - Care Quality Commission (cqc.org.uk)</a>	July 2022  <b>Sept 2022</b>

			<p>for children and young people</p> <p>Mental health crisis services and health-based places of safety (inadequate)</p> <p>Acute wards for adults of working age and psychiatric intensive care units</p> <p>Community based mental health services for adults of working age</p> <p>Safe</p> <p>Well-led</p>			
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**5. List of Appendices – none**

<b>Report title:</b> Work Programme	
<b>Report to:</b> Health Overview Policy and Scrutiny Committee	
<b>Report author:</b> Richard Buttress, Democratic Services Manager	
<b>Date:</b> 1 December 2022	<b>For:</b> Information
<b>Enquiries to:</b> Richard Buttress, Democratic Services Manager – <a href="mailto:richard.buttress3@essex.gov.uk">richard.buttress3@essex.gov.uk</a> or Freddey Ayres, Democratic Services Officer – <a href="mailto:freddey.ayres2@essex.gov.uk">freddey.ayres2@essex.gov.uk</a>	
<b>County Divisions affected:</b> 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

**Prove Health Overview Policy and Scrutiny Committee  
Work Programme – December 2022**

<b>Date</b>	<b>Topic</b>	<b>Theme/Focus</b>	<b>Approach and next steps</b>
<b>December 2022</b>			
December 2022	GP Provision in Essex	Committee to receive further update on current position following previous briefing in June 2022	
December 2022	Integrated Care System (ICS) strategies – draft	Committee to receive copies of the draft strategies formulated by the three ICS covering the Essex footprint	
December 2022	Autumn booster vaccination programme – Covid-19 and Flu	Committee to monitor progress against completion target of mid-December 2022	
<b>January 2023</b>			
January 2023	Autism Strategy	<p>Committee to receive an update on Autism Services following initial report in January 2021. Scope set out as below:</p> <ul style="list-style-type: none"> <li>▪ Referral and diagnosis times</li> <li>▪ Transitions between children and adult services</li> <li>▪ The number of people across Essex affected by Autism</li> </ul> <p>The impact of Covid-19 on Children's Autism services.</p>	

<b>February 2023</b>			
February 2023	East of England Ambulance Service Trust	Further update to be provided on progress against CQC recommendations and also an update on their preparations for the Winter season	
<b>March 2023</b>			
March 2023	Section 106 monies within the health service	Further scoping required	
March 2023	Digitalisation of access to health	Further scoping required	
<b>April 2023</b>			
April 2023	South-East Essex Community Children's Services – Lighthouse Child Development Centre	Committee to receive an update following the transfer of the Lighthouse Child Development Centre to EPUT	
April 2023	Maternity Services at East Suffolk and North Essex Foundation Trust (ESNEFT)	Committee to receive a further update on how ESNEFT is progressing against CQC recommendations	

<b>Items to be programmed</b>	<b>Topic</b>	<b>Theme/Focus</b>	<b>Approach and next steps</b>
TBC	NHS Workforce	<p>Committee to receive information on workforce planning, specifically:</p> <ul style="list-style-type: none"> <li>▪ Strategy to grow the workforce</li> <li>▪ Communication with colleges and universities</li> </ul>	



		around future staff requirements <ul style="list-style-type: none"> <li>▪ Priority given to areas shorter on staff than others</li> </ul>	
TBC	Mid and South Essex Community Beds programme	Committee to receive briefing following completion of engagement process	
TBC	Princess Alexandra Hospital – new hospital update	Committee to receive written update on the new hospital development, including: <ul style="list-style-type: none"> <li>- Sharing detailed plans of new hospital site</li> </ul> Confirmation of date for planning application submission	
TBC	New NHS Hubs	Further scoping required	
TBC	Essex Partnership University Foundation Trust (EPUT Linden Centre review	Further scoping required	
TBC	Hospital waiting times – overview of all Essex hospitals	Further scoping required	
TBC	NHS 111 – impact of GP's directing people to that service	Further scoping required	