Health Overview and Scrutiny Committee

10:30	Monday, 20 March 2017	Committee Room 1, County Hall, Chelmsford, CM1 1QH

PLEASE NOTE THERE WILL BE A PRIVATE BRIEFING AND PRE-MEETING FOR ALL HOSC MEMBERS COMMENCING AT 9:30 IN COMMITTEE ROOM 6

Quorum: 4
Membership:

Councillor J Reeves	Chairman
Councillor D Blackwell	
Councillor K Bobbin	
Councillor J Chandler	
Councillor P Channer	
Councillor M Fisher	
Councillor R Gadsby	
Councillor K Gibbs	
Councillor D Harris	Vice-Chairman
Councillor R Howard	
Councillor A Naylor	
Councillor A Wood	Vice-Chairman

Co-opted Non-voting members:
Braintree District Councillor J Beavis
Chelmsford City Councillor M Sismey
Harlow District Councillor W Forman
Uttlesford District Councillor S Harris

For information about the meeting please ask for:
Graham Hughes, Scrutiny Officer
Fiona Lancaster, Committee Officer
Telephone: 033301 34573
Email: fiona.lancaster@essex.gov.uk
www.essex.gov.uk/scrutiny

Essex County Council

Essex County Council and Committees Information

All Council and Committee Meetings are held in public unless the business is exempt in accordance with the requirements of the Local Government Act 1972.

Most meetings are held at County Hall, Chelmsford, CM1 1LX. A map and directions to County Hall can be found at the following address on the Council's website: http://www.essex.gov.uk/Your-Council/Local-Government-Essex/Pages/Visit-County-Hall.aspx

There is ramped access to the building for wheelchair users and people with mobility disabilities.

The Council Chamber and Committee Rooms are accessible by lift and are located on the first and second floors of County Hall.

If you have a need for documents in the following formats, large print, Braille, on disk or in alternative languages and easy read please contact the Committee Officer or Scrutiny Officer before the meeting takes place. If you have specific access requirements such as access to induction loops, a signer, level access or information in Braille please inform the Committee Officer or Scrutiny Officer before the meeting takes place. For any further information contact the Committee Officer or Scrutiny Officer.

Induction loop facilities are available in most Meeting Rooms. Specialist head sets are available from Duke Street and E Block Receptions.

The agenda is also available on the Essex County Council website, www.essex.gov.uk From the Home Page, click on 'Your Council', then on 'Meetings and Agendas'. Finally, select the relevant committee from the calendar of meetings.

Please note that in the interests of improving access to the Council's meetings, a sound recording is made of the public parts of many meetings of the Council's Committees. The Chairman will make an announcement at the start of the meeting if it is being recorded. The recording/webcast service is not guaranteed to be available.

If you are unable to attend and wish to see if the recording/webcast is available you can visit this link www.essex.gov.uk/Your-Council any time after the meeting starts. Any audio available can be accessed via the 'On air now!' box in the centre of the page, or the links immediately below it.

Part 1

(During consideration of these items the meeting is likely to be open to the press and public)

		Pages
1	**Membership**	
2	**Apologies and Substitution Notices** The Scrutiny Officer to report receipt (if any).	
3	**Declarations of Interest** To note any declarations of interest to be made by Members in accordance with the Members' Code of Conduct.	
4	**Minutes** To approve the draft minutes of the meeting held on Wednesday 8 February 2017.	7 - 14
5	**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.	
6	**Healthwatch Essex update** To receive a report from Tom Nutt, Chief Officer, Healthwatch Essex (HOSC/13/17).	15 - 20
7	**Long-term strategic partnership of Colchester and Ipswich Hospitals** To consider the written update report (HOSC/14/17).	21 - 30
8	**Essex/Suffolk Joint Health Scrutiny Committee** To consider a report from the Scrutiny Officer (HOSC/15/17).	31 - 38
9	**Autism services in Essex** To consider the written update reports (HOSC/16/17).	39 - 46
10	**Mental Health Services for Children and Young People in Essex - Task and Finish Group Final report** To consider the report (HOSC/17/17).	47 - 86

11 **Obesity issues in Essex - Implementation review** **87 - 112**
To consider the report (HOSC/18/17).

12 **General update** **113 - 118**
To consider the report (HOSC/19/17) and accompanying appendix.

13 **Date of Next Meeting**
To note that the next meeting will be held at 10.30 am on Wednesday 7 June 2017, in Committee Room 1, County Hall.

HOSC activity days/meetings 2017-18:

- Wednesday 7 June 2017
- Wednesday 5 July 2017
- Wednesday 26 July 2017
- Wednesday 13 September 2017
- Wednesday 11 October 2017
- Wednesday 8 November 2017
- Wednesday 13 December 2017
- Wednesday 10 January 2018
- Wednesday 7 February 2018
- Wednesday 7 March 2018
- Wednesday 18 April 2018

(Please note that not all of these dates will be used for public meetings).

14 **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)

To consider whether the press and public should be excluded from the meeting during consideration of an agenda item on the grounds that it involves the likely disclosure of exempt information as specified in Part I of Schedule 12A of the Local Government Act 1972 or it being confidential for the purposes of Section 100A(2) of that Act.

In each case, Members are asked to decide whether, in all the circumstances, the public interest in maintaining the exemption (and discussing the matter in private) outweighs the public interest in disclosing the information.

15 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.

Minutes of the meeting of the Health Overview and Scrutiny Committee, held in Committee Room 1 County Hall, Chelmsford, Essex on Wednesday, 08 February 2017

Present:

County Councillors present:

J Reeves (Chairman)	R Gadsby
K Bobbin	K Gibbs
J Chandler	R Howard (morning only)
A Durcan	K Twitchen (substitute)
M Fisher	A Wood (Vice-Chairman)

Borough/District Councillors present: J Murray (Chelmsford City Councillor).

Also in attendance:

County Councillor A Brown, Cabinet Member for Communities and Corporate
County Councillor M Maddocks, Deputy Cabinet Member for Adults and Children
Hannah Fletcher, Healthwatch Essex observer

The following Officers were present in support throughout the meeting:

Graham Hughes	-	Scrutiny Officer
Fiona Lancaster	-	Committee Officer

1 Apologies and Substitution Notices

Apologies for absence had been received from County Councillors D Harris (substituted by Councillor A Durcan), P Channer (substituted by Councillor K Twitchen), D Blackwell, and Chelmsford City Councillor M Sismey (substituted by Councillor J Murray).

2 Declarations of Interest

Councillor A Wood declared a personal interest as a Governor of the North Essex Partnership University NHS Foundation Trust (NEPFT).

3 Minutes

The minutes of the meeting of the Health Overview and Scrutiny Committee held on 11 January 2017 were approved as a correct record and signed by the Chairman.

4 Questions from the Public

There were no questions.

5 Mental Health - merger of Trusts and strategic oversight

The Committee considered a report (HOSC/08/17) on current performance issues and preparations for the proposed merger of the two providers which included responses to questions submitted in advance by the HOSC to lead commissioners and providers.

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

- Sipho Mlambo, Senior Commissioning Manager, Castle Point and Rochford CCG
- Lisa Llewelyn, Director of Nursing & Clinical Quality, North East Essex CCG
- Nigel Leonard, Executive Director of Corporate Governance, South Essex Partnership University NHS Trust
- Sally Morris, Chief Executive, South Essex Partnership University NHS Foundation Trust
- Christopher Butler, Interim Chief Executive, North Essex Partnership Foundation Trust

Sally Morris introduced the item and commented that the preparations for the merger of the two Foundation Trusts were still on track as a result of good partnership working and support from commissioners. She explained that by the autumn the shape of a new clinical services model would be known, and that around six months had been set aside for consultation with service users and other stakeholders.

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

Merger preparations/future service provision:

- Collaboration between the two Trusts was already underway, and they were sharing services wherever possible, such as with IT, pharmacy and a joint Operations Director;
- It would be 'business as usual' for the service users, although there would be an increased demand for services;
- Processes for a merged organisation were already in place;
- It was anticipated that corporate support services would be reduced;
- The Trusts were working with the Stakeholder Reference Group, which involved Healthwatch Essex champions, to deliver a consultation process which had time built in specifically for the Trusts to reflect on feedback. The Group had been involved from the start of the merger discussions in summer 2016, and around 30-40 people attend each meeting. The principles of the new clinical model had been agreed with the Group and the Senate;
- There would be a new Interim Board with Sally Morris as the Interim Chief Executive, and there would be a TUPE transfer of staff to the new merged organisation;
- A maximum staff vacancy rate of 10% had been set for the first year of the

new organisation;
- There were no planned changes to West Essex services;
- The new clinical services model would include better links and support with Primary Care;
- The delivery of talking therapies and the involvement of the community sector was being reviewed to see how these could be improved. Hub based models were also being considered;
- Staff were already working together across the Trusts, and there had not been a large number of leavers to date. It was envisaged that there would be more opportunities for staff working in a larger organisation;
- Links with the two Essex Universities gave the Trusts direct access to qualified staff, and there was significant potential to attract new staff with the apprenticeship route;
- The challenge of agreeing the financial Control Total with the Regulator to ensure that the new organisation was not put into 'special measures' on its start up. A deficit of £13m for the first year was expected for the new organisation (which could be supported by reserves) and it was likely that it would be back in surplus in 4 to 5 years' time. Failure to agree the Control Total could also have a detrimental impact on investment being available to the organisation;

Monitoring performance:

- The significant variation in waiting times across Essex and the need to provide fair access to services regardless of location;
- The need to co-produce with commissioners and involve service users;
- A uniform service quality standard was needed whilst recognising different needs across the county;
- What was being done to improve the memory service and Dementia diagnosis KPIs. The Trusts were working with the CCGs regarding targets and capacity, and due to the high volume of referrals, had agreed a new 12 week target;
- The Medical Director of SEPT was undertaking a review of cases to look at memory services;
- Dementia diagnosis involved a number of partners and was an evolving model of care. Members expressed concern that delayed assessments impacted on acute admissions although they acknowledged that not all assessments required MRI scans. National standards on liaison services with the acute sector needed to be achieved by 2020;
- The Trusts were also looking at delayed transfer of care in their own services, and how their beds could be used more efficiently to minimise travel for treatment out of county. The Dementia Intensive support team in south Essex had proved very effective in dealing with unavoidable admissions and helping with earlier discharge. Given its performance, further investment had been secured and the team extended;

Partnership working:

- The challenges of working with four STPs in Essex and to ensure mental health has a 'voice' and is embedded in the plans;

- The challenges of dealing with numerous Clinical Commissioning Groups, although these helped to provide local insight into what services were needed;
- The Trusts worked with Essex Police, and the introduction of street triage was proving successful and had benefited the police awareness on how people in crisis are helped. There were various opportunities to co-produce work with the police and extend training to them;
- The number of recorded S136 incidents that did not then result in hospital admission suggested many of the incidents were not serious and there was a missed opportunity to refer elsewhere. Some incidents were as a result of drug/alcohol abuse, rather than mental health issues, so those service users did not need to be detained. Members were reassured that anyone in need would be found a bed, although it could be out of county;

Social care:

- Members expressed concern and disappointment that there was no plan to have a dedicated Director of Social Care in the new organisation, although they acknowledged there was an Associate Director and a new Director of Partnerships. Carla Fourie, Associate Director for Social Care and Partnerships at SEPT confirmed that she could input into the Board and Executive team. The Trusts indicated that they were trying to reduce their significant management costs and felt that with a new integrated clinical model of service it was not necessary to separate social care away from this with the introduction of a new Director. A new Director would also not resolve the problem of bed blocking.

The Committee **agreed** that the Lead Commissioners and providers would liaise with the Scrutiny Officer to plan attendance at a future HOSC meeting which would enable the Committee to scrutinise the public consultation engagement plans at an early stage.

The Chairman thanked the contributors for their attendance and input on this item.

6 Update on the Urgent Care Review engagement by the North East Essex Clinical Commissioning Group (CCG)

The Committee considered a report (HOSC/09/17) from the North East Essex Clinical Commissioning Group (CCG) which provided an overview on how public and stakeholder engagement activities were progressing in relation to the CCG's Urgent Care review.

Councillor Wood commented that local residents were concerned about the potential approach to stop providing the Walk in Centre and Minor Injury Unit services. There had been a very high turnout at residents meetings held in connection with the review, and a petition had recently been submitted to the CCG.

Simon Morgan, Head of Communications and Public Engagement, North East

Essex CCG, confirmed that the CCG's board would make a decision on 31 May 2017 regarding the approach to be undertaken.

The Committee **agreed** that Simon Morgan would liaise with the Scrutiny Officer to plan attendance at a future HOSC meeting after a decision had been made.

The meeting adjourned at 12.45 pm and reconvened at 2.00 pm.

7 Princess Alexandra Hospital, Harlow - regulatory concerns

The Committee considered a report (HOSC/10/17) regarding the issues raised on Princess Alexandra Hospital in the October 2016 Care Quality Commission's (CQC) report which gave an inadequate overall rating. The report also included the hospital's response to advance questions submitted by the HOSC on regulatory concerns.

The following were in attendance to participate in a question and answer session:

- Phil Morley, Chief Executive, Princess Alexandra Hospital
- Nancy Fontaine, Deputy Chief Executive/Chief Nurse, Princess Alexandra Hospital

Phil Morley introduced the item and reported that he was standing down as Chief Executive in March 2017. He considered that CQC concerns were largely around process issues, capacity and staff not being heard. He highlighted the planned next steps and some of the successes which had already been achieved, particularly in the areas of maternity services and enabling the workforce to have a 'voice' with the introduction of a Staff Council.

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

<u>Partnership working/collaboration</u>:

- Discussions were underway regarding the introduction of joint posts with other partners, for example, to help build End of Life training packages. Clinicians already worked at the local hospice, but ideally a full team approach could be introduced;
- The opportunity for an empty building to be used by other social care partners to help alleviate discharge/bed blocking issues;
- Services were being reviewed to see what could be outsourced to other community partners, such as chronic pain injections and alternative locations for blood tests;
- The Walk-in Centre had been closed as it had not functioned effectively and staff TUPE transferred to the hospital;
- The hospital was looking at the Walk-in service at Herts hospital to see whether it could extend the service's opening hours and rotate its nurses;
- An external audit had indicated that people were being conveyed to hospital when other care was available in the community and this had

been fed back to the Ambulance service;
- A Stakeholder Oversight Group had been established to monitor improvements and actions to address CQC concerns;

Finance/Capacity/Governance:

- A new strategic plan was needed for a new hospital site in the next 10 years to replace the current building which was increasingly unfit for purpose. In the long term a new hospital would have to cope with the impact of a new Garden Town which would double it's current catchment area;
- The lack of investment in IT had led to the shortfall in providing information to the CQC;
- A new Urgent Care Centre was needed to cope with increasing demand;
- The intention to be the first hospital to help to pay off student loans;
- The lack of national health education funding for training;
- There was a high reporting culture of around one thousand reports a month, but the majority of these were of no or low harm (97.7%);
- Risk management needed to be understood throughout the organisation. The hospital was working with a 'buddy' Trust at Milton Keynes to review and share learning on how this could be improved;
- The hospital had been given £300k of extra funding for the year;
- The lack of cubicles needed to assess patients and the low number of hospital beds per size of the local population;
- Members noted the issues relating to the use of old portacabins for surgical operations and the danger of the site being closed if not fit for purpose;
- Concern that the workforce still felt they weren't being listened to because of issues such as those relating to the state of the building could not be resolved;
- A Board Capacity Assessment had been undertaken and the team had been approved to lead the hospital for the future;

Quality of services and patient safety:

- The high number of patients in hospital who do not need to be in such an acute setting, particularly those in the last year of their life. The length of time it took to fast track patients with End of Life preferences (approx 10 days). Members noted that the absence of an End of Life team had affected performance in this area, as well as the lack of social care services available outside of hospital. There was a shortage of places available in Essex care homes as a result of places being used by London residents;
- There was a 20% vacancy rate for Registered nurses as the hospital was constantly competing against the attractions of London and Cambridge. Although there was a strong reliance on agency staff, there were many long-serving staff members committed to quality improvement;
- International recruitment of nurses for emergency care had proved successful;
- They were exploring using former trained ambulance service

paramedics. A new cohort of trained associate practitioners was to start and PAH were working with Anglia Ruskin University to help bring in locally based student nurses;
- Health Education England funding for staff training had been significantly reduced;
- The high levels of flexibility to enable senior staff development through secondments, rotations, shadowing, leadership programmes and involvement with the patient at home service;
- There were 7 current midwifery vacancies compared to 25 in 2016;
- Patients were still being treated in a safe and timely fashion regardless of the capacity issues;
- The strong Research and Development and Clinical Leadership programmes;
- The emphasis on getting the basics right, and the introduction of a new meaningful appraisal system;
- A new Resuscitation trainer had been appointed and equipment updated and streamlined. Their simulation training was highly regarded and the University of Leicester had now produced a formal package to sell to others;
- The challenge of reserving beds for in-patient gynaecology with such few numbers of patients coming in, but the patient experience in this area remained very good;
- In response to a question, the Chief Nurse confirmed there had been no outbreaks of superbugs during the past two years;
- How three wards had been streamlined in December which had led to improvements in patient repatriation to the right wards;
- The hospital was running at a 95-99% bed occupancy rate. The national standard occupancy rate should be nearer 85%. New patients were often put in the next available bed and not always in the specialty area for their condition and symptoms.

The Committee **agreed** that it was satisfied with the responses received to the advance questions and other evidence, and on the assurance given regarding improvement actions being taken.

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

8 General update

The Committee **noted** a report (HOSC/11/17) from the Scrutiny Officer outlining updates on health news, primary care service changes and variations, and forthcoming meeting dates for 2017 public meetings.

The Scrutiny Officer mentioned that Ian Stidston had been appointed joint Accountable Officer for both Southend Clinical Commissioning Group (CCG) and Castle Point & Rochford CCG for the next six months.

The report was **noted**.

9 Work programme

The Committee considered a report (HOSC/12/17) from the Scrutiny Officer setting out the Committee's scheduled work for the last meeting of the 2016/17 municipal year.

The report was **noted**.

10 Date of Next Meeting

The Committee **noted** that the next meeting would take place at **10.30 am on Monday 20 March 2017**, in Committee Room 1 at County Hall (preceded by a private pre-meeting for Members only at **9.30 am**).

Chairman

AGENDA ITEM 6

HOSC/13/17

Committee Health Overview and Scrutiny

Date 20 March 2017

Healthwatch Essex update

Action required

(i) To consider the Healthwatch Essex update received in relation to Healthwatch Essex activities and the public engagement in the three STP processes across Essex; and

(i) To consider any further monitoring and/or updates required which the newly constituted HOSC, post-May elections, should be recommended to build into its future work programme.

Background

During discussion on Sustainability and Transformation Plans at the January 2017 HOSC meeting the role of Healthwatch Essex (HWE) was highlighted by STP Leads at the meeting. It was agreed that Tom Nutt, Chief Executive Officer at HWE, should be invited to attend the HOSC to detail HWE involvement in advising the STPs on public engagement as the STP plans are being developed.

The HOSC Chairman has also asked that the opportunity is taken to hear about HWE involvement and role with other current health issues in Essex.

A brief update report from HWE is attached. Tom Nutt will be in attendance at the meeting to introduce the paper and supplement it.

Healthwatch Essex update

Report for: Essex County Council, Health Oversight and Scrutiny Committee

Report by: Thomas Nutt, Chief Executive Officer, Healthwatch Essex

Date: 20th March 2017

Introduction and background

Healthwatch Essex is a locally-based charity that aims to be 'an independent voice for the people of Essex, helping to shape and improve health and social care'. It was created by Essex County Council (ECC) in 2013 under the terms of the Health and Social Care Act, 2012, following the Government's aim of 'putting patients and the public first' through strengthening their collective voice. The Act requires top-tier local authorities to commission the functions of a local Healthwatch organisation within their locality, and gives Healthwatch organisations powers in law as well as obligations. This means that local Healthwatch organisations are required to:

- promote and support the involvement of people in the commissioning, provision and scrutiny of local care services;
- obtain the views of people about their needs for, and their experiences of, local care services
- make reports and recommendations about how local care services could or ought to be improved, to persons responsible for commissioning, providing, managing or scrutinising local care services
- provide advice and information about access to local care services and about choices that may be made with respect to aspects of those services.

Healthwatch Essex meets these obligations through a blend of research and engagement activities, and through provision of an Information Service that helps people to understand, access and navigate health and social care. In recent years, Healthwatch Essex has covered topics as diverse as cancer, hospital discharge, learning disabilities, young people's experience of health and care, dementia, mental health services, carers and people's lived experiences of seeking full-time social care. This work has taken the form of reports, films, podcasts and poems. Its innovation and impact has been recognised through national awards made to Healthwatch Essex by the Royal Society for Public Health and Compact Voice, whilst volunteers for Healthwatch Essex have won both local and national awards. The media profile of Healthwatch Essex has also grown, with the charity having a regular column in the Essex Chronicle, and making regular contributions to the printed press and local TV and radio. The Information Service helps thousands of people each year through its telephone line (0300 500 1895) and its innovative partnership with Essex County Council to create the Living Well Essex website.

Healthwatch Essex is funded by an annual grant agreement from Essex Council Council, using funds from the Department of Health. ECC regularly reviews the activities and outcomes of Healthwatch Essex, through quarterly meetings. The annual grant from ECC to Healthwatch Essex has been £780k per annum, although from 2017-18, this will be reduced by £100k.

In 2015-16, Healthwatch Essex undertook a review of governance, which led to a number of changes relating to the structure of the organisation, and the creation of *HWE Insights* Ltd, which is a trading subsidiary of Healthwatch Essex.

The creation of *HWE Insights* was a direct response to organisations approaching Healthwatch Essex and seeking to commission, on a paid-for basis, research or engagement activities. The Board of Healthwatch Essex felt strongly that the independence of the charity should not be seen to be compromised by taking on paid-for activities, hence all commissioned activity is routed through *HWE Insights*. These changes were fully approved by ECC under the terms of the grant agreement. The Boards of Healthwatch Essex and *HWE Insights* have both adopted policies to ensure that any paid-for activities should provide additional benefit to the overall work of the charity.

STP engagement and collaboration – a Healthwatch Essex perspective

The introduction of the 'Success Regime' to Essex in 2015, and subsequently the national introduction of Sustainability and Transformation Plans (STPs) have been broadly welcomed by Healthwatch Essex. These initiatives aim to improve the quality of health and care, whilst ensuring that services are financially sustainable. As Healthwatch Essex has long advocated that people's lived experience of health and care should be used as a driver for change, it is entirely consistent with Healthwatch Essex's overall strategy that the charity would be supportive of NHS and local authority-led change programmes such as the Essex Success Regime (ESR) and STPs.

However, this support is conditional on the health and care system using the opportunity for change as a chance to reform health and care to make it more person-centred, and more closely oriented around people's health and care needs. In order to achieve this, commissioners and providers need to engage closely with their service users and local populations, so as to understand how lived experience can inform service change. In this regard, Healthwatch Essex aims to show 'system leadership' by putting people first. An example of this constructive approach is the conference jointly hosted by Healthwatch Essex and ECC's HOSC, in spring 2016, which promoted the principles and values of engagement as part of the STP process. Through media outlets, Healthwatch Essex also strongly encourages people to get involved in statutory engagement and consultation processes.

Each STP in Essex is different, however. As such, Healthwatch Essex has contributed in varying ways to each programme, as follows:

North East Essex and Suffolk STP: Healthwatch Essex sits on the Programme Board for the STP, as well as the local NE Essex equivalent Board. The CEO of Healthwatch Essex is also the (informally) designated Engagement Lead for the STP, and is a member of the Communication and Engagement Group which is overseeing comms and engagement for the STP. The NE Essex and Suffolk STP is based around plans that have been under development for a number of years, and hence fresh engagement has (to date) been relatively limited. However, an extensive public and service-user engagement plan is under development, and Healthwatch Essex has contributed to this by creating the nationally-recognised 'Healthwatch Harriet' film which seeks to explain STPs in terms a 10-year old would understand!

Mid and South Essex Success Regime, or STP: Healthwatch Essex sits on the Programme Board of the ESR, and comms and engagement activities are led by NHS England. However, HWE Insights has been commissioned by NHS England to deliver a number of research and engagement activities, including films, podcasts, events and a research project on people's experience of urgent and emergency care. These activities aim to either promote an understanding of people's lived experience of health and care, or to inform the design of future care services. This work is ongoing and timetabled to run through summer 2017 and beyond, pending the formal consultation on changes to acute services.

West Essex and Hertfordshire: Healthwatch Essex has had very limited involvement with the development of this STP, although has been in regular contact with both Healthwatch Hertfordshire (due to the lead role played by the Hertfordshire CCGs) and with the Accountable Officer of West Essex CCG and CEO of Princess Alexandra Hospital. A closer role for Healthwatch Essex has been welcomed by the STP, although to date this has not materialised in practical form. However, Healthwatch Essex does recognise that the STP plans are based (for example) on West Essex CCG's extensive public engagement on a number of service areas over the last few years.

Engagement and collaboration on other local health projects – a Healthwatch Essex perspective

Mental Health Trust (SEPT/NEP) merger: Healthwatch Essex has had relatively limited direct engagement with this merger, although regular contact is maintained between the CEOs of each respective organisation. However, this is not of undue concern to Healthwatch Essex, because *HWE Insights* had been commissioned by mental health commissioners to support the development of a new mental health strategy for Essex, and Healthwatch Essex Ambassadors are involved in co-production of both the strategy and new services specifications for secondary mental health services.

NE Essex Walk-In-Centre/Urgent Care Consultation: In common with many areas of service-change, Healthwatch Essex is kept informed by statutory organisations, without undertaking any direct form of engagement specifically related to that change. This is in-line with our strategy, which ensures that, as an independent organisation, we do not undertake other organisations' statutory responsibilities to engage and consult. As such – in this example – Healthwatch Essex has supported NE Essex CCG, and promoted their engagement activities, but has not undertaken any specific engagement.

Reflections, and future work planning

In the year ahead, there remains a considerable task ahead for both statutory bodies seeking to introduce service change and, increasingly, service restrictions. Healthwatch Essex will continue to support those changes when there is a good commitment to engagement and involvement, and to putting people first. In addition, Healthwatch Essex will continue to support a programme of independent research and engagement, with the aim of giving the people of Essex a voice. Over the course of 2017-18, this will include research and engagement activities in the following areas:

- Mental health self-care
- End of Life care
- Homeless people, and vulnerable populations
- Self-care and long-term conditions
- Sensory impairments
- Young people's experience of health and care, related to 1) Tendring locality, 2) in-patient mental health and 3) Public health
- Dementia – community resilience
- Carers
- Residential and domiciliary care
- General Practice
- Young people and safeguarding
- Maternity and Peri-natal mental health

The Information Service aims to respond to 4,000+ enquiries, and to enhance its sharing of intelligence with commissioners and providers of health and care, and to support local and county-wide Information Advice and Guidance (IAG) provision through strategic work with partners and through an Essex Community Foundation grants programme.

Thomas Nutt

10th March 2017.

AGENDA ITEM 7

HOSC/14/17

Committee Health Overview and Scrutiny

Date 20 March 2017

Colchester Hospital University NHS Foundation Trust & Ipswich Hospital NHS Trust - briefing on the long-term strategic partnership

The November 2016 meeting of the HOSC discussed the initial planning for the strategic partnership between Colchester Hospital University Foundation Trust and Ipswich Hospital Trust. It was agreed that a further update should be considered 3-4 months later. An extract of the minute of that discussion is attached overleaf.

This latest update report is attached for consideration. No witnesses have been asked to attend. The HOSC Chairman has indicated that, in this instance, this item will be taken solely as a written update.

Action required

(i) To consider the update received and issues arising; and

(i) To consider any further monitoring and/or updates required which the newly constituted HOSC, post-May elections, should be recommended to build into its future work programme.

Extract minute from 9 November 2016 meeting of the Health Overview and Scrutiny Committee:

6 Colchester Hospital/Ipswich Hospital long term partnership

The Committee considered a report (HOSC/57/16) on the new long term partnership between Ipswich Hospital NHS Trust (IHT) and Colchester Hospital University Foundation Trust (CHUFT).

The following were in attendance to participate in a question and answer session on how the partnership was progressing:

- David White, Chair, Ipswich Hospital NHS Trust (IHT) and Colchester Hospital University NHS Foundation Trust (CHUFT)

- Dr Shane Gordon, Director of Integration, Colchester Hospital University NHS Foundation Trust (CHUFT).

Nick Hulme, Chief Executive, Ipswich Hospital NHS Trust, sent his apologies for not being able to attend for this item.

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

- A series of poor Care Quality Commission (CQC) inspection reports at CHUFT had accelerated the discussions between the two hospitals to work in partnership. The CQC was in regular contact with the senior managers and mindful that the hospitals needed time to implement improvements;
- The challenges both hospitals faced with financing, recruitment and size of catchment areas;
- Senior managers had recently met with local MPs to highlight the impact of the current funding settlement on hospital services;
- Members noted that the hospital boards had held a board-to-board meeting;
- The hospitals would be information gathering and testing assumptions during the next three months and working to develop a communications and engagement plan;
- Healthwatch Essex had been advised of the approach being taken and was involved with the development of the partnership plan. Tom Nutt, Chief Executive Officer, Healthwatch Essex, was on the Sustainability and Transformation Plan Steering Group and aware of the partnership discussions;
- Members emphasised the importance of engaging with district and borough councils as they had useful links with other local organisations;
- Clinical links were being developed and the hospitals were looking at how their corporate services could be brought together;
- A&E and Maternity departments were needed on both sites;

- Councillor Wood raised concerns about local media reports indicating that CHUFT's maternity unit had closed on five occasions [Afternote: information relating to the accuracy of Councillor Wood's comments and the BBC Look East bulletins were responded to out of meeting];
- Members highlighted the need to take into account the distance and time it takes to travel between hospital sites, particularly for those in rural areas without access to public transport;
- The national caps on costs for agency staff, except for doctors, meant that hospitals were encouraged to become less dependent upon temporary staff. The overall dependency on agency nursing at CHUFT had reduced by 15%;
- The focus on the capabilities and skills set of staff and the possible exchange of staff between hospitals;
- Work had begun on putting together a revised senior executive team at CHUFT. The appointment of Dr Barbara Buckley as Managing Director at CHUFT would help strengthen the senior leadership team. A new Nursing Director would be appointed in the new year.

The Committee **agreed**:

a) That HOSC be provided with a further update in three to four months' time.

b) That HOSC be provided with details of the Communications and Engagement Plan once developed.

The report was otherwise **noted**.

The contributors were thanked for their attendance and they left the meeting at this point.

Colchester Hospital University NHS Foundation Trust & Ipswich Hospital NHS Trust

Essex County Council Health Overview Scrutiny Committee: Briefing on Long-Term Partnership

1. Preamble

In May 2016 the Boards of Colchester University Hospital NHS Foundation Trust (CHUFT) and The Ipswich Hospital NHS Trust (IHT) committed to entering a Long-Term Partnership (LTP) to respond to challenges faced by the local health systems. The LTP is now developing an Outline Business Case (OBC) which will be considered by both Trust Boards in summer 2017.

A Strategic Outline Case was published in February 2017 which examines many different scenarios for a partnership of the two organisations. Groups of clinicians and managers at the Trusts and in the local health systems considered the benefits of each scenario, feeding into a recommendation to the Trust boards. This was to continue to evaluate three of these scenarios in the next stage of planning (an Outline Business Case).

These scenarios are:

- A merger of the two Trusts with full integration of clinical services
- A merger of the two Trusts with some integration of clinical services
- An acquisition of one Trust by another

As a comparison, the scenario of 'no change' is also being considered.

A merger or acquisition would not necessarily require clinical services to move, but may mean that services would work together more closely, for example, sharing best practice in delivering high quality care. The Trusts aim to have completed their Outline Business Case in summer 2017. Engagement with staff and stakeholders will enable the IHT and CHUFT Boards to come to an informed decision about precise options to include in a Full Business Case (FBC) for public consultation at a later stage.

2. Ambition and objectives

The ambition for the LTP is:

For CHUFT and IHT to work together to secure sustainable and high quality healthcare for Ipswich, East Suffolk and North East Essex

Four objectives have been defined which align with the strategic challenges:

1. To improve quality and patient outcomes
2. To deliver better value for money
3. To sustain and improve access to services to meet the needs of our populations, and
4. To develop a sustainable, skilled workforce

3. Clinical strategy

The IHT/CHUFT LTP is an integral element of the Sustainability and Transformation Plan (STP) for Suffolk and North East Essex. The STP was developed through a partnership of local health and social care organisations and built after taking into account a wide range of evidence including the feedback from system-wide public involvement exercises previously undertaken by Clinical Commissioning Groups (CCGs). To move CHUFT and IHT forward to become more sustainable and improve quality, they need to act together. That is why developing the LTP is a key programme in its proposed acute services reconfiguration work stream.

The Trusts are developing the LTP to meet the following essential design principles:

- Continue to operate as district general hospitals
- Focus on delivering acute services, and delivering them well
- Develop specialist services where there will be a demonstrable improvement in care for patients from improved access and/or outcomes
- Continue to provide A&E services on both acute hospital sites
- Continue to have obstetric-led maternity services on both sites
- Have a 24/7 undifferentiated acute medical take at both sites
- Have at least one paediatric assessment unit/paediatric intensive care unit
- Maximise clinical synergies and adjacencies
- Enhance teaching and training to develop the future clinical workforce
- Move at pace to minimise the disruption caused through uncertainty and maximise the speed by which improvements are made

Over the coming months both Trusts will be engaging extensively with staff to ensure their involvement in shaping the clinical strategy.

4. Engagement and communications strategy

A communications and engagement strategy detailing how we will seek to involve patients, stakeholders and the wider public in the development of the OBC is being finalised to support the LTP. The strategy has had input from Healthwatch Suffolk and

Healthwatch Essex and has been shared with Essex County Council Health Overview and Scrutiny Committee and Suffolk County Council Health Scrutiny Committee.

The aims and objectives of our communications and engagement strategy draws on NHS guidance which set four tests for service reconfiguration. These are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear clinical evidence base
- Support for proposals from commissioners.

Aim

To ensure the OBC, and any potential partnership solutions that would represent significant change to the ways in which IHT and CHUFT configure or deliver their services, are developed in partnership with key stakeholders and responsive to their views and needs.

Objectives

1. To provide meaningful opportunities for key stakeholders to help shape and influence potential scenarios for partnership and service change and development
2. To minimise uncertainty or confusion for patients and their carers, staff, partners and residents
3. To build and sustain confidence in the ability of both organisations to deliver high quality and safe healthcare during the transitional phases and beyond
4. To promote a positive reputation for CHUFT/IHT in the effective management of change and as deliverers of safe, caring and high quality care for residents
5. To ensure the Trusts meet their full statutory responsibilities to consult and engage on significant service change

Principles

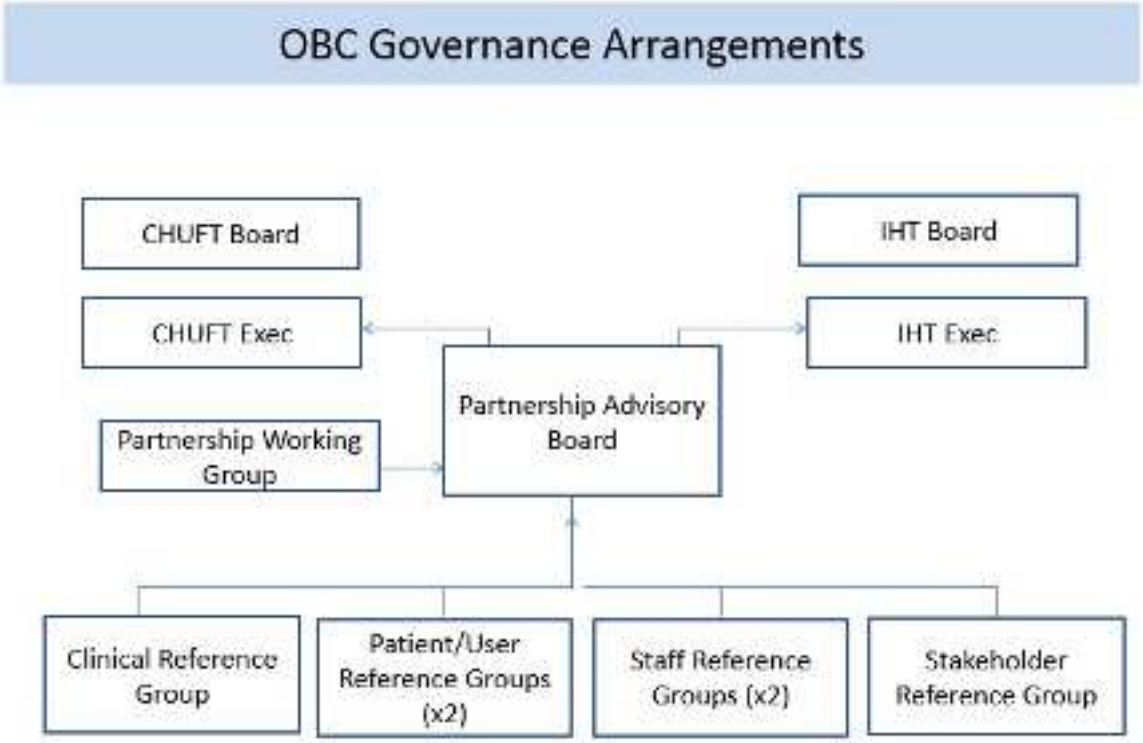
- **Proactive, targeted and integrated communications**
- **Strong relationship management -** promptly picking up and addressing key concerns as the OBC programme develops and ensuring easier access to any additional help or information partners may need
- **Change ambassadors -** We will identify and seek to work with ambassadors – that is people and organisations that share the IHT/CHUFT Long-Term Partnership's ambition and who are keen to help communicate its story to relevant audiences
- **Active use of networks to minimise confusion, reduce engagement overload and make best use of resource**

- **Regular information giving** – internally and externally and rapid response to feedback

We have developed a communications and engagement strategy to ensure there is ample opportunity for meaningful engagement. This includes ongoing engagement with Healthwatch Suffolk and Healthwatch Essex and the creation of a number of advisory and reference groups. These groups will offer their views and advice, including recommendations, which will be considered by the Partnership Advisory Board. For more information on each advisory and reference group, please see appendix 2.

For further information or to request a copy of the Draft Long Term Partnership Communication Plan, please contact: Mr Stephen Hall, Freshwater on behalf of the Colchester and Ipswich Hospitals Long Term Partnership, Tel: 0207 0671595

Appendix 1: Outline Business Case Governance Arrangements



Appendix 2: Advisory and reference groups

A Stakeholder Advisory Group – The purpose of this group is to secure for the OBC the system knowledge and expertise necessary to ensure it is informed by and responsive to the views and needs of our partners in the North East Essex and Suffolk health and social care system. Also to see that the OBC aligns effectively with local commissioning, health, social care and well-being strategies.

The Stakeholder Advisory Group will provide its advice directly to the Partnership Advisory Board and draw its membership from key partners in health, local government and social care.

Patient and User Advisory Groups (two, one for each hospital) - The purpose of these groups is to enable the OBC to identify and take into account the potential implications and impacts of potential scenarios for change on patients and service users, as part of the evidence used to inform decision making.

We also propose to enable the Patient and User Reference Groups to meet and work together and be supported to visit and learn more about each other's hospital, services and issues.

Clinical Reference Group - This group will ensure any proposed service changes are clinically led and based on robust clinical evidence and best practice. It is proposed that members are drawn from clinical and allied professions and come from both hospitals, CCG's, Public Health, the East of England Ambulance Trust, the Local Medical Committees and GP Federations.

Staff Partnership Reference Groups (one for each hospital) - The purpose of these groups will be to help inform and influence the OBC development by contributing their ideas, advice and feedback about the affect and impact of OBC activities and their impact on staff. Their considerations will also help test, guide, facilitate and develop effective internal communication and engagement.

HOSC/15/17

Committee Health Overview and Scrutiny

Date 20 March 2017

ESSEX/SUFFOLK JOINT HEALTH SCRUTINY COMMITTEE

Action required:

1. To note and endorse the Terms of Reference of the Joint Committee (Appendix 1) established with Suffolk County Council HOSC to review the Suffolk and North Essex Sustainability and Transformation Plan (this has already been approved by the HOSC Chairman and Vice Chairmen);

2. To agree the HOSC representatives serving on the Joint Committee (acknowledging that this will need to be further reviewed after the County Council elections);

Background:

Every local health and care system in England has been asked by NHS England to create a local plan, called a Sustainability and Transformation Plan (STP), to help drive sustainable transformation in local health and care between 2016 and 2021. NHS providers, Clinical Commissioning Groups (CCGs), Local Authorities, and other health and care services have been asked to come together to form 'footprints'. There are 44 footprints in England.

The county of Essex has three different STP footprints that overlap it (North East Essex and Suffolk STP, Mid and South Essex STP, and Hertfordshire and West Essex STP) which may, at some point, involve formal and informal joint working opportunities with each of Suffolk County Council, Southend-on-Sea Borough Council, Thurrock Council and Hertfordshire County Council HOSCs respectively.

In the case of the North East Essex and Suffolk footprint it has already been agreed to set up a formal Joint Committee with Suffolk. This was agreed at the July 2016 meeting of the Essex HOSC. The first public meeting of the Joint Committee was held on Friday 10 March 2017 and was attended by the HOSC Vice Chairmen Councillors Harris and Wood (and non-HOSC members - Cllrs Erskin and Sargeant) who will provide an oral update.

On 17 November 2016, the STP Implementation Plan for Suffolk and North East Essex STP was published. A copy of the plan and associated documents can be found at: https://www.westsuffolkccg.nhs.uk/health-care-working-together-differently/

Essex and Suffolk Joint Health Scrutiny Committee on the Sustainability and Transformation Plan (STP) for North East Essex, Ipswich and East and West Suffolk

Draft Terms of Reference

1.	**Legislative basis**
1.1	The National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Localism Act 2011 sets out the regulation-making powers of the Secretary of State in relation to health scrutiny. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 which came into force on 1st April 2013.
1.2	Regulation 30 (1) states two or more local authorities may appoint a joint scrutiny committee and arrange for relevant health scrutiny functions in relation to any or all of those authorities to be exercisable by the joint committee, subject to such terms and conditions as the authorities may consider appropriate.
1.3	Where an NHS body consults more than one local authority on a proposal for a substantial development of the health service or a substantial variation in the provision of such a service, those authorities are required to appoint a mandatory joint committee for the purposes of receiving the consultation. Only that joint committee may: • make comments on the proposal to the NHS body; • require the provision of information about the proposal; • require an officer of the NHS body to attend before it to answer questions in connection with the proposal.
1.4	This joint committee has been established, on a task and finish basis, by Essex Health Overview and Scrutiny Committee and Suffolk Health Scrutiny Committee.
2.	**Purpose**
2.1	The purpose of the joint committee is to scrutinise the implementation of the Suffolk and North East Essex Sustainability and Transformation Plan (STP) and how the STP is meeting the needs of the local populations in Suffolk and Essex focussing on those matters which may impact upon services provided to patients in both counties.
2.2	The joint committee will also act as the mandatory joint committee in the event that an NHS body is required to consult on a substantial variation or development in service affecting patients in both local authority areas as a result of the implementation of the STP.
2.3	In receiving formal consultation on a substantial variation or development in service, the joint committee will consider:

	• the extent to which the proposals are in the interests of the health service in Suffolk and Essex; • the impact of the proposals on patient and carer experience and outcomes and on their health and well-being; • the quality of the clinical evidence underlying the proposals; • the extent to which the proposals are financially sustainable and will make a response to the relevant NHS body and other appropriate agencies on the proposals, taking into account the date by which the proposal is to be ratified.
2.4	The joint committee will consider and comment on the extent to which patients and the public have been involved in the development of the proposals and the extent to which their views have been taken into account as well as the adequacy of public and stakeholder engagement in any formal consultation process.
3.	**Membership/chairing**
3.1	The joint committee will consist of 4 members representing Essex and 4 members representing Suffolk, as nominated by the respective health scrutiny committees.
3.2	Each authority may nominate up to 2 substitute members.
3.3	The proportionality requirement will not apply to the joint committee, provided that each authority participating in the joint committee agrees to waive that requirement, in accordance with legal requirements and their own constitutional arrangements.
3.4	Individual authorities will decide whether or not to apply political proportionality to their own members.
3.5	The joint committee will elect a Chairman and Vice-Chairman at its first meeting.
3.6	The joint committee will be asked to agree its Terms of Reference at its first meeting.
3.7	Each member of the joint committee will have one vote.
4.	**Co-option**
4.1	By a simple majority vote, the joint committee may agree to co-opt representatives of organisations with an interest or expertise in the issue being scrutinised as non-voting members, but with all other member rights. This may be for a specific subject area or specified duration.
4.2	Any organisation with a co-opted member will be entitled to nominate a substitute member.

5.	**Supporting the Joint HOSC**
5.1	The lead authority will be as decided by negotiation with the participating authorities. Suffolk will initially act as the lead authority and this will be reviewed following the May 2017 county council elections.
5.2	The lead authority will act as secretary to the joint committee. This will include: • appointing a lead officer to advise and liaise with the Chairman and joint committee members, ensure attendance of witnesses, liaise with the consulting NHS body and other agencies, and produce reports for submission to the health bodies concerned; • providing administrative support; • organising and minuting meetings.
5.3	The lead authority's Constitution will apply in any relevant matter not covered in these terms of reference.
5.4	The lead authority will bear the staffing costs of arranging, supporting and hosting the meetings of the joint committee. Other costs will be apportioned between the authorities. If the joint committee agrees any action which involves significant additional costs, such as obtaining expert advice or legal action, the expenditure will be apportioned between participating authorities. Such expenditure, and the apportionment thereof, would be agreed with the participating authorities before it was incurred.
5.5	The non-lead authority will appoint a link officer to liaise with the lead officer and provide support to the members of the joint committee.
5.6	Meetings shall be held at venues, dates and times agreed between the participating authorities
6.	**Powers**
6.1	In carrying out its function the joint committee may: • require officers of appropriate local NHS bodies to attend and answer questions; • require appropriate local NHS bodies to provide information; • obtain and consider information and evidence from other sources, such as local Healthwatch organisations, patient groups, members of the public, expert advisers, local authorities and other agencies. This could include, for example, inviting witnesses to attend a joint committee meeting; inviting written evidence; site visits; delegating committee members to attend meetings, or meet with interested parties and report back. • make reports and recommendations to the appropriate NHS bodies and other bodies that it determines, including the local authorities which have appointed the joint committee. • consider the NHS bodies' response to its recommendations;

	• In the event the joint committee is formally consulted upon a substantial variation or development in service as a result of the implementation of the STP, refer the proposal to the Secretary of State if the joint committee considers: ➢ it is not satisfied that consultation with the joint committee has been adequate in relation to content, method or time allowed; ➢ it is not satisfied that consultation with public, patients and stakeholders has been adequate in relation to content, method or time allowed; ➢ that the proposal would not be in the interests of the health service in its area.
7.	**Power of Referral**
7.1	The power to make a referral to the Secretary of State will be delegated to the Joint Committee on the basis that the Joint Committee will have received and fully evaluated the evidence presented to it.
7.2	In the event the Joint Committee agrees to make a referral, the participating local authorities will be notified of the intention to refer and the date by which it is proposed to do so.
7.3	The Joint Committee will only make a referral on the basis of a majority vote being taken in favour of this course of action by those members present at the time the vote is taken. The majority will include at least one vote in favour from each participating authority. Where no clear majority is reached, this will be taken as indicating the evidence is not strong enough to support this course of action.
8.	**Public involvement**
8.1	The joint committee will meet in public, and papers will be available at least 5 working days in advance of meetings.
8.2	The participating authorities will arrange for papers relating to the work of the joint committee to be published on their websites, or make links to the papers published on the lead authority's website as appropriate.
8.3	A press release may be circulated to local media at the start of the process and at other times during the scrutiny process at the discretion and direction of the Chairman and Vice Chairman.
8.4	Local media may attend meetings held in public.
8.5	Patient and voluntary organisations and individuals will be positively encouraged to submit evidence and to attend.
8.6	Members of the public attending meetings may be invited to speak at the discretion of the Chairman.

9.	**Press strategy**
9.1	The lead authority will be responsible for issuing press releases on behalf of the joint committee and dealing with press enquiries, unless agreed otherwise by the Committee.
9.2	Press releases made on behalf of the joint committee will be agreed by the Chairman or Vice-Chairman of the joint committee.
9.3	Press releases will be circulated to the link officers.
9.4	These arrangements do not preclude participating local authorities from issuing individual statements to the media provided that it is made clear that these are not made on behalf of the joint committee.
10.	**Report and recommendations**
10.1	The lead authority will prepare draft reports, as necessary, on the deliberations of the joint committee, including comments and recommendations agreed by the committee. Such report(s) will include whether any recommendations contained within it are based on a majority decision of the committee or are unanimous. Draft report(s) will be submitted to the representatives of participating authorities for comment.
10.2	Final versions of report(s) will be agreed by the joint committee Chairman.
10.3	In reaching its conclusions and recommendations, the joint committee should aim to achieve consensus. If consensus cannot be achieved, minority reports may be attached as an appendix to the main report. The minority report/s shall be drafted by the appropriate member(s) or authority concerned.
10.4	Report(s) will include an explanation of the matter reviewed or scrutinised, a summary of the evidence considered, a list of the participants involved in the review or scrutiny; and an explanation of any recommendations on the matter reviewed or scrutinised.
10.5	In addition, in the event the joint committee is formally consulted on a substantial variation or development in service:- • If the joint committee makes recommendations to the NHS body and the NHS body disagrees with these recommendations, such steps will be taken as are “reasonably practicable” to try to reach agreement in relation to the subject of the recommendation. • If the joint committee does not comment on the proposals, or the comments it provides do not include recommendations, the joint committee must inform the NHS body as to whether it intends to exercise its power to refer the matter to the Secretary of State and, if so, the date by which it proposes to do so.

	• In the event that the joint committee refers a matter to the Secretary of State the relevant report made will include:- o an explanation of the proposal to which the report relates; o the reasons why the joint committee is not satisfied; o a summary of the evidence considered, including any evidence of the effect or potential effect of the proposal on the sustainability or otherwise of the health service in the area; o an explanation of any steps taken to try to reach agreement in relation to the proposal; o evidence to demonstrate that the joint committee has complied with arrangements for appropriate notification of timescales for its decision to refer; o an explanation of the reasons for the making of the report; and o any evidence in support of those reasons. • The joint committee may only refer the matter to the Secretary of State:- o in a case where the joint committee has made a recommendation which the NHS body disagrees with, when; ▪ the joint committee is satisfied that all reasonably practicable steps have been taken by the NHS body and the joint committee to reach agreement; or ▪ the joint committee is satisfied that the NHS body has failed to take all reasonably practicable steps to reach agreement. o if the requirements regarding notification of the intention to refer above have been adhered to.
11. 11.1	**Quorum for meetings** The quorum will be a minimum of 4 members, with at least 2 from each of the participating authorities. This will include either the Chairman or the Vice-Chairman. Best endeavours will be made in arranging meeting dates to maximise the numbers able to attend from both participating authorities.

HOSC/16/17

Committee Health Overview and Scrutiny

Date 20 March 2017

Autism services in Essex

Action required

(i) To consider the updates received for the three contracts providing autism services across Essex; and

(i) To consider any further monitoring and/or updates required which the newly constituted HOSC, post-May elections, should be recommended to build into its future work programme.

Background

At the July 2016 meeting of Full Council a question was raised about access to autism services in Essex and, as part of the Cabinet Member response, the Cabinet Member agreed to bring the issue to the Health Overview and Scrutiny Committee.

Commissioners and providers of autism services attended the November 2016 HOSC meeting for a discussion about the diagnostic pathway and the significant, and different, waiting times for assessment across the county. An extract of the minutes of that meeting recording the conclusion reached by the Committee is reproduced overleaf. The Committee specifically requested an update on waiting times after 3-4 months and the two providers of the three services across Essex (Hertfordshire Partnership Foundation Trust provide services for the North East Essex area and Mid and West Essex areas under separate contracts) have been asked to provide short reports updating on waiting times for assessment:

The following update reports are attached for consideration:

a) North East Essex Service Area

b) Mid and West Essex Service Area

c) South Essex Service Area

Extract minute from 9 November 2016 meeting of the Health Overview and Scrutiny Committee:

Minute 13: Autism services

Conclusion:

HOSC Members felt that the profile of the particular issues about referral routes and waiting times had been raised by the discussion at the HOSC meeting.

The HOSC was satisfied that commissioners and providers had now been made aware of the concerns around referral routes and excessive waiting times for assessment. The HOSC was satisfied that, notwithstanding all the current pressures on the health service, that some extra attention and resource was now being given to improving the consistency of service in the county and reducing waiting times.

The Committee **agreed:**

a) That HOSC be provided with a further written update on performance and next steps in early 2017.

b) That the Commissioners/Providers would provide a co-ordinated response to the public questions asked at the meeting by Pat Smith.

Report to:	Essex Health Overview and Scrutiny Committee (HOSC)
Subject:	Brief report on the North East ASD service
Report for:	Information
Report by:	Maggie Rosairo, Clinical Lead
Date of Meeting:	20th March 2017

1. Background

This brief report is intended as an update to the recently held scrutiny committee meeting (November 2016) and will be made available at the next meeting on 20th March 2017. The data presented covers a 6 month period from September 2016 – February 2017 inclusive.

2. Number of referrals received during the 6 month period

	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
No. referrals	**6**	**8**	**7**	**4**	**6**	**9**

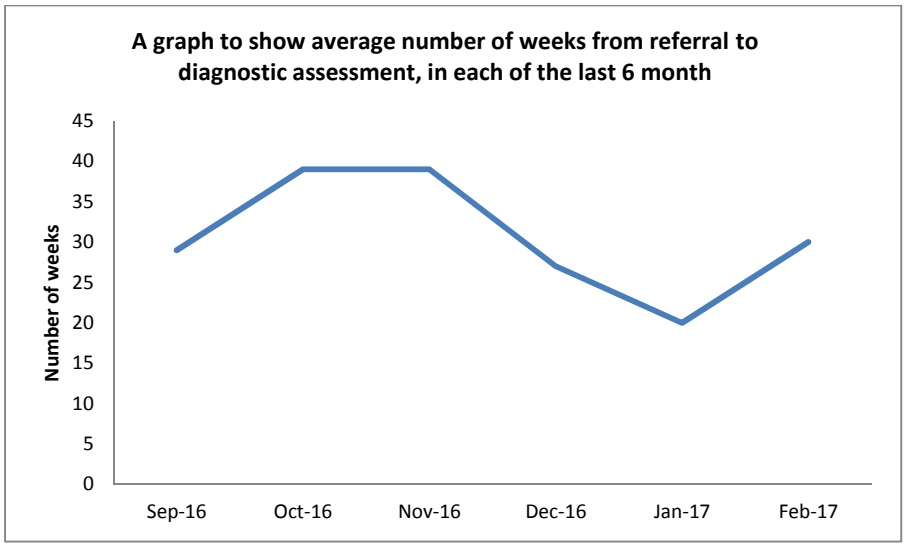
The table above, shows the number of referrals received in each of the months between September 2016 and February 2017. The average number of referrals across this period is 6.6 per month. The service has consistently received this rate of referrals per month (7 on average) since the beginning of Quarter 1, 2016-17 and represents a slight increase on previous years.

3. The average waiting time for diagnostic assessment

	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Average waiting time (wks)	**29**	**39**	**39**	**27**	**20**	**30**

The table above, shows the average waiting time (in weeks), for patients assessed in each month of the period.

The table shows that patients assessed in October 2016 and November 2016, had waited the longest from referral (39 weeks on average), whilst those assessed in January 2017, had waited the least time (20 weeks on average). These figures are illustrated in the graph below.



In general, waiting times from referral to diagnostic assessment are falling overall. The combined average wait for the first three months of the period (September, October and November 2016) is 35 weeks, whilst for the latter three months (Dec 2016, January and February 2017) the wait is 25.5 weeks. This has fallen from peak in June 2016, of 54 weeks. A review of patients booked in for assessment in March 2017 shows a further reduction from the February figure of 30 weeks, to 26 weeks from referral to assessment.

In the six month period covered by this report, one patient was assessed within 13 weeks of referral (8 weeks in total).

The service is open to patients with suspected ASD, who present with difficulties at a primary care level. Those who present with significant complexity / comorbidity are referred to our colleagues in secondary care. Whilst we are unaware of any patients who have been referred out of area for ASD assessment, it is possible that those who need a secondary care level of intervention may have been. This information is held by our commissioners.

The service had made no onward out of area referrals for an ASD assessment.

Actions to reduce waiting times from referral to assessment still further

- The Health in Mind IAPT service, which hosts the NE Essex ASD assessment and diagnostic service, completed a comprehensive audit of performance, for commissioners, covering Quarters 1 and 2 (2016-2017). A key finding was that waiting times for assessment were reducing, and that the overall number of patients open to the service, and in the pathway from referral to assessment was falling.

- Waiting times have continued to reduce, as a consequence of sustained investment, despite referral rates remaining relatively consistent.

- The service regularly reviews pathways to assessment, to minimise any waits where possible.

- Recruitment of the highly skilled / trained practitioners required to conduct these assessments, remains problematic, and although we would be keen to increase our capacity, finding suitable clinicians is a limiting factor. We continue to explore different options to overcome this challenge and as solutions are found we will work with commissioning colleagues to identify resource requirements and monitor the positive impact on waiting times through the usual contract performance route.

Report to:	Essex Health Overview and Scrutiny Committee (HOSC)
Subject:	Brief report on the Mid and West ASD service
Report for:	Information
Report by:	Felicity Arrell Clinical Psychologist NELDS HPFT Pippa Barrett Clinical Psychologist NELDS HPFT Robert Goodman Service Line Lead NELDS HPFT
Date of Meeting:	20th March 2017

1. Background

This brief report is intended as an update to the recently held Health Overview and Scrutiny Committee meeting (November 2016). The data presented covers a 6 month period from September 2016 – February 2017 (inclusive).

2. Number of referrals received during the 6 month period

	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Total
Mid Essex	2	5	0	3	3	5	18
West Essex	4	2	1	2	1	1	11

3. The average waiting time for diagnostic assessment

For Mid and West Essex, "assessment" means the date of first face-to-face contact, which in most cases was the first meeting with the Advocate Navigator to complete the initial questionnaires. A small number of people preferred not meet an Advocate, so the questionnaires were posted to them and for them "assessment" is taken as their attendance for a full ASD assessment.

These figures do not include people who did not respond to contact or dropped out for other reasons before first face-to-face contact.

Mid Essex:

- Average waiting time: 26 weeks

- Range: 12 – 32 weeks (this is accounted for by the fact that some people did not respond to initial contact and some others wanted their assessments to be delayed eg until the end of the university year).

West Essex:

- Average waiting time: 21 weeks
- Range: 15 – 24 weeks (see above)

4. The number of people (if any) that are seen within 13 weeks of referral over the last 6 months

In the six month period covered by this report, one Mid Essex CCG patient was assessed within 13 weeks of referral.

5. How many people were referred out of area for diagnosis over the last 6 months?

All referrals to HPFT were seen by our service. None were referred out of area for diagnosis.

6. Actions being taken to reduce waiting times and progress made

- Additional staffing resources from April 2017 acquired via staff secondments, bank hours and fixed term contracts to increase assessment capacity.
- Regular multidisciplinary discussion and review of pathway and assessments , to minimise any waits where possible.
- Monthly ASD steering group meetings to review levels of activity and performance
- Service user feedback and comments used to review pathway and improve access rates
- Continued joint working with Advocate Navigators to streamline completion of the initial questionnaire process and provide early support and signposting
- On-going supervision and continuing professional development for all staff involved

Through the implementation of the above actions the service aims to have reduced the waiting times* across both localities to meet NICE recommendations by the end of Q3 17/18.

Whilst 17/18 contract arrangements are currently being confirmed with both CCGs, it is envisaged that progress will be monitored through the usual contract performance route on a monthly basis.

*Individual waiting times will be influenced by choice and where service users do not attend appointments.

HOSC Update March 2017 Aspergers Service, SEPT

1. **The number of people (if any) that are seen within 13 weeks of referral (NICE guideline);**

Individuals are referred through Consultant Psychiatry and the First Response teams so they have been seen before they come to our service. In terms of individuals accessing a diagnostic assessment within 13 weeks of being referred to our service this is not currently possible

2. Average waiting time for diagnosis assessment;

Shortly before the last HOSC the waiting time for diagnostic assessment was in excess of 2 years. We have recently offered appointments to individuals who were referred approximately 15 months ago and now the people who have waited the longest were referred 14 months ago. The average waiting time is now 7 months but the variation of this is from 14 months to 1 month.

3. How many people were referred out of area for diagnosis?

This is information that the commissioners might be able to answer more directly but to my knowledge there have been no out of area diagnostic referrals for individuals with an ASD query.

4. Referrals received between 1st September 2016 and 28th February 2017
(This includes referrals for diagnostic assessment and intervention for those with an existing diagnosis). The service had received 54 referrals between 1st April 2015 and 31st March 2016

Month	**No. of referrals**
September 2016	5
October 2016	7
November 2016	6
December 2016	1
January 2017	12
February 2017	7
Total	**38**

5. Actions being taken to reduce waiting times and progress made

- The local CCG's for SEPT made the decision to increase funding for the clinical psychology post into the Aspergers Service. This has meant that there is greater capacity for diagnostic assessments to be completed and in the six months from 1st September 2016 to the end of February 2017 48 diagnostic assessments have been completed. This is in comparison to the number of assessments completed in previous years which are given below.

  30 Diagnostic assessments completed 1st April 2013 – 31st March 2014
  28 Diagnostic assessments completed 1st April 2014 – 31st March 2015
  23 Diagnostic assessments completed 1st April 2015 – 31st March 2016
  21 Diagnostic assessments completed 1st April 2016 – 9th Sept 2016

- From the beginning of December we have implemented a more detailed paper screening process to filter the referrals coming through into the service. Individuals are sent a series of screening questionnaires which once returned are reviewed in addition to the referral information and then a decision is made as to whether the individual will be offered a more detailed diagnostic assessment. This is a new process which will be reviewed after a period of 6 months.

- The Occupational Therapist in the service was being trained to complete some diagnostic assessments where the picture was clearer. Unfortunately this individual left the service in mid-January and we have just had a new person start in post. This training will be given to the new Occupational Therapist and it is envisaged that in the next 6 months they should be in a position to begin some of these assessments independently.

- We are working closely with our colleagues in community mental health (FRT and RWB) to explore the possibility of sharing of skills and providing them with some screening tools to incorporate in their assessments. This is being piloted in one area initially and there has been a delay due to change in staffing.

- With the increase in staffing we have been able to support trainees in both Occupational Therapy and Clinical Psychology within the service. These training posts have been used to support the intervention aspects of the service such as group and individual work. In view of the number of referrals coming into the service it is important to try and maintain this balance since our service provides both diagnostic assessment and post diagnostic support/intervention.

HOSC/17/17

Committee Health Overview and Scrutiny

Date 20 March 2017

MENTAL HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE IN ESSEX - TASK AND FINISH GROUP FINAL REPORT

Report by Cllr Andy Wood, Lead Member:

Recommendation:

The Committee is asked to:

(i) receive the Final Report of the Task and Finish Group that looked at Mental Health Services for Children and Young People in Essex;

(ii) consider timing and arrangements for reviewing the implementation of the recommendations;

(iii) consider appropriate recipients of the report and publicity arrangements;

Background:

The Committee established a Task and Finish Group to look at mental health issues for children and young people in Essex. The Group's focus has been on the perception, awareness, signposting and accessibility to services aimed at children of school age. In addition the Group were interested to see how the wider system worked ad to explore some of the issues around the level of co-ordination and joined- up working between agencies.

Final Report

A summary report and a full report of the Group have been produced. Both documents are attached as Appendix 1. The short summary report will be the main public interfacing document (when a press release is issued) with a link within the summary report to the full report.

There is an Executive Summary and Conclusions (pages 4-5) and a list of all the Recommendations on pages 6-9 in the main report which can give a quicker overview of the full report's findings and conclusions.

The full report details the approach taken towards the review, work undertaken and the evidence obtained. The Group spoke to North East London Foundation Trust

(NELFT), Healthwatch Essex, Head Teachers, school pastoral staff, Essex County Council commissioning officers and some community and voluntary bodies.

In addition, members of the Group individually (or in pairs) visited local schools and two youth projects. The Group also considered written evidence requested and received from some of the contributors.

Service Transformation

The Group report on the challenges facing NELFT in operating a new contract to provide emotional wellbeing and mental health services that focus on more low intensity early interventions through a single point of access. Higher than anticipated referrals and on-going caseload has made this transformation more difficult.

The Group are encouraged by a reduction in waiting times recently but a longer period of time is needed to identify if there is a consistent downward trend in waiting times. In particular, the Group have recommended that Essex commissioners should be aspiring to an Essex waiting time (that is significantly lower than the NICE guideline and the current contractual target) so that Essex can be a 'national lead' and best in class.

The Group stress that reconfigurations can take time to 'bed-in' and it is important to remember that NELFT are less than 18 months into a five year transformation plan. NELFT remain in a period of substantial change and transformation and the Group have been impressed by their commitment and drive to carry out this change.

Members were encouraged by many initiatives and practices which were in place in schools, or being tried, to engender an environment of emotional wellbeing. At the moment, the community and voluntary sector believe there is an unharnessed opportunity for them to supplement the services being provided by NELFT for schools.

The Group have concluded that they would like to see closer working with the community and voluntary sector to assist even greater focus on prevention, early intervention and community resilience and have made specific recommendations on this.

The Group makes nine recommendations:

RECOMMENDATIONS TO COLLABORATIVE COMMISSIONING FORUM

> ***Recommendation 1*** *(Page 13 of the full report): Essex County Council and local health commissioners should develop a strong pan-Essex all-age brand for holistic mental health services that pulls together all agencies.*
>
> ***Recommendation 2*** *(Page 19 of the full report)**:** There should be a clear aspiration for a defined, acceptable 'Essex waiting time' for access to the EWMHS service that is considerably less than the current national and*

contractual standards (i.e. considerably less than 12 weeks from referral to assessment and 18 weeks from referral to first treatment).

Recommendation 3 *(Page 22 of the full report): That the commissioners explore the opportunities within the voluntary sector for further early intervention initiatives to build community resilience.*

RECOMMENDATIONS TO NORTH EAST LONDON FOUNDATION TRUST

Recommendation 4 *(Page 19 of the full report): (i) The provider of the Emotional Wellbeing and Mental Health Service should develop and demonstrate a clear strategy to further reduce waiting times for assessment and first treatment under the EWMHS service; and (ii) indicate the extent of any potential for collaborative working with other agencies to assist this.*

Recommendation 5 *(Page 19 of the full report):*

(a) *That regular performance reporting to commissioners should be expanded to include:*

(i) A breakdown of the concentration of referrals from different source (particularly highlighting differences between schools);

(ii) How long those clients who do have to wait beyond the NICE guideline of 18 weeks actually do wait for first treatment?

(iii) The numbers exceeding the 'acceptable Essex waiting time' (see recommendation x above); and

(iv) A qualitative analysis of the outcomes achieved from early intervention illustrating the patient focussed benefits;

(b) *That key performance data be publicly available ;*

(c) *That the Essex HOSC should receive performance reports twice yearly (or as otherwise directed).*

Recommendation 6 *(Page 22 of the full report)**:** The provider of the EWMHS service should demonstrate a strategy and plan for closer collaborative working with the voluntary sector, including linkages for re-signposting and cross referrals that can be located in community settings (including schools) thereby relieving some of the pressures on the referral process.*

Recommendation 7 (Page 17 of the full report): *That NELFT should develop clearer communication of service thresholds and provision not only with service users but also with partnership organisations.*

RECOMMENDATIONS TO ESSEX COUNTY COUNCIL

Recommendation 8 *(Page 21 of the full report): The continued shortage in Essex of specialist mental health clinicians should be emphasised to the Cabinet Member for Economic Growth, Infrastructure and Partnerships and the Essex Employment and Skills Board, with a view to it being included in the wider Essex strategy addressing skills shortages across the county.*

Recommendation 9 *(Page 24 of the full report): The Cabinet Member for Education and Lifelong Learning should: (i) ensure that all Essex Schools understand and develop the best practice established by some schools using early intervention, access to pastoral help, peer mentoring, liaison with outside agencies, whole school training and supportive ethos; (ii) Arrange a summit or more locality based mini- summits on mental health for all Essex Schools to share this and other learning and best practice (this could be an extension of the meetings with Head Teachers that NELFT has held in some areas recently) and (iii) a school mental health network be established (again this could be locality based) for school mental health champions to share information and experience on a regular basis.*

Transforming emotional wellbeing and mental health services for children and young people

Background

A sub-Group of the Essex Health Overview and Scrutiny Committee (HOSC) made up of councillors from across Essex has been reviewing mental health services for children and young people in Essex ('the Group'). It was prompted by wanting to review the new focus of a service now being delivered by North East London Foundation Trust (NELFT) that has been running since November 2015. In addition, a YEAH! 2 report published by Healthwatch Essex last summer had also highlighted issues around perception, signposting and accessibility to services aimed at children and young people. The Group wanted to look at these issues and the level of co-ordination and 'joined-up' working between different partners in the wider system.

Top row: Councillors Jill Reeves, Jo Beavis, Keith Bobbin, Jenny Chandler
Front row: Councillors Helen Boyd, Caroline Endersby, Andy Wood

The Group spoke to

The Group spoke to North East London Foundation Trust (NELFT), Healthwatch Essex, school staff, Essex County Council officers and some community and voluntary bodies.

Service Transformation

NELFT has now restructured its service delivery to meet the requirements of the new contract and is moving towards increased prevention and early intervention to help build community resilience. The service is available from a single point of access and provides early advice, assessment and support and, where appropriate, more specialist support such as psychiatrists, social workers and care packages. However, reconfigurations can take time to 'bed-in' and it is important to remember that NELFT are less than 18 months into a five year transformation plan. NELFT remain in a period of substantial change and transformation and the Group have been impressed by their commitment and drive to carry out this change.

RECOMMENDATIONS TO COMMISSIONERS

Recommendation 1:

A strong pan-Essex all-age brand for holistic mental health services that pulls together all agencies should be developed.

Recommendation 2:

There should be a clear aspiration for a defined, acceptable 'Essex waiting time' for access to the NELFT service that is considerably less than the current national and contractual standards.

Recommendation 3:

That opportunities within the voluntary sector for further early intervention initiatives to build community resilience should be explored.

RECOMMENDATIONS TO NORTH EAST LONDON FOUNDATION TRUST

Recommendation 4:

(a) To develop and demonstrate a clear strategy to further reduce waiting times for assessment and first treatment; and

(b) indicate the extent of any potential for collaborative working with other agencies to assist this.

Recommendation 5:

(a) That regular performance reporting should be expanded to include:

  (i) A breakdown of the concentration of referrals from different sources (particularly highlighting differences between schools);

  (ii) How long those clients who do have to wait beyond the NICE guideline of 18 weeks actually do wait for first treatment;

  (iii) The numbers exceeding the 'acceptable Essex waiting time'; and

  (iv) An illustration of the patient focussed benefits achieved from early intervention;

(b) That key performance data be publicly available;

(c) That the Essex HOSC should receive performance reports twice yearly (or as otherwise directed).

Continued...

Essex County Council

Recommendation 6:

There should be a strategy and plan for closer collaborative working with the voluntary sector, including linkages for re-signposting and cross referrals that can be located in community settings (including schools).

Recommendation 7:

There should be clearer communication of service thresholds and provision not only with service users but also with partnership organisations.

RECOMMENDATIONS TO ESSEX COUNTY COUNCIL

Recommendation 8:

The continued shortage in Essex of specialist mental health clinicians should be highlighted to the Essex Employment and Skills Board and included in the wider Essex strategy addressing skills shortages across the county.

Recommendation 9:

(a) All Essex Schools should understand and develop the best practice established by some schools who use early intervention, access to pastoral help, peer mentoring, liaison with outside agencies, whole school training and have a supportive ethos;

(b) A summit or more locality based mini-summits on mental health should be arranged for all Essex Schools to share learning and best practice; and

(c) A school mental health network be established for school mental health champions to share information and experience on a regular basis.

The full report of the Group is available **here**.

The challenges being faced

The challenges of carrying out the service reconfiguration have been exacerbated by increasing referrals, particularly during the transition period of the first few months of the new contract. NELFT are also managing a caseload that at times last year was almost double the level inherited from the previous provider– it is now still over 50% higher than November 2015.

The high turnover of staff that was seen in the early months of the new model was always likely as some staff might feel that they would be unable to integrate into a new way of working. However, in recent weeks the vacancy rates have been significantly reduced. Recruitment issues for educational psychologists (provided by local authorities) have also been highlighted during the review.

Measuring performance

The Group are encouraged by a recent improvement in waiting times but a longer period of time is needed to identify if there is a consistent downward trend. Measuring performance solely against National Institute for Health and Care Excellence (NICE) guidelines of 12 weeks for referral to assessment and 18 weeks for referral to first treatment is not sufficient for a service that is aspiring to intervene early and prevent and reduce the number of escalations to crisis care and more formal care.

Schools

All the schools that were visited had established processes to escalate concerns and were providing good signposting and positive messages about, and activities on, wellbeing around schools. Some local schools have or contract-in their own counselling service whilst some have discontinued their direct contracts with these community and voluntary sector providers and left parents to contract directly with them. The community and voluntary sector believe there is an unharnessed opportunity here for them to supplement the services being provided to schools by NELFT.

Partnership working

The service provided by NELFT for schools should not be the only resource available for emotional wellbeing and mental health services for children and young people in the local health system – there are other agencies that can and should fulfil an important role. In particular, the Group would like to see closer working with the community and voluntary sector to assist even greater focus on prevention, early intervention and community resilience. There may come a time when the NELFT single point of access could be a gateway to the voluntary sector in addition to the services provided by NELFT.

This information is issued by:
Essex County Council
Corporate Law and Assurance

Contact us:
cmis.essex.gov.uk
03330 139 825

Corporate Law and Assurance
E2, Zone 4
Essex County Council
County Hall, Chelmsford
Essex, CM1 1QH

Sign up to Keep Me Posted email updates:
essex.gov.uk/keepmeposted

ECC_DemSer or **Essex_CC**
facebook.com/essexcountycouncil

The information contained in this document can be translated, and/or made available in alternative formats, on request.

Published March 2017.

CDS 170433

Scrutiny

Improving public services

Mental Health Services for Children and Young People in Essex

Task and Finish Group established by the Health Overview and Scrutiny Committee

March 2017

Essex County Council

CONTENTS

FOREWORD - Lead Member, Councillor Andy Wood	3
EXECUTIVE SUMMARY AND CONCLUSIONS	4
RECOMMENDATIONS	6
FINDINGS AND EVIDENCE	9

- Context
- Young people's experience of mental health services
- The new approach in Essex
- Transforming the Service
- Capacity and scale
- Wider system support to schools
- Strategic planning and infrastructure

GLOSSARY	26
ANNEXES	
1. Membership, Limitations of the Review	29
2. Extracts from Scoping Document	30
3. Library of background reports and publications	31
4. Written evidence	32
5. Witnesses	33

Foreword

This report is a combination of a six-month review by members of the Task and Finish Group looking at children's health and wellbeing in Essex.

Many of the groups' questions were answered during this review and a summary of the information the Group received is reproduced in this report. I would like to thank all the contributors to this report for their co-operation.

In addition, I wish to thank my fellow Task and Finish group members for their commitment and due diligent approach and professionalism during the course of this review.

I commend this report to you.

COUNCILLOR ANDY WOOD
Lead Member
Task and Finish Group
Mental Health Services for Children and Young People in Essex

March 2017

Members of the Task and Finish Group from left to right: back row- Councillors Reeves, Beavis, Bobbin and Chandler. Front row – Councillors Boyd, Endersby and Wood.

Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives.

Alarmingly, however, 70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early age.

The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

MENTAL HEALTH FOUNDATION WEBSITE

Executive Summary and conclusions

Background

A select Task and Finish Group established by the Essex Health Overview and Scrutiny Committee made up of seven councillors from across Essex has been reviewing mental health services currently available for children and young people in Essex ('the Group'). The Group focussed on some of the issues around perception, signposting and accessibility to services aimed at children of school age. In addition, the Group were interested to see the how the wider system worked and to explore some of the issues around the level of co-ordination and 'joined-up' working between agencies.

The Group spoke to North East London Foundation Trust (NELFT), Healthwatch Essex, school staff, Essex County Council officers and some community and voluntary bodies.

New contract

Since 1 November 2015 NELFT have been operating a new contract to provide emotional wellbeing and mental health services that focus on more low intensity early interventions through a single point of access. It was undoubtedly a bold decision taken by the commissioners to make such a radical change to the service and full transformation will take time.

Transformation

The Group recognise the challenges facing NELFT. It has now restructured its service delivery to meet the requirements of the new contract and is moving towards a prevention, early intervention and community resilience model. However, reconfigurations can take time to 'bed-in' and it is important to remember that NELFT are less than 18 months into a five year transformation plan.

The challenges of carrying out the reconfiguration have been exacerbated by increasing referrals, particularly during the transition period of the first few months of the new contract. NELFT are also managing a caseload that at times last year was almost double the level inherited from the previous provider– it is now still over 50% higher than November 2015.

The high turnover of staff seen in the early months of the new model was always considered likely as some staff might feel that they would be unable to integrate into a new way of working. However, in recent weeks the vacancy rates have been significantly reduced. Recruitment issues for educational psychologists have also been highlighted during the review.

NELFT remain in a period of substantial change and transformation and the Group have been impressed by their commitment and drive to carry out this change.

Waiting times

There has been a significant improvement in waiting times from earlier in 2016. The Group are encouraged by this but a longer period of time is needed to identify if there is a consistent downward trend in waiting times. Measuring performance solely against a national target set by NICE of 12 weeks for referral to assessment and 18 weeks for referral to first treatment is not sufficient for a service that is aspiring to intervene early and prevent and reduce the number of escalations to crisis care and more formal care. Instead, Essex commissioners should be aspiring to an Essex waiting time that can be a 'national lead' and best in class.

Schools

Members were encouraged by many initiatives and practices which were in place in schools, or being tried, to engender an environment of emotional wellbeing. All the schools that were visited had established processes to escalate concerns and were providing good signposting and positive messages about, and activities on, wellbeing around schools. Some local schools have or contract-in their own counselling service whilst some have discontinued their direct contracts with these community and voluntary sector providers and left parents to contract directly with them although some schools now returning to these providers. At the moment, the community and voluntary sector believe there is an unharnessed opportunity here for them to supplement the services being provided by NELFT for schools.

Partnership working

The Group acknowledge that, due to the current caseload and number of referrals, NELFT currently has been unable to build relationships with schools and the voluntary sector that it would have liked to have done. This is one of the consequences for a provider managing a case load that is now over 50% larger than envisaged under the contract for the EWMHS service. However, the Group is encouraged that there are now recent signs that the relationships with schools, in particular, are being developed.

The transformation will continue to take time but the service provided by NELFT should not be the only resource available for emotional wellbeing and mental health services in the local health system – there are other agencies that can and should fulfil an important role. In particular, the Group would like to see closer working with the community and voluntary sector to assist even greater focus on prevention, early intervention and community resilience. There may come a time when the NELFT single point of access could be a gateway to the voluntary sector in addition to the services provided by NELFT.

Recommendations

The Group has made nine recommendations and requests that these recommendations should be carefully considered for implementation.

RECOMMENDATIONS TO COLLABORATIVE COMMISSIONING FORUM

Recommendation 1 *(Page 13): Essex County Council and local health commissioners should develop a strong pan-Essex all-age brand for holistic mental health services that pulls together all agencies.*

Owner: Collaborative Commissioning Forum
Implementation Review:
Impact Review Date:

Recommendation 2 *(Page 19)**:** There should be a clear aspiration for a defined, acceptable 'Essex waiting time' for access to the EWMHS service that is considerably less than the current national and contractual standards (i.e. considerably less than 12 weeks from referral to assessment and 18 weeks from referral to first treatment).*

Owner: Collaborative Commissioning Forum
Implementation Review:
Impact Review Date:

Recommendation 3 *(Page 22): That the commissioners explore the opportunities within the voluntary sector for further early intervention initiatives to build community resilience.*

Owner: Collaborative Commissioning Forum
Implementation Review:
Impact Review Date:

RECOMMENDATIONS TO NORTH EAST LONDON FOUNDATION TRUST

Recommendation 4 *(Page 19): (i) The provider of the Emotional Wellbeing and Mental Health Service should develop and demonstrate a clear strategy to further reduce waiting times for assessment and first treatment under the EWMHS service; and (ii) indicate the extent of any potential for collaborative working with other agencies to assist this.*

Owner: North East London Foundation Trust
Implementation Review:
Impact Review Date:

Recommendation 5 *(Page 19):*

(a) *That regular performance reporting to commissioners should be expanded to include:*

(i) A breakdown of the concentration of referrals from different source (particularly highlighting differences between schools);

(ii) How long those clients who do have to wait beyond the NICE guideline of 18 weeks actually do wait for first treatment?

(iii) The numbers exceeding the 'acceptable Essex waiting time' (see Recommendation 2 above); and

(iv) A qualitative analysis of the outcomes achieved from early intervention illustrating the patient focussed benefits;

(b) *That key performance data be publicly available ;*

(c) *That the Essex HOSC should receive performance reports twice yearly (or as otherwise directed).*

Owner: West Essex CCG as Lead Commissioner
Implementation Review:
Impact Review Date:

Recommendation 6 *(Page 22)**:** The provider of the EWMHS service should demonstrate a strategy and plan for closer collaborative working with the voluntary sector, including linkages for re-signposting and cross referrals that can be located in community settings (including schools) thereby relieving some of the pressures on the referral process.*

Owner: North East London Foundation Trust
Implementation Review:
Impact Review Date:

Recommendation 7 (Page 17): *That NELFT should develop clearer communication of service thresholds and provision not only with service users but also with partnership organisations.*

Owner: North East London Foundation Trust
Implementation Review:
Impact Review Date:

RECOMMENDATIONS TO ESSEX COUNTY COUNCIL

Recommendation 8 *(Page 21): The continued shortage in Essex of specialist mental health clinicians should be emphasised to the Cabinet Member for Economic Growth, Infrastructure and Partnerships and the Essex Employment and Skills Board, with a view to it being included in the wider Essex strategy addressing skills shortages across the county.*

Owner: Cabinet Member for Economic Growth, Infrastructure and Partnerships
Implementation Review:
Impact Review Date:

Recommendation 9 *(Page 24): The Cabinet Member for Education and Lifelong Learning should: (i) ensure that all Essex Schools understand and develop the best practice established by some schools using early intervention, access to pastoral help, peer mentoring, liaison with outside agencies, whole school training and supportive ethos; (ii) Arrange a summit or more locality based mini- summits on mental health for all Essex Schools to share this and other learning and best practice (this could be an extension of the meetings with Head Teachers that NELFT has held in some areas recently) and (iii) a school mental health network be established (again this could be locality based) for school mental health champions to share information and experience on a regular basis.*

Owner: Cabinet Member for Education and Lifelong Learning
Implementation Review:
Impact Review Date:

Findings and evidence

Context

The condition

The Group has heard that causes of poor mental health can be complex, and caused by a variety of factors individually or combined. There can often be a whole raft of problems behind mental ill health such as housing, social care and increasingly the pressures of social media. Lack of parental support is affecting children and young people in all aspects of their emotional wellbeing and development including being ready for school life. Mental health issues can often take the form of lack of self-esteem and self-worth, depression, anxiety, stress and self-harm but can also be expressed in other ways such as eating disorders and peer relationship issues.

It is estimated that 50% of mental illness arises by age 14 and that 10% of all 5-19 year olds have a diagnosable mental health condition

For too long mental health has been the poor relation of physical ill-health in terms of awareness and support available, due to a stigma combined with sufferers displaying fewer visible symptoms. The Group has heard that levels of funding allocated to it up to now have been disproportionately lower than for physical ill-health. It is too early to assess the impact of Government's commitment now for parity of esteem (equal treatment with physical ill health) for mental health although it should at least raise its profile and make it more 'mainstream'. However, poor mental health, if left inadequately unsupported, can lead to worsening symptoms often requiring further NHS and social care resource. If poor mental health and emotional wellbeing can be identified early, and appropriate support put in place, it can be better for the individual and require less health and social care resource in the longer term

A quarter to half of adult mental illness may be preventable with appropriate interventions in childhood and adolescence.

Essex

The top three presenting problems being reported across Essex are emotional disorder, conduct disorder and deliberate self-harm.

The Group has also heard that, increasingly, counsellors are seeing experience of domestic violence and issues around gender identity in those children and young people seeking help although, in the case of gender identity, some of this may be prompted by more media coverage on this issue and people now being more able to understand their own feelings. Some of the schools visited also highlighted a link

between bullying, cyber bullying and social media which also impact on emotional health and wellbeing.

The Joint Strategic Needs Assessment (JSNA) identifies the four biggest areas of mental health need in Essex as Basildon, Colchester, Southend and Thurrock. However, when adjusting for local population, both Harlow and Tendring also become areas of concern. Risk factors for poor mental health can be lone parent households, poverty, body image, under 18 pregnancy and other sexual pressures, and children and young people who are carers. Deprivation in itself is not a sole cause of poor mental health but it can be part of what is often a complex and multi-layered environment that leads to this.

Around 30,000 5-19 year old with a diagnosable mental health condition are estimated to be in Essex, Southend and Thurrock.

(Essex Joint Strategic Needs Assessment)

Young people's experience of mental health services

Since 2014 Healthwatch Essex (HWE) has engaged with almost 2,500 young people in Essex on their lived experience of health and social care and published its YEAH! and SWEET! Reports. In July 2016 HWE published *YEAH! 2* which was the prompt for the Essex HOSC to start this review of mental health services for children and young people. The *YEAH! 2* report stated that young people were asking for more information to be published about services in order to help raise awareness, and that the type of services available do not always meet their expectations and needs.

280 participants (68%) said they had never received information on mental health (YEAH!)

8 in 10 children did not know how to access support for mental health issues, and had received no information on mental health in school or college (YEAH!)

HWE pointed to national research estimating that 1 in 10 children and young people will have a diagnosable mental health condition, although HWE's estimate for Essex was higher than 1 in 10. *YEAH! 2* participants felt that mental health conditions often began at school, particularly issues around body image, academic pressure and self-harming and sometimes this could be expressed in anger and frustration. Young people fed back that they appreciate it when school staff take the time to listen to them and tried to help them even if they were not that successful in doing so.

"Although 7 in 10 participants had not received information on mental health, 9 in 10 participants felt being informed about mental health was important."
Healthwatch Essex YEAH! 2 Report 2015-16

One of the key findings in the *YEAH! 2* report was that young people needed more information about health and social care. Young people also want teachers to receive adequate training in order to be able to spot and deal with emotional wellbeing and mental health issues. Participants of *YEAH! 3* (which has yet to be published) wanted to learn more about mental health in small cohorts of peers.

Support in schools was the most popular choice of comfortable places to get help
YEAH! report in 2015

The Group also received further information on user experience of services in response to a call for evidence issued by the Group in summer 2016. In particular this re-confirmed issues around the difficulty in accessing services for both the user and parents/carers, prolonged waiting times and high eligibility thresholds that may exacerbate the risk for young people. It also re-confirmed that greater planning was needed for treatment and transitions and that user experience of the perceptions and treatment of mental health remained very negative.

Throughout the review the Group has heard that some services are not set up to meet the actual patient need with a significant difference between clinical outcomes being set and measured (e.g. the numbers treated) and a young person's desired outcomes (e.g. educational attainment, self-fulfilment etc). If the outcomes were set for young people to achieve a set number of personal goals each month then that would be better). It is therefore important to get the patient voice into the process of determining outcomes so that outcomes will make more sense to the user.

The new approach in Essex

Transformation Strategy

Historically, the CAMHS service in Essex, and in much of the country, has been focussed on crisis care and supporting the most complex cases. Consequently, it meant that there has often been a huge unmet need 'lower down'. There is now a desire nationally and locally to refocus this clinical model away from crisis care to earlier intervention. In Essex, a key finding from the JSNA was the need for more prevention and early intervention to identify an emerging risk rather than wait until a child or young person is presenting a mental health problem as part of building community resilience.

The Coalition Government's strategy, Future in Mind, published in March 2015 was accompanied by an announcement of additional investment in mental health over the next five years which aims to improve and transform the care provided for children and young people in England by 2020. In response to this, local transformation plans were developed across the country to illustrate local strategies for improving services in line with Future in Mind and were a pre-condition to receiving any transformation monies. Such monies are, however, not required to be ring-fenced and are included in total baseline allocations for commissioners. Furthermore, the Group has heard concerns that the transformation funding specifically received in Essex has not been ring-fenced or specifically earmarked and that it may not all be used for prevention and early interventions for emotional wellbeing and mental health. Time did not permit us to be able to investigate this further but the Group feels that it should be looked into to ensure that the funding is being used for the purpose for which it was intended.

The new local approach for Essex was published in January 2017 by Essex County Council, Southend-on-Sea Borough Council and Thurrock Council in 'Open Up, Reach Out', a five year local transformation plan for emotional wellbeing and mental health services for children and young people. In Essex the future focus will be on earlier intervention and prevention, often in community settings. It will involve using evidence-based treatments for symptoms identified on a case-by-case basis, providing more 'stepped care' with the least intrusive and most effective treatment provided quickly and then subsequent 'step up' if it does not work. It is hoped that this increasing focus on low intensity interventions will allow the service to deal with a higher volume of cases. This approach is now being implemented through a new emotional wellbeing and mental health service being provided by North East London Foundation Trust (NELFT) which was commissioned in 2015 by a single forum comprising the three local authorities in Essex and seven NHS clinical commissioning groups.

Mental Health and Wellbeing Strategy 2017-21

During the course of the Group's review it was specifically consulted on the development of the *Essex, Southend and Thurrock Mental Health and Wellbeing Strategy 2017-21.* This strategy aspires to provide a shared, pan Essex vision and approach for both adult and children's services and a set of high level outcomes.

Whilst the Group welcomes this strategy it has not been completely reassured that delivery of services is currently at a level that would align with this strategy, particularly for children and young people, and it questions whether the strategy can successfully pull together all the various strands of strategic and operational work being done both for children's and adult services by different commissioners and providers. It is noted that the strategy primarily focusses on adult services and sits alongside the 'Open Up Reach Out' transformation plan for children and young people. Notwithstanding that, the Group felt at the time that the profile and cross referencing of services for children and young people within the strategy could be higher.

The Group applaud the aims of transformation and early intervention, but the volume of referrals and ambitious plans have had an adverse impact upon the current service delivery. The HOSC will need regular updates on the proposals and actions to reduce waiting times (see Page 17).

The Group has commented at an early stage on a draft of the strategy primarily, but not exclusively, from a children's and young people's perspective and highlighted the need to develop a strong Essex 'brand' generally for mental health and emotional well-being across all the Essex partnerships. It has already been agreed that this particular recommendation has been raised with NHS Commissioners and local authority colleagues.

Recommendation 1: That Essex County Council and local health commissioners should develop a strong pan-Essex brand for holistic mental health services that pulls together all agencies

Transforming the service

Prior to 1 November 2015 a traditional two-tiered mental health service for children and young people across Essex, Southend and Thurrock had been delivered by the county council, South Essex Partnership Trust (SEPT), North Essex Partnership Foundation Trust (NEPFT) and Provide. The first tier of the service would provide condition specific advice and easy access to assessment and support with the next tier of service providing more specialist support such as psychiatrists, social workers and care packages. The Emotional Wellbeing and Mental Health Service (EWMHS) which launched on 1 November 2015, is delivered by NELFT and effectively transferred all this into one single integrated service. Universal Tier 1 support, primarily providing information and healthy living advice, continues to be provided through Public Health, schools and GPs.

The Group recognise that there are significant challenges facing NELFT as a result of this transformational change. However, there should be significant benefits in making the changes with the future service being more holistic and outreach focussed with more community based 'lighter touch' interventions. Moving to any new service delivery model needs the collaboration of all staff, however, there has been some resistance to this.

NELFT has now restructured its service delivery to meet the requirements of the new contract and is moving towards a prevention, early intervention and community resilience model. Reconfigurations can take time to 'bed-in'. This reconfiguration has exacerbated existing demand pressures on the service, particularly during the transition period of the first few months of the new contract. Over 200 staff had transferred under TUPE arrangements from NEPFT, SEPT, Provide and Essex County Council to NELFT but increases in staff turnover and subsequent higher staff vacancy rates led to increasing waiting times (see Capacity and Scale below).

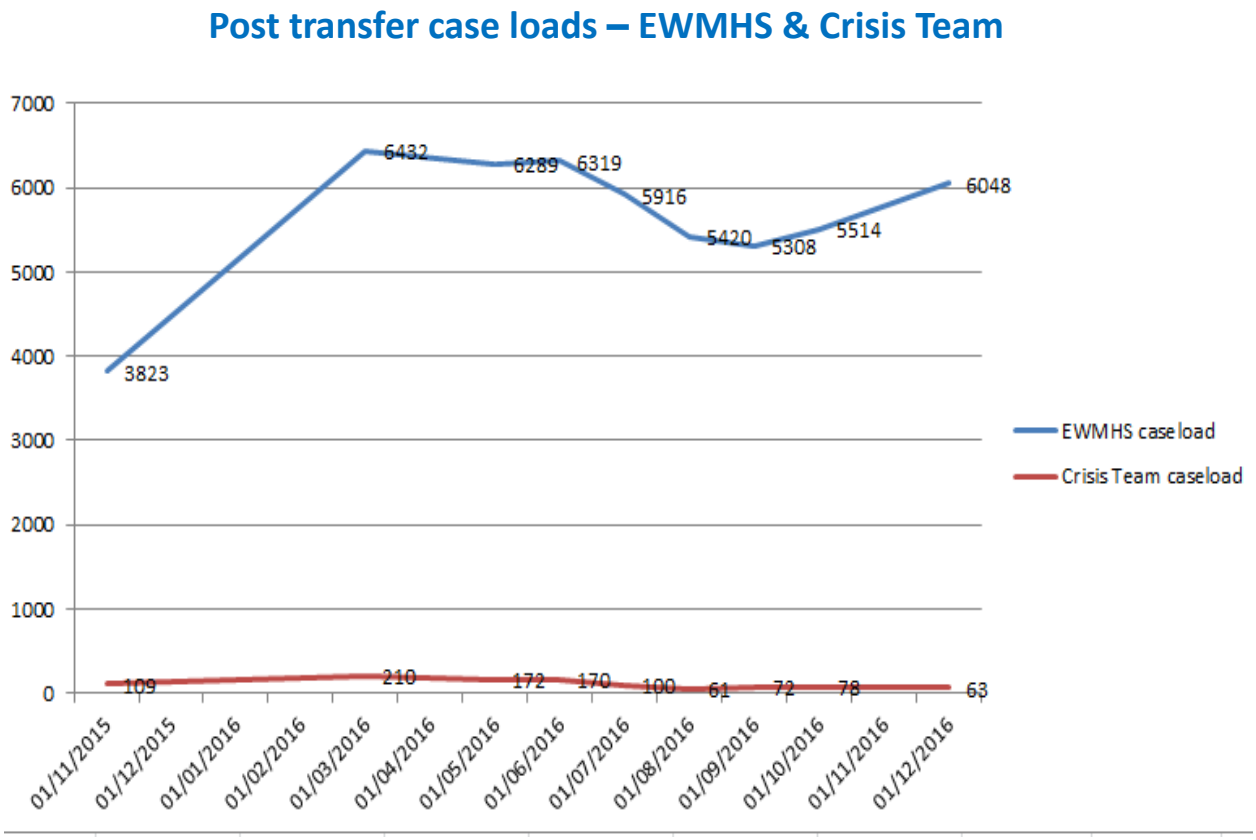
As with many other areas of the health service there are also recruitment challenges in mental health. High turnover of staff in the early months of the new model was always considered likely as some staff might feel that they would be unable to integrate into a new way of working. However, in recent weeks NELFT have successfully recruited over 70 new staff which leaves 50 vacancies (as at the end of February 2017). This means they now have a current vacancy rate of around 20% which compares favourably with national figures. However, there can still be costs clinically, financially and culturally in continuing to rely on bank staff or agency staff to fill substantive vacancies.

NELFT remain in a period of substantial change and transformation and the Group have been impressed by their commitment and drive to make change. The transformation will take time but, as seen elsewhere in this report, the service provided by NELFT should not be the only resource available for emotional wellbeing and mental health services in the local health system – there are other agencies that can and should fulfil an important role (see Wider System Support to Schools).

Capacity and scale

NELFT caseload

The number of children and young people receiving support (i.e. the caseload) at the time the service transferred to NELFT on 1 November 2015 was estimated to be around 3,200. By the spring of 2016 the ongoing caseload had doubled but has since reduced: as at December 2016 it was 58% higher than at the point of transfer. This is still a significantly higher number than anticipated in the contract between co-commissioners and NELFT. Clearly, co-commissioners and providers need to continue to take actions to further reduce the caseload to ensure the long term sustainability of the business model and to see the benefit of early intervention.



The chart above plots the NELFT case load over the twelve months from the start of the contract.

Nationally, waiting times to access CAMHS services have reached two years in some areas, resulting in those services being closed to any further new referrals. However, the commissioners of the EWMHS service have stipulated that no such cap should be in place for the service in Essex. Therefore, whilst this is good news that no one will be turned away due to the size of the existing caseload, it does mean that there will be consequences to the timeliness of assessment and treatment for all those receiving a service from NELFT whilst demand levels remain high.

Single point of access

A single point of access to support has been established (albeit with one in each of the Essex, Southend and Thurrock council areas). The single points of access are provided by NELFT and give telephone advice and feedback, undertake triage, signpost and assist on preventative planning and, if necessary, allocate the referral to a locality team. NELFT have reported that the majority of people contacting the single point of access are ringing to refer rather than seek advice. Therefore, commissioners may wish to consider whether the single point of access is the best mechanism for advice or whether there is any benefit in there being a separate access point for that.

Referrals to NELFT

During the first six months of the new contract an average of 1,000 referrals a week were being received across the three Single Points of Access. Referrals from GPs and primary care organisations comprise over 40% of the referrals.

The latest data at 2016 year-end indicates that the number of referrals across the three local authority areas had significantly reduced to between 200-300 per month and is now running in line with (revised) predictions.

The Group has heard contributors suggest that a high number of referrals could reflect heightened awareness of services and improved signposting and that there may be less stigma attached to mental health. In addition, the high rate of referrals could be partly due to individuals now being able to self-refer if they cannot or do not want to get GP or another professional to refer them.

At the moment there is no analysis of which particular schools are referring and whether there is a concentration of numbers from certain schools or areas. The Group feels that further understanding of where referrals are originating and whether there are any concentrations could be important in identifying areas to focus future prevention and early intervention initiatives. With limited resources this more targeted approach could be particularly effective and forms part of a more substantive resolution on performance reporting. This forms part of a recommendation from the Group on performance reporting (see later in this section under ‘Waiting Times’).

To date there seems to be very limited data either available and/or being provided to commissioners and this has been symptomatic of children’s mental health services nationally as well. Better data is needed to enable trend analysis, forecasting and projections for future resource planning.

Acceptance rates and re-signposting

The expectation under the EWMHS contract was that 25% of referrals would be signposted to alternative provision. However, the overall acceptance rate across Essex has been nearer to 80% with West Essex, Southend and Thurrock being particularly high.

NELFTs attention initially has had to be on dealing with the high number of referrals so the Group feels that it has probably meant the focus on early intervention has been delayed or, at least, made more difficult. Clearly excessive delays for assessments will prevent the full benefits of early intervention and prevention being seen. Therefore, enhancing the links with other agencies which may be able to also offer some early intervention services becomes critically important (see the Role of the Community and Voluntary Sector).

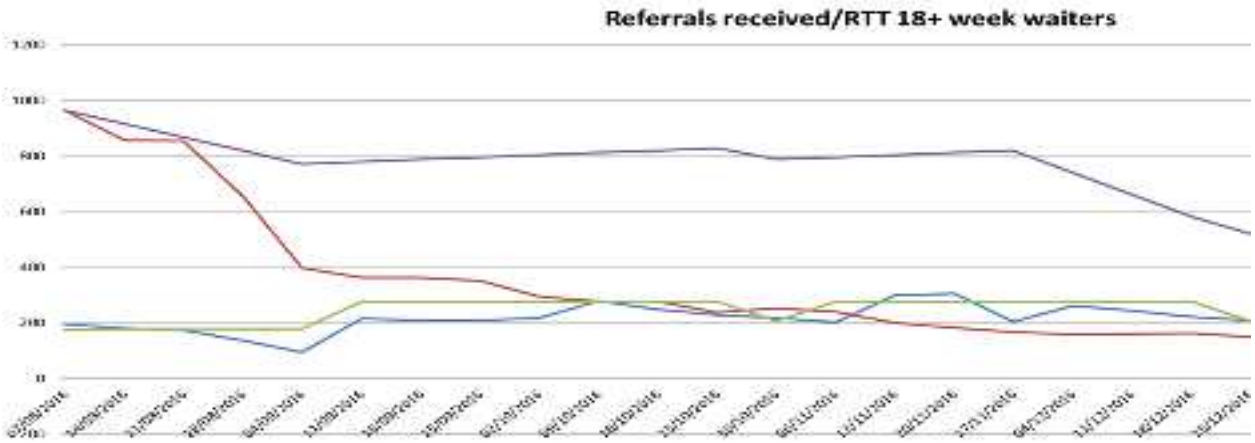
It also seems that the one-stop shop perception of the EWMHS service may have raised expectations beyond that which it is able to currently meet. A clearer communication strategy making it clear that the service has thresholds and eligibility criteria should be developed so as to minimise those cases that are incorrectly referred. This would relieve some of the pressure on the EWMHS service (at the same time highlighting/re-signposting to alternative services).

> "Child and adolescent mental health services are turning away, on average, nearly a quarter (23 per cent) of the young people referred to them for help. Our analysis of services' eligibility criteria showed that this is often because there are high thresholds for access to their services".
>
> *Education Policy Institute – Progress and Challenges in the transformation of children and young people's mental health care – Emily Frith August 2016*

Recommendation 7: That NELFT should develop clearer communication of service thresholds and provision not only with service users but also with partnership organisations.

Waiting times

The Education Policy Institute reported that, nationally, once a referral is made, young people frequently had to wait many months for treatment. The situation is little different in Essex. The latest data available shows that the percentage of clients seen for treatment within 18 weeks was 91% in December 2016, against a target of 92%. This is a significant improvement from earlier in the year when the Group had heard it was only 80% (August 2016). The Group are encouraged by this but are aware that at least some of the improvement will be down to data cleansing and that a longer period of time is needed to identify if there is a consistent downward trend in waiting times. Measuring performance solely against a national target, as set by NICE, of 12 weeks for referral to assessment and 18 weeks for referral to first treatment (which have been incorporated into the NELFT contract for the EWMHS service) is not sufficient for a service that is aspiring to intervene early and prevent and reduce the number of escalations to crisis care and more formal care.



Key:

Predicted referrals

Actual referrals

Referrals waiting more than 18 weeks for treatment

Predicted as waiting 18 weeks plus

Schools have also expressed frustration at the time it takes to get pupils referred for assessment and then to receive first treatment through the EWMHS service. They felt that this undermines the advantages and rationale for early intervention. At least one school the Group spoke to actually encourages their pupils to pursue referrals to EWMHS through their GP instead as they thought the referral could be quicker that way rather than pursuing it through the school. Schools also indicated that they will consider referring to external counsellors if EWMHS is not responding quickly enough. These are not signs of a co-ordinated and integrated system working well.

The analysis of waiting times for assessment and treatment provided to the Group only relate to accessing the EWMHS service. There could be instances where someone on a NELFT waiting list for assessment has sought assessment and treatment by an alternative service in the community and voluntary sector. The 'system' does not seem to have a mechanism to track this at present and nor does it have a recording system that correctly shows waiting time data for access to an appropriate service (whether provided by NELFT or other provider).

The Group also heard during their visits to local schools that often the school was subsequently unaware if an issue raised was now 'in the system' or not and they felt that they were not being kept 'in the loop'. Schools also suggested to the Group that information-sharing between agencies was further complicated when their pupils attended from just across the other side of a council administrative border.

Recommendations overleaf….

Recommendation 4: (i) The provider of EWMHS service should develop and demonstrate a clear strategy to further reduce waiting times for assessment and first treatment under the EWMHS service; and (ii) indicate the extent of any potential for collaborative working with other agencies to assist this.

Recommendation 2: There should be a clear aspiration for a clearly defined, acceptable 'Essex waiting time' for access to the EWMHS service that is considerably less than the current national and contractual standards (i.e. considerably less than 12 weeks from referral to assessment and the 18 weeks from referral to first treatment

Recommendation 5:

(a) That regular performance reporting to commissioners should be expanded to include:

(i) A breakdown of the concentration of referrals from different source (particularly highlighting differences between schools);

(ii) How long those clients who do have to wait beyond the NICE guideline of 18 weeks actually do wait for first treatment?

(iii) The numbers exceeding the 'acceptable Essex waiting time' (see recommendation x above); and

(iv) A qualitative analysis of the outcomes achieved from early intervention illustrating the patient focussed benefits;

(b) That key performance data be publicly available ;

(c) That the Essex HOSC should receive performance reports twice yearly (or as otherwise directed).

Wider system support to schools

Young people spend most of their time in the education system so it should be the most suitable and likely environment for the identification and early support of vulnerable young people. The findings from the Healthwatch Essex YEAH! 2 report confirmed that young people wanted such support to be available in their school.

OFSTED are also now beginning to look at the wider education and emotional health of students rather than just educational attainment. Our findings suggest that most schools are very aware of the social and societal pressures upon young people and are doing a good job in trying to address them. However, schools are already very busy environments and they cannot be expected to solve all of their pupils' problems. Whilst training can help teaching and support staff to recognise and assist their young people at a basic level, there should be a timely referral system when the schools have reached the limit of their expertise yet the Group has heard that this is not in place with significant delays before assessment.

The EWMHS service is only part of the support network that should be available to children and young people in Essex. The local authority through its schools liaison service, educational psychologists, and youth support groups, together with services available in the community and voluntary sector, can all play particular and important roles in the psychological and social development and support of children and young people.

Therefore, the Group has been keen to see if commissioning of services in Essex is co-ordinated across these large and smaller local bodies. Whilst there is an important role for them all, there needs to be improved linkages between them to avoid a fragmented system and the risk of young people falling through the gaps between services and/or finding it hard to access the care they need. This results in late intervention rather than early intervention and consequently there is a need for the wider system to be able to step in and work with and supplement the EWMHS. Yet there are issues that prevent that full system collaboration and co-ordination.

The role of the Educational Psychologist

The Educational Psychologist service provides an early intervention service (funded by Essex Schools) as well as a service providing statutory SEN assessment duties on behalf of upper tier local authorities. The Group has heard about some of the strategic and targeted initiatives being taken by the EP service such as supporting schools with respite and models of training and support to address behaviour issues, supporting emotional wellbeing and developing resilience. In particular, the service has developed targeted parent support groups and locality meetings for local schools and a once-a-term visits to each school to provide more general advice. The Group supports and would like to see more of these prevention initiatives. It also requests that the service should consider running more projects that are run independent from schools that pupils can attend locally.

The EP service is one of the few services that can get into local schools and have the opportunity to have early conversations with pupils and be that early contact for linking to other specialist agencies (such as NELFT or external counsellors). However, there is both a national and local shortage of educational psychologists at present. and across the county there are vacancies. The Group has heard that the situation is exacerbated by the older demographic in the profession meaning that many are nearer retirement, less young people coming into the profession and that the service loses staff to the private sector. The position is further exacerbated by the limited number of training colleges for new entrants. Although there is a recruitment and retention plan in place, the function is unable to provide the full level of service that it would wish to do, or to maximise its impact in schools. NELFT has also highlighted that recruitment of clinical specialists is a challenge for them.

> ***Recommendation 8*: The continued shortage in Essex of specialist mental health clinicians should be emphasised to the Cabinet Member for Economic Growth, Infrastructure and Partnerships and the Essex Employment and Skills Board with a view to it being included in the wider Essex strategy addressing skills shortages across the county**

The role of the community and voluntary sector

Members heard and witnessed during their school visits that local schools have their own schemes in place to support emotional wellbeing. Some even have or contract in their own counselling service. Schools use a variety of agencies providing counselling and other support services including Catch 22, Kids Inspire, MIND, Renew Consulting and the YMCA. It appears that the specific 1 to 1 counselling offered by Renew in Mid Essex may not be available throughout the county and there may be both an opportunity and gap to be filled here.

Some schools have discontinued their direct contracts with these providers and similar providers and left parents to contract directly with them. This could be due solely to financial pressures on the schools, or because schools have placed work with other agencies. Some schools have told the Group that they been questioning why they would need to purchase additional ‘duplicate’ support when the new EWMHS would provide support for the schools. However, it seems that there are some schools now returning to these providers as they do not feel that they are getting the support from NELFT that they had expected, they feel that alternative arrangements are not working and/or some of their pupils are not meeting thresholds to access NELFT services. Some referrals to external counsellors will be direct from young people or parents and carers who desperately need help whilst waiting for a NELFT appointment. It is unclear whether this would be picked up by NELFT and is an example of where the whole system is not fully co-ordinated.

At the moment the community and voluntary sector believe there is an unharnessed opportunity here. There needs to be better communication with the voluntary sector and the Group would like stronger links will develop over time as the NELFT contract progresses. There may come a time when the single point of access could be a gateway to the voluntary sector in addition to the services provided by NELFT.

<u>Recommendation 6</u>: The provider of the EWMHS service should demonstrate a strategy and plan for closer collaborative working with the voluntary sector, including linkages for re-signposting and cross referrals that can be located in community settings (including schools) thereby relieving some of the pressures on the referral process.

The voluntary sector has a varying 'offer' often provided by local networks of a national body with local differences. There can also be financial issues around being able to access some of the services provided by the community and voluntary sector with some providers offering bursary places for those on low incomes who require 'chargeable' support. These services can vary area by area and provider by provider. Differences in services available between different areas are in effect a post-code lottery for those people who either do not meet thresholds for NELFT services or cannot wait for their NELFT assessment and therefore need to seek help from these counselling and support bodies.

The Group has discussed the merits of some kind of bursary that could be made available to those in need who were unable to pay for chargeable services available in the voluntary sector. It would be problematic to administer if it was held centrally and distributed on a means-tested basis, and there could also be issues around needing to assess and benchmark the services available to justify selection. The Group also discussed whether the Pupil Premium could implemented differently; currently it is provided to raise educational attainment for the most disadvantaged pupils and, given the link of emotional wellbeing and mental health to attainment, could perhaps be more targeted. However, the Pupil Premium is already targeted in a way towards certain children and it may be difficult to justify a bursary being targeted to a wider range of children than just those eligible for Pupil Premium. In the end the Group decided that it was probably not efficient to place such funding with individual voluntary bodies but, instead, to request commissioners to consider this further.

<u>Recommendation 3</u>: That the commissioners explore the opportunities within the voluntary sector for further early intervention initiatives to build community resilience.

It was also noted that the voluntary sector continues to feel disadvantaged by the tendering system for public services and that it cannot compete with larger providers. However, the Group notes that Virgin Care has confirmed an intention to consider sub-contracting some elements of the Pre-birth to 19 contract to the voluntary sector.

Whole School approach

In January 2017 the Prime Minister announced further actions to transform mental health services and support for children and young people. Specific areas that impact on schools were:

- Every secondary school will receive mental health training and extra training for teachers;

- Strengthen the links between schools and local NHS mental health staff.

The case for prevention and early intervention being significantly focussed in early years and childhood is significant as building resilience at that time will stop issues escalating and reduce the future demand on clinical services.

The Group considers that a whole school approach should be encouraged which means involving every individual within the school community, including all non-teaching and administrative staff, as the school is the biggest and most influential day care centre for young people.

School visits

To help them understand what is currently happening in schools, the Group visited a selection of local primary and secondary schools and spoke to Head Teachers and pastoral staff. All schools had established processes to escalate concerns by referring them to Pastoral and/or Learning Support Teams.

Members were encouraged by many initiatives and practices which were in place, or being tried, to engender an environment of emotional wellbeing. In particular, the schools were:

- providing good signposting and positive messages about wellbeing around schools,
- encouraging more openness to raising issues and concerns
- showing a greater awareness of some of the 'early warning' signs of problems; and
- providing a variety of activities to promote wellbeing such as, for example, relaxation and Mindfulness classes.
- inviting external speakers for school assemblies and other activities to raise awareness of, and re-inforce messages around, good emotional wellbeing
- closely monitoring and supporting the transition between infant, junior and senior schools with many conducting home visits prior to transfer.

While some schools acknowledge emotional wellbeing on their websites there are some who are reluctant to comment on mental health due to the stigma.

Family support

Schools are also aware of the importance of engagement with the family and 'Lets Talk' workshops (or similar) have been developed for parents and children to share and discuss issues. Supporting parental mental health is important so that parents can provide the optimum environment to support their children. Voluntary and community sector organisations say that the parenting advice/support initiatives that they offer are over-subscribed. This suggests that there should be greater focus on being able to provide more of these. It is critically important to also have parental support in identifying and referring issues, although some of the schools visited

indicated that obtaining parental consent can be difficult if the parent does not recognise or accept that there is actually a problem.

Counsellors and mentors

The Group considers that it is important to have pastoral staff responsible for mental health and for them to be able to provide some initial emotional first-aid training. In some instances the Group has seen in-house counsellors and/or members of the pastoral teams having counselling training. If pastoral teams are non-teaching staff then they will have more time to commit to this.

Employing a dedicated counsellor and/or social worker resource by some schools has also been cut back due to pressures on the school budget. Similarly, financial pressures are preventing the use of external counsellors as much as some schools would like to. Such pressure on finances and resources requires more collaborative working and local schools could consider sharing some resources such as a counsellor/social worker to lighten the financial cost.

Best practice

Some schools seem to have 'gone the extra mile' in embedding a caring culture within the school. In these schools the pupils are also encouraged not only to recognise early signs in themselves but in others as well. This can be facilitated through 'buddying' or developing some of their pupils as peer mentors/supports who understand mental health issues and support both fellow pupils and parents. The Peer Supports wear badges (like prefects) so that Mental Health has a brand and the Peers are easily recognised.

Recommendation 9: The Cabinet Member for Education and Lifelong Learning should: (i) ensure that all Essex Schools understand and develop the best practice established by some schools using early intervention, access to pastoral help, peer mentoring, liaison with outside agencies, whole-school training and supportive ethos; and(ii) Arrange a summit or more local mini-summits on mental health for all Essex Schools to share this and other learning and best practice (this could be an extension of the meetings with Head Teachers that NELFT has held in some areas recently)and (iii) A school mental health network be established (again this could be locality based) for school mental health champions to share information and experience on a regular basis.

Resources at schools are stretched and they often have to make difficult financial choices. The lack of a dedicated school nurse for every school makes quick and easy access to basic clinical care very difficult which can be an essential part of the support needed for health and emotional wellbeing. Some schools that were visited indicated that they did not currently have a school nurse and had to call one in if needed but the nurse 'on-call' was allocated to a number of schools so it can be hard to arrange quickly.

Digital

Children and young people are increasingly using technology to find information. Digital platforms have significant potential to provide information and support for young people's emotional wellbeing and mental health. MOMO, Silent Secret App and Big White Wall have been mentioned and the Essex Young Assembly is developing a further App. MyMind App offers universal information and downloadable work books and enables instant messaging between client and clinician. NELFT now have two full time equivalent posts leading on digital and social media and have set up Twitter and Instagram feeds all of which also promise to further raise the profile of issues and the service. Whilst encouraging the provision of information on websites and via Apps as options, the Group consider that these should not be the sole solution. Indeed, the *YEAH! 2* feedback suggested that young people were not relying solely on technology for their information and support nor was it necessarily the first place they would go to for such information. Digital platforms should be supplementing digital communication and not replacing it.

Empowering schools

Schools can feel under pressure with the expectations being placed on them and sometimes there can be a reaction that too much onus is being placed on schools. However, the educational environment is where young people spend most of their time so every opportunity to help and influence their healthy psychological and social development should be grasped. There is an opportunity to increase the confidence of all school staff, not just teachers, to increase staff awareness of what they can do to further help and support their students in addition to being able to signpost where to get help. Schools may not always recognise that they may already have some of the skills needed to do this and this could be more about how to use the time already spent with pupils differently. Therefore, the Group supports efforts to identify opportunities to empower and enable school staff to support pupils with some limited therapeutic interventions.

Sharing knowledge and experience can also be an important part of empowerment and opportunities for schools to share knowledge and experience should be encouraged (see Page 24 - Recommendation 9).

Glossary

Big White Wall	Is a social network for people to speak anonymously about mental health. www.bigwhitewall.com
CAMHS	Child and Adolescent Mental Health Service – in Essex this was the predecessor to the EWMHS service and is still commonly used as a term to describe mental health services for children and young people.
Catch 22	Catch22 is a social business, a not for profit business providing emotional wellbeing, mentoring and other support services that build resilience and aspiration in people and communities. https://www.catch-22.org.uk/about/
Children's Society	National charity that work with children, young people and families supporting them with a range of issues including drugs and alcohol, caring for a family member, domestic violence, crime and antisocial behaviour and parenting support. http://www.childrenssocietyeast.org.uk/
County Council	An upper tier local authority which will provide county wide services such as education, social services, transport, strategic planning, police, fire services and, since, 2013, Public Health.
EWMHS	The Emotional Wellbeing and Mental Health Service that has been commissioned for children and young people in Essex which is provided by the North East London Foundation Trust
Health Overview and Scrutiny Committee (HOSC)	The Essex County Council Health Overview and Scrutiny Committee with its membership comprising elected Councillors. Specific legislation requires upper tier councils to have a committee that reviews and scrutinises the planning and provision of local health services.
Healthwatch Essex	Healthwatch England is a statutory national body (with a network of local bodies) established to represent the needs, experiences and concerns of people who use health and social care services. Heathwatch Essex provides an information service to help people access, understand, and navigate the health and social care system. HWE also undertake engagement and research activities to build up a detailed picture of people's lived experiences http://www.healthwatchessex.org.uk/about-us/
House of Commons Health Select Committee	Appointed by the House of Commons to examine the work of the Department of Health. The Committee has a high public profile and its reports often generate national media coverage.
Icarus Trust	**icarus** is a charity and was set up in 2012 in order to provide a signposting service for families in crisis as a result of addictive or obsessive behaviour. http://www.icarustrust.co.uk/about-us/
Joint Strategic Needs Assessment/JSNA	The NHS and local authorities are legally required to produce and regularly refresh Joint Strategic Needs Assessments (JSNAs) to analyse the health needs of

	the local population to inform and guide commissioning of health, well-being and social care services within local authority areas.
Local Education Authority	Has responsibility for all state schools in their area including the distribution and monitoring of funding for the schools, co-ordination of the admissions process for schools, and they directly employ school staff.
MIND	Mind is a mental health charity in England and Wales.. Mind offers information and advice to people with mental health problems and lobbies government and local authorities on their behalf. It also works to raise public awareness and understanding of issues relating to mental health. www.mind.org.uk
NELFT (North East London Foundation Trust)	NELFT provides an extensive range of integrated community and mental health services for people living in East London and Essex. In particular, they have been commissioned to provide an Emotional Wellbeing Mental Health Service for children and young people across the whole of Essex. http://www.nelft.nhs.uk/about-us
Renew Consulting	A local mid-Essex based organisation providing counselling and therapy service using early intervention work with children and young people, offering one-to-one counselling and therapy. http://www.renew-us.org/what_we_do.html
NICE	The National Institute for Health and Care Excellence is an executive non-departmental public body of the Department of Health in the United Kingdom NICE's produces information, guidance and advice for health, public health and social care practitioners. It also develops quality standards and performance metrics for those providing and commissioning health, public health and social care services. https://www.nice.org.uk/about/what-we-do
NEPFT	North Essex Partnership (formally known as North Essex Partnership Foundation Trust), provides mental health, substance misuse and social care services for people living in north Essex.
OFSTED	The Office for Standards in Education, Children's Services and Skills. It is a non-ministerial Government department. It inspects and regulates services that care for and educate children and young people.
Provide	A community interest company that provides a broad range of community services across Essex and other areas to children, families and adults, delivered in a variety of community settings. http://www.provide.org.uk/
Public Health	The team within County Councils and unitary councils which commissions preventative health services such as health checks, weight management programmes, and other healthy lifestyle programmes.

Pupil Premium	The pupil premium is additional funding for publicly funded schools in England to raise the attainment of disadvantaged pupils of all abilities and to close the gaps between them and their peers. Publicly funded schools includes schools maintained by the local authority (including special schools), academies and free schools. The funding is allocated to schools to work with pupils who have been recently registered for free school meals.
Social enterprise	Often in the form of a community interest company. A social enterprise is a business with primarily social objectives. It means any profits made are usually reinvested into the local community or back into the business, and do **not** go to shareholders and owners.
SEPT	South Essex Partnership University NHS Foundation Trust (SEPT) provide community health, mental health and learning disability services for people throughout Bedfordshire, Essex and Luton. In relation to Mental Health Services they provide treatment and support to young people, adults and older people experiencing mental illness including treatment, in secure and specialised settings. http://www.sept.nhs.uk/about-us/
Sycamore Trust	Sycamore Trust U.K. offers a range of services designed for young people with Autistic Spectrum Disorders and / or Learning Difficulties. http://www.sycamoretrust.org.uk/contact-us/
YEAH! 2 Report	Healthwatch Essex report – Young Essex Attitudes on Health and Social Care (YEAH) Published June 2016 The report engaged with over 800 young people to understand their experiences with health and social care. http://www.healthwatchessex.org.uk/wp-content/uploads/2016/02/Yeah-2-Report-Low-Res.pdf
YMCA	A charity providing support to young people. In relation to mental health it works closely with primary and secondary schools and families, offering support and guidance for parents and children such as: social skills groups, parents' support sessions, games clubs, anger management sessions, one-to-one sessions, and team-building workshops. http://www.ymcaessex.org.uk/youth/youth-training/

Membership

Braintree District Councillor Joanne Beavis,
County Councillor Keith Bobbin
Southend-on-Sea Borough Councillor Helen Boyd
County Councillor Jenny Chandler
Southend-on-Sea Borough Councillor Caroline Endersby
County Councillor Jill Reeves
County Councillor Andy Wood

The Health Scrutiny Committee at Thurrock Unitary authority was also invited to nominate member(s) to join the review but declined to participate.

Limitations of the review

The Group is content that it has received a range of views and collected evidence from a number of key witnesses to help it focus on the perception and awareness, signposting and accessibility of mental health support and services at schools and the overall co-ordination of services. This has enabled it to come to some reasonable evidence-backed conclusions. However, the Group also acknowledge that, due to time and resource constraints, they have only just 'dipped below the surface' on many of the issues highlighted.

There were further investigations that could have been made and other witnesses with whom the Group could have consulted. Whilst members visited their local schools to see at first hand the perception and level of awareness of mental health at each of them, the Group acknowledges the limitations of such a small sample size, and in a relatively concentrated geographical area, when trying to draw conclusions.

The Group have not spoken directly with parents, children or young people who have had mental health issues, or who have accessed, or tried to access, services. Instead, through a call for evidence, the Group invited written submissions from service users and family and friends of those who had accessed, or tried to access, services. The responses from this were supplemented by the substantial patient experience research conducted by Healthwatch Essex which was published in their *YEAH! 2* report.

The Group did not look at the links between mental health and other issues such as bullying and poorer educational attainment, although there is significant evidence to indicate a link to both.

The Group has not explored the perception of, and attitudes towards, children and young people once they are receiving treatment from an agency. Again, the *YEAH! 2* report provides significant insight into young people's feelings on this matter.

Acknowledgements

The Task and Finish Group wish to thank those contributors listed in Annex 5 for providing oral and written evidence.

ANNEX 2
Essex County Council
Overview and Scrutiny Committee
Extracts from Scoping Document

Review Topic	**Mental Health services for children and young people**
Committee	Health Overview and Scrutiny Committee
Terms of Reference	(i) To provide Members with an improved understanding of issues and trends in connection with mental health services for children and young people; (ii) To review the new Emotional Wellbeing and Mental Health Service launched by a new provider including capacity and demand issues; (iii) To review issues about services raised by service users and patients, and other sources, using anecdotal evidence, local research material such as YEAH 2 from Healthwatch Essex and conducting witness sessions as appropriate; (iv) To consider any changes that could be recommended
Scope of the Topic	To identify and review: (i) awareness and signposting of services (ii) referral and waiting times to access services (iii) the links between and to services (iv) consistency of services (v) appropriate budget and finance issues and impacts
Key Lines of Enquiry	(i) Is there clear leadership on mental health? (ii) Do young people know where to go for support and is it accessible? (iii) What service standards are in place on how mental health services should be provided? (iv) How are services linked and integrated? (v) How prominent is prevention and early intervention? (vi) How do current budgets and finances impact the services being provided?

Annex 3

Library of background reports and publications

During the course of the scrutiny a virtual library of supporting documents and reports, news articles, was established and maintained.

1. Children and Young People's Mental Health: State of the Nation (report) – Centre Forum Commission on Children and Young People's Mental Health April 2016.

2. Inadequacy of mental health services 'a ticking time bomb' say GPs. – Mental Health Today website 16 May 2016;

3. Mental health support 'denied to children' – BBC News 28 May 2016;

4. 'Mental Health services failing children with life-threatening conditions' – Children's Commissioner website – 28 May 2016;

5. Lightning Review: Access to child and Adolescent Mental Health Services -(report) – The Children's Commissioner May 2016;

6. Progress and challenges in the transformation of children and young people's mental health care: *a report of the Education Policy Institute's Mental Health Commission*: Emily Frith: August 2016;

7. Nuffield Trust article – How can we improve access to children's mental health services? – Dr Lucia Kossarova (5 December 2016);

8. Young Minds website article – Young Minds Supporting Schools: a Whole School Approach – 12 January 2017

9. NHS England website - Designing mental health care for young people – Joseph Pascoe - 6 February 2017;

10. NHS England website - Revolutionising children's mental health care – Emma Selby - 7 February 2017;

Written evidence: **Annex 4**

1. Open Up, Reach Out – Transformation Plan for the Emotional Wellbeing and Mental Health of Children and Young People in Southend, Essex and Thurrock 2015-20 – Published December 2015.

2. YEAH 2!: Young Essex Attitudes on Health and Social Care 2015-16 – Hannah Fletcher, Healthwatch Essex. Yeah!2

3. Emails received in response to a call for evidence in July 2016 asking for feedback on services experienced by service users and families and friends.

4. Southend Essex and Thurrock Children's and Young People's Emotional Wellbeing and Mental Health Service – July 2016 Performance Briefing.

5. Children's Mental Health – power point presentation – Clare Hardy, Head of Commissioning (People)

6. North East London Foundation Trust - Emotional Wellbeing & Mental Health Service (September 2016) power point presentation.

7. Care Quality Commission Inspection report for North East London Foundation Trust dated 27 September 2016 rating the provider as Requires Improvement.

8. Essex, Southend and Thurrock Mental Health and Wellbeing Strategy 2017- 2021- in draft dated 22 October 2016

9. Young People's Mental Health in Essex – short briefing note from Hannah Fletcher, Healthwatch Essex – 31 October 2016

10. Health and Wellbeing of Pupils - 2016 Survey - Summary report on key findings and trends – Essex County Council Organisational Intelligence (November 2016);

11. Education Essex – Your Weekly LA News Roundup – 14 November 2016 issue;

12. Essex County Council Press Release (PR 5948) announcing new contract award for Pre-Birth to 19 Health, Wellbeing and Family Support Service. (17 November 2016)

13. Young Peoples Mental Health in Essex Perspective from Andrew Gordon (Jan 2017).

14. Brochures/flyers on Renew Consulting

15. Email of 7 February 2017 from Dr Colin Gordon, Principal Educational Psychologist, Southend-on-Sea Borough Council.

16. Risk Avert –Schools Behaviour Programme -Members Briefing – Essex (January 2017): Ben Hughes, Head of Commissioning: Public Health and Wellbeing.

17. NHS England website article - Designing mental health care for young people – Joseph Pascoe - 6 February 2017
18. Power Point on Performance of NELFT and Emotional Wellbeing and Mental Health Service (prepared by Policy and Strategy, Essex County Council)– 22 February 2017.
19. ECC evidence to Health Select Committee on Schools and Mental Health (Feb 2017)

Witnesses in the order of appearance: (14 sessions) **Annex 5**

Clare Hardy, Head of Commissioning – People, Essex County Council (three times)
Councillor Graham Butland, Cabinet Member, Health, Essex County Council (twice)
Gill Burns, Interim Deputy Director, Emotional Wellbeing and Mental Health Service, North East London Foundation Trust (twice).
Dr Ben Smith, Consultant Clinical Psychologist, Emotional Wellbeing and Mental Health Service, North East London Foundation Trust (twice),
Hannah Fletcher, Healthwatch Essex (twice).
Barbara Herts, Director for Commissioning: Mental Health, Essex County Council.
Basildon Borough Councillor Andrew Gordon (as ex-patient and campaigner).
Revd Eddie Carden, Chief Executive, Renew Consulting and Governor – British Association for Counselling and Psychotherapy.
Ros Somerville, Principal Educational Psychologist, Essex County Council.
Larry Gutteridge, Chief Executive Officer, Brentwood MIND
James Mcquiggan, Chief Executive Officer, MIND in Mid and North Essex.
Roger Tyler, Company Secretary, Basildon MIND.
Alison Wilson, Chief Executive Officer, MIND in West Essex.
Adrian Coggins, Head of Commissioning PH and Wellbeing, Essex County Council.
Marcus Roberts, Senior Policy and Strategy Advisor (People), Essex County Council
Frederick VanHeerden, Senior Commissioning Support Officer, Essex County Council
Joel Shaljean, Director and Educational Adviser of Lads Need Dads.

Site visits and on-site interviews of staff at schools conducted either by individual members or a small sub-Group of the Task and Finish Group as indicated (and short reports of those visits made to the Task and Finish Group):

1. Young Essex Assembly event, County Hall, Chelmsford – 5 November 2016 *(Councillor Bobbin)*
2. Basildon Academy *(Councillor Bobbin)*
3. Blenheim Primary school *(Councillors Boyd and Endersby)*
4. Cecil Jones Academy, Southend-on-Sea (written submission only)
5. Clacton Coastal Academy *(Councillor Wood)*
6. Deanes School, Benfleet *(Councillor Reeves)*
7. Great Baddow High School *(Councillor Chandler)*
8. Hedingham School written submission
9. King John School, Benfleet *(Councillor Reeves)*
10. Meadgate School, Chelmsford *(Councillor Chandler)*
11. Northlands Academy *(Councillor Bobbin)*
12. Sandon Academy *(Councillors Beavis, Chandler and Wood)*
13. Temple Sutton Primary School, Southend *(Councillors Boyd and Endersby)*
14. Westcliff High School for Girls *(Councillors Boyd and Endersby)*
15. Basildon Youth Centre with Glen Crickmore, District Youth & Community Commissioner, Youth Service ECC and Julie Auger Senior Youth Community Commissioner, Youth Service ECC. Friday, 4 November *(Councillors Reeves and Wood)*
16. Meeting with Alex Dobinson - The Manager of the Canvey Island Youth Project. (CIYP) *(Councillors Reeves and Wood)*

This information is issued by:
Essex County Council
Corporate Law and Assurance

Contact us:
cmis.essex.gov.uk
03330 139 825

Corporate Law and Assurance
E2, Zone 4
Essex County Council
County Hall,
Chelmsford
Essex, CM1 1QH

Sign up to Keep Me Posted email updates: **essex.gov.uk/keepmeposted**

ECC_DemSer or **Essex_CC**
facebook.com/essexcountycouncil

The information contained in this document can be translated, and/or made available in alternative formats, on request.

Published March 2017.

HOSC/18/17

Committee Health Overview and Scrutiny

Date 20 March 2017

Report by: Graham Hughes, Scrutiny Officer

RECOMMENDATIONS FROM THE SCRUTINY REPORT ON OBESITY ISSUES IN ESSEX - IMPLEMENTATION REVIEW

Recommendation:

The Committee is asked to:

(i) Consider the attached update on the implementation of the recommendations from the Obesity Issues in Essex scrutiny report and consider any issues arising;

(ii) To consider any further monitoring and/or updates required which the newly constituted HOSC post-May elections should be recommended to build into its future work programme.

Background:

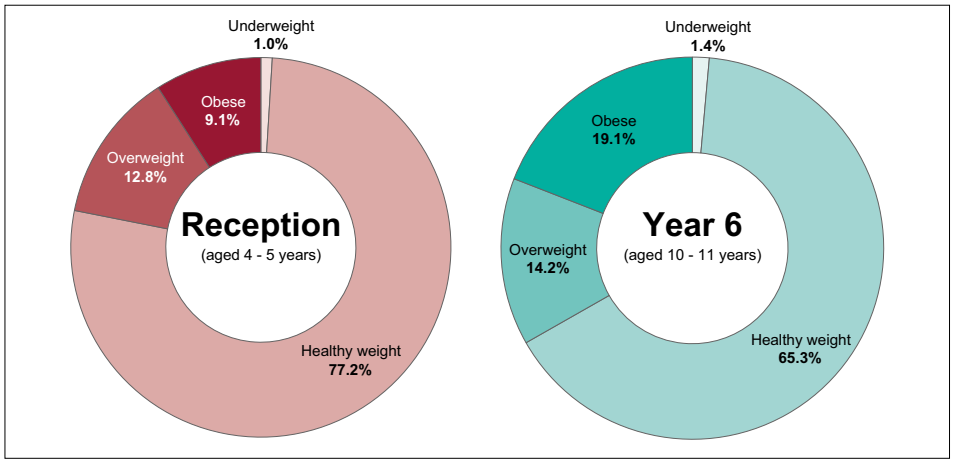
The Task and Finish Group scrutiny report looking at preventative obesity measures pre-birth through to age 11 was endorsed by the Committee on 14 April 2016.

A copy of the summary report produced to accompany the full report is attached as **Appendix 1**.

Attached (**Appendix 2)** is an update on the implementation of the recommendations.

Obesity Issues in Essex

A small sub-group of Essex County Council's Health Overview and Scrutiny Committee looked at preventative measures in place for 0-11 year olds to address the increasing national and local trend in the prevalence of obesity in that age group.



Source: Public Health England – Patterns and Trends in child obesity presentation (January 2016)

The scale of the problem

Nationally one fifth of children will be obese or overweight when they start school in Reception Class. By the time they leave primary school this figure will have increased to one third. Children from deprived backgrounds are twice as likely to be obese at both the start and finish of primary school which points to a significant health inequality issue resulting in an even greater need now for the targeting of services at areas with higher rates of deprivation. There are also specific areas in Essex such as Basildon, Castle Point, Harlow and Tendring where the prevalence of obesity at year 6 is noticeably higher than elsewhere in the county and higher than the regional average.

The trends are not improving and, to the contrary, highlight the numbers obese at Year 6 actually to be increasing so what is currently being targeted at children and young people is not enough. Urgent and bold action is required to address this. The most effective interventions will be those that focus on prevention and promoting a healthy lifestyle from an early age.

The cost of ineffective action is significant with the total cost of obesity to the health system currently estimated to exceed £5 billion per year. It is also one of the risk factors for Type 2 diabetes, which accounts for spending of £8.8 billion a year – almost 9% of the NHS budget. The wider costs of obesity to society will be significantly more than this.

Recommendations

Early Years provision

1 That a breastfeeding support service should continue to be resourced to promote the benefits of breastfeeding either as a standalone service or as part of a more integrated 0-19 service offer.

2 Health Visitors should take every opportunity to signpost to other related prevention services.

3 A wider and continual promotion of the Healthy Start programme should be established using supermarkets, pharmacists and other relevant retail outlets.

4 The focus by Children's Centres to increasingly target their services and use Outreach services to improve access to traditionally hard to reach groups should be encouraged and supported.

Working with schools

5(i) That efforts should continue to increase Universal Infant Free School Meals uptake.

(ii) Schools should be encouraged to positively market Universal Infant Free School Meals all year round and not just at census time.

(iii) Any new pilots to improve uptake, and promotion of Universal Infant Free School Meals should start in the most deprived areas which have the lowest current uptake.

Continued...

Essex County Council

Recommendations

6 Local Education Authority maintained schools should further publicise the need for parents still to apply for Free School Meals so that the school receives Pupil Premium Funding for that child.

7 Further influence needs to be exerted by schools, and through the Healthy Schools Programme, to encourage parents to include healthier choices in packed lunches.

8 Universal School Food Standards should apply to academies and free schools in addition to local authority controlled schools.

9 The School Meals Service Advisor should speak at local/ regional School Governor conference(s) to (i) raise the profile of Universal Infant Free School Meals (ii) encourage further improvement in uptake; and (iii) encourage eligible parents still to formally register for entitlement to free school meals so that schools do not lose pupil premium funding.

10 Leverage should be exerted over those schools applying for, or maintaining, Healthy Schools' status to get them to promote Universal Infant Free School Meals and school meals in Key Stage 2 and beyond.

Sport and physical activity

11 There should be a stronger link between the activities supported in schools by Active Essex and the activities promoted under the Healthy Schools Programme.

12 That the expertise of Active Essex as an in-house resource for the County Council should be valued and protected as it provides the foundation for leading co-ordinated working with local partners.

How to stop the upward trend

The increasing trend of obesity has to stop as society cannot afford the financial, community and social costs of not doing so. There are no easy answers to solve what is now commonly being termed the obesity epidemic. Commentators will push for either improved education and communication, greater exercise, the role of marketing and promotions, portion sizes or a role for sugar tax yet the solution will be a combination of all of these. There is no one factor that should be targeted alone. Our more sedate, inactive modern lifestyle needs to be tackled and regular physical activity and exercise needs to be built into everyone's lifestyle. However, changing the food environment and industry away from promoting high fat, salt and sugar ingredients would also be a significant contributor.

The nutritional ingredients of meals provided at schools is an important part of encouraging and ingraining healthy eating at an early age. The local take-up rates for Universal Infant Free School Meals generally seem to be good although they should be further improved and schools need to encourage parents to continue take-up of both Universal Infant Free School Meals at Key Stage 1 and the merits of continuing with school meals in Key Stage 2 and beyond whether or not they qualify for free school meals.

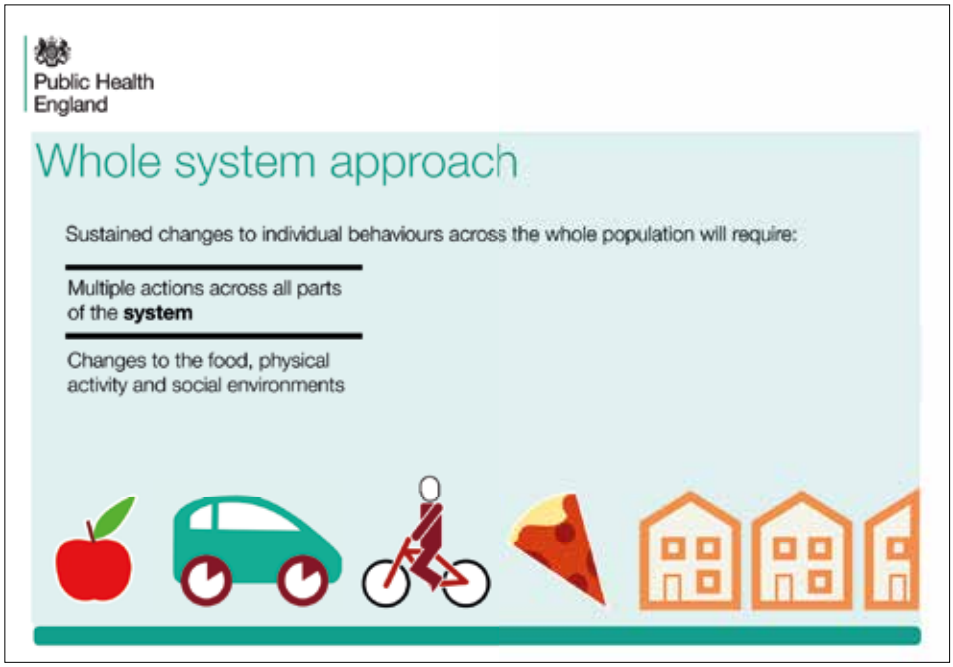
However, even once children have a healthy eating environment at school there is still the outside school environment. The economic and social environment can be such a large influence on lifestyles and increasing focus on approaching the obesity issue through an all-systems approach has to be encouraged. Therefore, the outcomes from the all-systems pilot in Braintree need to be monitored and, if there is improvement, then the approach must be extended elsewhere, concentrating initially on those other areas that have the highest rates of childhood obesity, namely Basildon, Castle Point, harlow and Tendring.

Source: Public Health England – Making the case for tackling obesity – why invest?

Co-ordination and leadership

The Group's conclusions and formal recommendations reflect that there is significant risk and opportunity around the format of future prevention services. The review has highlighted that the provision of some current services is fragmented yet there is likely to be further financial and resource pressures on all areas of local government in future and it is essential that greater co-ordination and joint working is undertaken to focus attention and resources more effectively and efficiently. Closer relationships with other stakeholders such as districts, community providers, and the private sector, will be important as part of encouraging greater focus on personal responsibility for healthy lifestyles and strengthening local communities to provide support for that.

With Public Health now integrated within the County Council, it provides the opportunity for stronger strategic leadership on prevention on a local level across the county. Strong and visible leadership is essential to take a whole-systems approach to tackling obesity. There is also now a greater opportunity to link up with local government to increase the influence on local planning, encouraging the development of walking and cycling routes, areas for sport and recreation as well as greater regulation of fast food outlets.



Source: Public Health England – Making the case for tackling obesity – why invest?

Evidence base:

The Group spoke to commissioners and providers of services aimed at pre-birth, pre-school, infant schools, the promotion of physical activity, changing fast food provision and social prescribing.

Recommendations

Regulation, planning and enforcement

13 Further efforts to drive and expand the Tuck-in scheme should be encouraged with local Environmental Health Officers further incentivised to increase take-up.

14 All planning areas and Public Health departments across Essex should promote low fat, sugar and salt in all takeaways.

15 Public Health should be a material planning consideration for all business/ commercial planning applications for food outlets.

An All-Systems approach

16 The Live Well Child Whole Community Approach pilot in Braintree must be extended elsewhere if it is successful, and concentrate initially on those areas that have the highest rates of childhood obesity – namely Basildon, Castle Point, Harlow and Tendring.

Integration and partnership working

17 The establishment of social prescriptions pan Essex, albeit using different models, should continue to be supported.

18 Any commissioned projects to reduce or prevent obesity should make use of local social prescribing programmes, and those local social prescribing programmes should support signposting and referral to local sources of help with obesity reducing behaviours, such as local walking, exercise, cooking, environmental and commercial weight loss groups.

Continued...

Recommendations

19(i) Common branding be developed to link all healthy living initiatives and related prevention programmes.

(ii) Learning from the Whole Community Approach pilot in Braintree should be used to inform both the convening of a multi-agency Obesity Summit for Essex and;

(iii) The County Council reasserts its commitment to tackling obesity through a vision statement to which every council service and all public sector partners commit and;

(iv) This report and the recommendations therein be included as part of a Childhood Obesity Strategy to be developed.

20(i) Public Health should explore opportunities for joint working with local celebrities to provide a high profile focal point for the promotion of future campaigns.

(ii) Public Health explores the local opportunities for investing the proceeds from the Sugar Tax to encourage greater participation in sport and physical exercise.

21(i) The Public Health Team should continue to receive the resources necessary to further develop and expand their prevention programmes.

(ii) The Public Health Team increase its profile within the County Council so that the prevention agenda is incorporated into everyday considerations and decision-making.

Next steps

The Obesity crisis is a "ticking time-bomb". Transformational change, new models of commissioning services and local partnerships should be at the heart of a new integrated approach putting 'Health Prevention' firmly on the agenda of Public Health in Essex.

Models of Local Devolution will need to be further explored and expanded across Essex in a targeted approach to meet need and reduce inequalities in Essex. Local Government is the "Sleeping Giant" of Public Health and needs to be fully awake across Essex. Implementation, driven by examples of best practice across Essex, will need to be strongly led and supported.

There is a risk if transformational change, local partnership working and integrating services is not successfully implemented. The risk is reduced if implementation is embedded, through partnership, at a local level (the level closest to people). Strong local leadership and support of community partnerships is key (refer Sir Thomas Hughes-Hallett 'Who Will Care?' Commission's report into health and social care for Essex). Good community wellbeing is dependent on the effectiveness of joined up Public Health collaborative networks and is best coordinated, through local devolution, at a local level. Outcomes and examples of best practice must be captured and measured to demonstrate success.

Councillor Margaret Fisher, Lead member said:

"With obesity trends still increasing, a co-ordinated all-systems approach needs to be taken to look at a child's community, home, school and local business environments and embed healthy living in all those domains.

"National evidence suggests it is important to influence lifestyles at an early age as it is difficult to treat obesity once it is established. It is considered highly likely obese children will then become obese adults. More needs to be done to integrate existing and new services to improve their effectiveness and efficiency. We must get a stronger message out there amongst the wider population to change from our sedate way of living and lead healthier and more active lifestyles."

The full report is available online, please **click here**

This information is issued by
Essex County Council, Corporate Law and Assurance

You can contact us in the following ways
@ scrutiny@essex.gov.uk
cmis.essex.gov.uk
03330 139 825

D101, County Hall, Chelmsford, Essex, CM1 1LX

Sign up to Keep Me Posted email updates on topics you want to hear about at: **essex.gov.uk/keepmeposted**

ECC_DemSer or **Essex_CC** **facebook.com/essexcountycouncil**

The information contained in this leaflet can be translated, and/or made available in alternative formats, on request.

Published April 2016

CDS153485

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

A Task and Finish Group set up by the HOSC looking at obesity issues in Essex presented its final scrutiny report to the HOSC on 14 April 2016. The Group focussed on preventative measures for pre-birth through to aged 11 and made a total of twenty one recommendations which were directed at one of three separate Cabinet portfolios. The Committee endorsed the report. This report is the initial formal response from the Cabinet Member for Health, as Lead Cabinet Member for this issue, to each recommendation. A further implementation review will be scheduled into the Committee's work programme as indicated against each recommendation.

Recommendation	**Owner**	**Agree Disagree Neutral**	**Initial Response**	**Update as at 3.3.17**
EARLY YEARS				
Recommendation 1*: That a breastfeeding support service should continue to be resourced to promote the benefits of breastfeeding either as a standalone service or as part of a more integrated 0-19 service offer.*	Owner: Cabinet Member for Health/ Director of Public Health Implementation Review: April 2017 Impact Review Date: October 2017	Agree	We support this recommendation. **We are committed, through our current and future commissioned children's contracts, to supporting breastfeeding activities**, very much as a service integrated within our overall commissioned children's contracts. This is a core part of their activities and there are performance measures in place in current and future contracts on breastfeeding rates. The new pre-birth to 19 contract from 1/4/17 will include work to further build community resilience, which could include, for example, peer support on issues such as	Virgin care, the procured provider for Essex from 1.4.17 will deliver against breastfeeding targets in the specification from 1.4.17.

			breast feeding where this is needed.	
Recommendation 2: *That Health Visitors should maximise their influence over behaviours and environment by taking every opportunity to signpost to other related prevention services. (see Page 12)*	Owner: Cabinet Member for Health/ Director of Public Health Implementation Review: April 2017 Impact Review Date: October 2017	Agree	We support this recommendation. **The new pre-birth to 19 contract from 1/4/17 will put health visitors in a better position to signpost and grow their influence as part of a more integrated workforce** through currently separately contracted children's centres, 0-5 and 5-19 services being combined into a single contract. It is important to note that health visitors are one part of the total early years workforce, and we will expect our new prebirth to 19 provider to work with the entire workforce, including nursery nurses, children's centre staff, as well as other new parents as peer supporters, in maximising influence to promote healthy weight behaviours.	The delivery model procured from Virgin Care sets health visitors much more in an integrated multi-professional family team identify, which also includes use of members of the community. Signposting, and more importantly, better manged handovers to relevant support should therefore be strengthened. Use of the recently developed Parent talk app, which uses mobile technology to connect new mothers to each other, will also assist with links to sources of social/peer support as well as professional support
Recommendation 3: *A wider and continual promotion of the Healthy Start programme should be established using supermarkets, pharmacists and other relevant retail outlets.*	Owner: Cabinet Member for Health/ Director of Public Health Implementation Review: April 2017 Impact Review Date:	Agree	We support this recommendation and **promotion of healthy start is explicitly mentioned in the PB-19 specification**. **Growing the range of outlets through which Healthy Start**	No update beyond restating that healthy start is explicitly mentioned in the PB-19 specification from 1.4.17.

	October 2017		**and other weight management interventions are promoted is a specific aim of the whole systems approach to obesity** currently being piloted in Braintree/Mid Essex. A radical new, place based and environmental approach which looks at how the whole population could be supported for healthy weight behaviour, rather than just resource intensive focus on a few, is essential to tackle population obesity levels.	
Recommendation 4*: The focus by Children's Centres to increasingly target their services and use Outreach services to improve access to traditionally hard to reach groups should be encouraged and supported and that appropriate metrics assessing its success should be reported back to the Health Overview and Scrutiny Committee in a years' time.*	Owner: Cabinet Member for Health/ Director of Public Health Implementation Review: April 2017 Impact Review Date: October 2017	Agree	We support this recommendation. **A core principle of the PB-19 contract from 1/4/17 is to better engage with particular groups at greatest overall risk** of not achieving outcomes, including good health and healthy weight. **An example of this differentiation is a specific key performance indicator relating to the number of children in the most deprived quintile in Essex who are overweight in reception year** who return to a healthy weight at year 6, (as measured through the National	Virgin care model for PB19 delivery focuses on outreach model using digital technology with multiple staff touchdown points, ensuring work is les confined to children's centre building delivery than is currently the case.

			Child Measurement Programme).	

WORKING WITH SCHOOLS				Update as at 3.3.17
Recommendation 5: ***(i)*** *That efforts should continue to increase Universal Infant Free School Meals uptake and that the HOSC should receive an update on progress made in a year's time;* ***(ii)*** *Schools should be encouraged to positively market Universal Infant Free School Meals all year round and not just at census time;* ***(iii)*** *Any new pilots to improve uptake, promotion and/or delivery of Universal Infant Free School Meals should start in the most deprived areas which have the lowest uptake.*	Owner: Cabinet Member Education and Lifelong Learning/ School Meals Service Advisor Implementation Review: April 2017 Impact Review Date: October 2017	Agree	We support this recommendation. (i) There is no longer a statutory requirement for schools to report their % uptake of FSM. However, we will be looking at interventions for schools with the lowest uptake in the most deprived areas and putting in place measures to encourage all eligible pupils to take up the lunch offer. We recognise that UIFSM has given us / schools a 5 year opportunity to develop pupils eating habits at an early stage with the intention to reduce consumption of unhealthier foods found in packed lunches (government research). **The development of this has already had a positive impact on uptake in ks2 and should therefore continue into ks3 if managed/supported**	(i) National uptake continues to trend under the governments targets. Studies have shown that uptake rests at 78-79% nationally. Uptake of UIFSM across the county varies by month but essex reports figures between 79% and 83% although census figures indicate a higher level of uptake at 88%. Targeted support is ongoing with school leaders and schools. (ii) Schools through he school meals support service are encouraged to maximise uptake throughout the year there are a number of key interventions that are put to schools to ensure this. (iii) There have been no pilots to support the development of initiative for uptake in the most deprived areas – uptake is still lower in the most deprived areas of the county and we continue to explore best practice modelling with schools to support. A successful schools conference event was held with attendance of over 70 people.

				appropriately. Details of interventions and successes will be included within the update to the HOSC as per the recommendation.	Presentations included that from Healthy Schools and the Schools Meal Advisory team were also present at the event.
			(ii)	**The school meals support and advice service continues to work on initiatives that monitor uptake and provide interventions to support the development and growth of uptake**. Current funding mechanisms/criteria are a barrier to schools developing uptake year round – managing the change of this is sensitive and we would suggest collaboration with EPHA (Essex primary heads association) and links with Healthy schools to establish ways to encourage participation evenly across the year and not just at census points.	
			(iii)	Work has already begun with the school meals support team on this –	

			this forms part of the support team core performance objectives and progress will be monitored monthly and appropriate intervention/discussion with schools to offer support.	
Recommendation 6: *The County Council's Schools Meals Support Service should encourage Local Education Authority maintained schools to further publicise the need for parents to still apply for Free School Meals so that the school receives Pupil Premium Funding for that child.*	Owner: Cabinet Member Education and Lifelong Learning/ School Meals Service Advisor Implementation Review: April 2017 Impact Review Date: October 2017	Agree	We support this recommendation. The responsibility for provision is delegated to schools. **The school meals support service will continue to work at both individual school level and strategically to support the development of the recommendation**. We agree that the application process for FSM has been affected nationally by the UIFSM programme and has proven to be a barrier for pupil premium. We will look at ways to overcome this. We also recognise that stigma can be a reason why pupils/parents don't apply for FSM, even when they are entitled to. To overcome this, schools have, from Key Stage 3, introduced cashless payment systems to remove	This work is ongoing and continues through the network of support managers. Various methods are used to communicate to schools through parent lunches, newsletters, parent meetings and new pupils tours/intake meetings. Schools are made aware that ECC offers a checking/processing service.

			stigmatisation at the point of sale. The School Meals Department has also developed a toolkit to help schools identify where improvements can be made. However, there is still more work required with all key stakeholders to focus on those not using the service and why.	
Recommendation 7: *That further influence needs to be exerted by schools and through the Healthy Schools Programme to encourage parents to include healthier choices in packed lunches.*	Owner: Cabinet Member Education and Lifelong Learning/ School Meals Service Advisor Implementation Review: April 2017 Impact Review Date: October 2017	Agree	We support this recommendation. **This is already a component part of the healthy schools criteria** to which we are committed. However, we recognise that **further collaboration between the healthy schools team and school meals support team on targeted strategy** in areas/schools where performance is not consistent is needed and would enhance the programme and improve overall outcomes.	Virgin care are reviewing the outcomes required under the PB19 contract, and how the healthy schools initiative helps achieve these outcomes. A specific key performance indicator relating to the number of children in the most deprived quintile in Essex who are overweight in reception year who return to a healthy weight at year 6 gives a clear outcome measure to support process measures around healthy packed lunches
Recommendation 8: *That Universal School Food Standards should apply to academies and free schools in addition to local authority controlled schools.*	Owner: Cabinet Member Education and Lifelong Learning/ School Meals Service Advisor Implementation Review: April 2017 Impact Review Date: October 2017	Agree	We support this recommendation. **The government have made this a requirement**. Ensuring compliance in academies proves to be more of a challenge – particularly with those schools that have opted out of school meals support. Work to develop this further with	All new academies are required to meet the standards the requirement forms part of the healthy schools status evaluation and moderately though ofsted inspections but there is little other policing in place to support this. We encourage academies to

			the healthy schools team and validation process will be key to supporting the development of this.	buy into support as this offers a means to support / manage / develop this with schools. Circa 80% of academies supported by ECC school meals service operate to the standards.
Recommendation 9: *That the School Meals Service Advisor should speak at local/regional School Governor conference(s) (i) to raise the profile of Universal Infant Free School Meals, (ii) encourage further improvement in uptake and (iii) encourage eligible parents still to formally register for entitlement to free school meals so that schools do not lose pupil premium funding.*	Owner: Cabinet Member Education and Lifelong Learning/ School Meals Service Advisor Implementation Review: April 2017 Impact Review Date: October 2017	Agree	We support this recommendation. **We will make contact with the executive officer for EPHA and governors services** to review programmes and establish mechanisms for collaboration.	Although we have not attended recent meetings we have been in contact with the EPHA executive and have produced papers to support school meals. Contact has not yet been made with governors services regarding this. The Schools Meal Advisory team attended a County-Wide Schools Conference to promote their offer (see above).
Recommendation 10: *That leverage should be exerted over those schools applying for, or maintaining, Healthy Schools' status to get them to promote Universal Infant Free School Meals and school meals in Key Stage 2 and beyond.*	Owner: Cabinet Member Education and Lifelong Learning/ School Meals Service Advisor Implementation Review: April 2017 Impact Review Date: October 2017	Agree	We support this recommendation. **This is already a component part of the healthy schools criteria** to which we are committed. However, we recognise that **further collaboration between the healthy schools team and**	This is ongoing and forms part of the evaluation process. We use the process to inform other stakeholders of where there are queries/works to be achieved but also with school the service does not work with – this has a varied impact.

			school meals support team on targeted strategy in areas/schools where performance is not consistent is needed and would enhance the programme and improve overall outcomes.	

SPORT AND PHYSICAL ACTIVITY				**Update as at 3.3.17**
Recommendation 11: *There should be a stronger link between the activities supported in schools by Active Essex and the activities promoted under the Healthy Schools Programme.*	Owner: Cabinet Member Education and Lifelong Learning/Head of Active Essex Implementation Review: April 2017 Impact Review Date: October 2017	Agree	We support this recommendation and **links with Active Essex have been strengthened over this last year**. This is evidenced by Active Essex being a core part of the Healthy Schools accreditation/reaccreditation process. **There is also Healthy Schools representation on the Active Essex led PE & School Sports stakeholder group**. The considerable school sport offer, supported by Active Essex, makes an important contribution to obesity prevention, and a co-ordinated school sport offer, supported by the School Sport Premium and Active Essex's role in guiding schools on how this could best be used, is critical.	Attendance from Healthy Schools at the past two PE Strategy group meetings. Active Essex participated in the accreditation process leading to the March award presentations. Active Essex supporting the Healthy Schools Conference being planned by Healthy Schools and supported the Hylands House conference with a presentation. Website updated providing guidance and support. Health focussed Small Grants planned for the next quarter. Daily Mile programme and film developed, shared with all partners and being used to drive increasing momentum for the take up.

Recommendation 12: *That the role and expertise of Active Essex as an in-house resource for the County Council should be valued and protected as it provides the foundation for leading co-ordinated working with local partners.*	Owner: Cabinet Member Education and Lifelong Learning Implementation Review: April 2017 Impact Review Date: October 2017	Agree	We support this recommendation and **use Active Essex and its links with schools as a primary route for communicating public health messages on obesity**. This is evidenced through using Active Essex schools liaison officers as a route by which to disseminate information on healthy weight initiatives, such as the Daily Mile, where school children run a mile a day.	

REGULATION, PLANNING AND ENFORCEMENT				**Update as at 3.3.17**
Recommendation 13: *Further efforts to drive and expand the Tuck-in scheme should be encouraged with local Environmental Health Officers further incentivised to increase take-up.*	Owner: Cabinet Member for Health/Environmental Health Implementation Review: April 2017 Impact Review Date: October 2017	Agree	We support this recommendation **subject to the following specific criteria**: i) That there is robust ongoing evaluation of the Tuck In scheme; ii) Clear outcome data shows that a change has been made to healthier cooking practices and that this is sustained over time through regular external inspection/validation; iii) That the scheme is supported by District, Borough and City Councils	All Essex districts are now signed up to Tuck In. In Braintree no less than 16 establishments have signed the healthy eating Tuck In pledge (which requires validation of changed cooking practice). This shows the benefits of a whole system approach to obesity where specific interventions are set within an overall environment which supports the efforts of each individual programme.

			who support the scheme with required resource following the start up investment made from the Essex Public Health budget; and iv) That the explicit *Tuck In* criterion of reduced portion sizes is promoted,	
Recommendation 14: *That all planning areas and Public Health departments across Essex should promote low fat, sugar and salt in all takeaways.*	Owner: Cabinet Member for Health/Environmental Health Implementation Review: April 2017 Impact Review Date: October 2017	Agree	**The Tuck In project described above is the vehicle by which this recommendation, which we support, can be established**.	As above
Recommendation 15: *That Public Health should be a material planning consideration for all business/commercial planning applications for food outlets lodged at each planning authority.*	Owner: Cabinet Member for Health/Environmental Health Implementation Review: April 2017 Impact Review Date: October 2017	Agree	We support this recommendation, but need to recognise that planning applications are a District, Borough and City Authority function not a County Council one. However, there is considerable scope for ECC to work with other Essex LAs in support of this agenda, as evidenced in the Braintree whole system approach. There is an absence of a useful precedent where the outcome of a food outlet's planning applications has been	Discussion between planning officers across Essex District, Borough and City Councils has taken place in recent weeks to highlight specific joint action between the ECC public health team and these planning officers, in support of delivering of the emerging ECC and wider partner public health strategy. Live Well Child work in Braintree has been a success as evidenced by planning restrictions in Braintree which prompted correspondence between Kentucky Fried

			significantly influenced on public health grounds. However, this is a key part of the place based approach which the emerging Essex Public Health Strategy, and the Braintree whole systems approach to obesity, is trying to address. Agreeing a co-ordinated, systemic approach to obesity creates greater potential for future planning outcomes to be more supportive of efforts to reduce obesity	Chicken and Braintree DC in recognition of the intended greater application of public health criteria to planning decisions. The need to address the obesogenic environment and increase physical activity levels has been highlighted to districts via Public Health responses to Local Plans. Officers from both Planning and Public Health have presented at the EPHO meeting and engagement with DC/BC/C planning policy teams continues. Essex County Council are currently developing County-Wide guidance using national evidence to further support planners to utilise their powers to address obesity.

AN ALL-SYSTEMS APPROACH				**Update as at 3.3.17**
Recommendation 16: *The outcomes from the Live Well Child Whole Community Approach pilot in Braintree need to be monitored and, if there is improvement, then it must be extended elsewhere, concentrating initially on those areas that have the highest*	Owner: Cabinet Member for Health/Director of Public Health Implementation Review: October 2016 Impact Review Date: April 2017	Agree	We support this recommendation. Evidence is clear that a whole system approach to obesity, such as that being piloted in Braintree, is critical to addressing the population obesity problem. **Robust evaluation of the Braintree pilot outcomes,**	Clear delivery programme against specific domains is already underway with target schools in Braintree which service relatively deprived communities at greater relative risk of obesity. Workshop to define overall evaluation structure for Live Well Child

rates of childhood obesity – namely Basildon, Castle Point, Harlow and Tendring.			**process measures and replicability to other areas must be a core part of this project** if it is to succeed in demonstrating reduced obesity level in Braintree and thereby roll out to other areas. This programme will feature a number of themed sub programmes on specific risk factors for obesity, including reducing screen time/sedentary time as an important risk factor for obesity.	whole system approach took place 2.3.17. Work continues to engage stakeholders and wider community partners to address obesity. Successful engagement with commercial partners including sponsorship has already occurred for Livewell Child. We are working directly with PHE on this project.

INTEGRATION AND PARTNERSHIP WORKING				
Recommendation 17: *That the Group are encouraged by the potential of social prescriptions and request that its establishment pan Essex, albeit using different models, continues to be supported.*	Owner: Cabinet Member for Corporate, Communities and Customers/Director of Public Health Implementation Review: April 2017 Impact Review Date: October 2017	Agree	We support this recommendation. **Social prescription programmes are part of a wider programme of effort in which all obesity stakeholders need to invest** to build community resilience in health promoting behaviours. This is a core principle of the emerging Essex Public Health Strategy; future commissioning of obesity related services will need to support more of a population based approach, harnessing the considerable	No update as at 3.3.17. Social prescription is still relatively embryonic and future results of wider social prescription programme evaluation will inform contribution to weight management.

			resource within communities and rely less on intensive face to face weight management programmes directly commissioned by ECC, which service only a small proportion of the population who are overweight or have multiple obesity risk factors.	
Recommendation 18: *That any commissioned projects to reduce or prevent obesity should make use of local social prescribing programmes, and that those local social prescribing programmes should support signposting and referral to local sources of help with obesity reducing behaviours - such as local walking, exercise, cooking, environmental and commercial weight loss groups.*	Owner: Cabinet Member for Corporate, Communities and Customers/Director of Public Health Implementation Review: April 2017 Impact Review Date: October 2017	Agree	We support this recommendation and again **highlight the role of social prescribing programmes in signposting and referring to a range of community options which support healthy weight management**. The real potential of social prescribing programmes lies as much, if not more, in developing local social networks to support healthy weight behaviours, as in referral to current structured health promotion programmes. Weight management must become a daily routine activity supported by social networks, not one or two hours out of a week in the face of an obesity promoting environment.	Emerging commissioning/enabling weight management model, co-designed by ECC public health team with current weight management provider and wider stakeholders, will focus on building community asset and better use of extensive existing community offer of weight management initiatives. Subject to ECC governance, and agreement from service provider, we envisage this new community asset based weight management model will be operational towards the end of 2017/18.

Recommendation 19: *(i) That common branding be developed to link all healthy living initiatives and related prevention programmes to make them highly visible and easily identifiable;* *(ii) That learning from the Live Well Child Whole Community Approach pilot in Braintree (see Recommendation 16) be used to inform the convening of a multi-agency Obesity Summit for Essex as part of a co-ordinated and integrated drive to tackle obesity.* *(iii) That, as part of (ii) above, the County Council reasserts its commitment to tackling obesity through a vision statement to which every council service and all public sector partners commit;* *(iv) That, as part of (iii) above, this report and recommendations herein be included as part of a County Council Childhood Obesity Strategy to be developed by the Cabinet Member for Health.*	Owner: Cabinet Member for Health/Director of Public Health Implementation Review: April 2017 Impact Review Date: October 2017	Neutral	(i) **We must focus and build on the existing trusted national Change 4 Life brand** and the extensive insight work which informed its original development. (ii) When sufficient results on outcomes and process are available, these should be widely shared and used as a catalyst to stimulate wider application of the whole system approach to obesity, which could be via an obesity summit. (iii) **Any vision statement must be supported by a robust programme of implementation**. This programme of implementation needs to be driven by the outcomes and process of the Braintree whole system approach pilot. (iv) We will await the national childhood obesity strategy, which will undoubtedly inform the activities undertaken by ECC and	National Change 4 Life brand and associated interventions continue to be used and promoted by provider organisations across Essex. Local Essex Live Well brand (originally designed in Braintree) is achieving greater coverage across other Essex CCGs and District and Borough Councils than the date of this initial report.

			partners to support healthy weight.	
Recommendation 20: *(i) That Public Health explores opportunities for joint working with local celebrities to provide a high profile focal point for the promotion of future obesity campaigns and (ii) That Public Health explores the local opportunities for investing the proceeds from a Sugar Tax to encourage greater participation in sport and physical exercise.*	Owner: Cabinet Member for Health/Director of Public Health Implementation Review Date: April 2017 Impact Review Date: October 2017	Agree	(i) We support this recommendation and **should make use of appropriate local celebrities who are able to commit to supporting the specific programmes of work** to which the County Council and partners are committed. (ii) We support the government's commitment to introducing a sugar tax and to investing the revenue raised from it on increasing the funding for sport in primary schools. However, ECC will need to be guided by national policy, which will determine the role that Local Authorities have relative to national government in implementing this policy. Obesity is a societal problem with a society wide cost. Investment should not be confined to the County Council, which has primary	Efforts to contact Jamie Oliver to support local Essex weight management efforts continue. Some faith is placed in the increasingly high profile of Braintree Live Well Child to engage Mr. Oliver's interest. The Livewell project team has presented to PHE on the project and been asked to present at a National Conference on how Essex is working to address obesity.

			commissioning responsibility for obesity prevention and first line weight management, because the burden of obesity is distributed across the public sector and society more generally. The funding which will be coming to Essex via the Sustainability and Transformation Plans (STP) being developed in conjunction with the Clinical Commissioning Groups is an opportunity to be grasped.	

THE ROLE OF THE PUBLIC HEALTH TEAM				**Update as at 3.3.17**
Recommendation 21: *(i) Public Health programmes to encourage healthy lifestyles can save the NHS and Essex County Council significant sums of money by reducing avoidable health and social care costs and the Group requests that the Public Health Team continues to receive the resources necessary to further develop and expand their prevention programmes.* *(ii) The County Council should*	Owner: Cabinet Member for Health/Director of Public Health Implementation Review Date: April 2017 Impact Review Date: October 2017	Agree	(i) We support this recommendation. Overweight and obesity a will remain a public health priority in Essex and plans to make most efficient use of limited existing resources, and grow the total resource available, will be maximised. (ii) We support this recommendation, and	The ECC public health team continues to dedicate significant resource to weight management programmes. Work on a new community asset based approach to weight management, which includes resources and sources of support already operating in the community, such as commercial weight loss groups, ensures that available resource goes

maximise the opportunity to fully utilise the potential of the in-house Public Health expertise and resource, increase its profile internally with employees encouraging them, for example, to become health champions, and transform the culture of the organisation so that the prevention agenda is incorporated into everyday considerations and decision-making.			current innovative work on supporting work place health, including the ECC workforce, such as development of healthy lifestyle apps, which include weight management, **are a part of existing ECC workplace health plans**.	further and we are able to increase the reach and coverage of weight management programmes, beyond the influence of formal specific weight management services currently commissioned. Essex County Council Public Health will work to ensure that a 'Health In All Policies' approach is taken to ensure that the profile of our work is raised. This is further supported by the newly developed Strategic Approach to Public Health document and the work of the Local Authority Public Health Network group that uses the County Health leads in DC/BC/C to take a collaborative approach to addressing health needs. Essex County Council is currently working with internal ECC partners to address health in the workforce and this includes reviewing how we support the prevention agenda. Policies will be developed to support this agenda.

HOSC/19/17

Committee Health Overview and Scrutiny

Date 20 March 2017

GENERAL UPDATE

Report by Graham Hughes, Scrutiny Officer
Contact details: graham.hughes@essex.gov.uk Tel: 03301 34574

This report is in two parts – Part 1 provides general local health issues and items of interest. Part 2 relates to variations and changes to services that the HOSC has been notified of, usually relating to primary care.

Recommendation: To note the updates in Part 1 and Part 2 below:

(i) LOCAL HEALTH NEWS

Health bodies - Public meetings 2017

A list of forthcoming meeting dates for CCGs, Acute Trusts and Essex Mental Health Services is attached for your information (**Appendix 1**). If members attend any of these meetings can they please feed-back to the HOSC any significant or topical issues that may be of interest to the wider committee membership.

Local Clinical Commissioning Groups – news

Web addresses

http://www.basildonandbrentwoodccg.nhs.uk/news

http://castlepointandrochfordccg.nhs.uk/news-a-events

http://www.midessexccg.nhs.uk/news-events
http://www.neessexccg.nhs.uk/News%20and%20Events/News/Current%20News.html

http://www.westessexccg.nhs.uk/news

NHS Southend CCG & NHS Castle Point & Rochford CCG Consultation

NHS Castle Point and Rochford CCG, in partnership with Southend CCG, is updating its Service Restriction Policy (SRP) and is planning to seek views on a number of changes within the document. A Service Restriction Policy (SRP) sets out the clinical criteria for a large range of medical treatments and procedures. The CCG is reviewing the criteria for four treatments as follows:

Gynaecomastia - Gynaecomastia is enlargement of the male breast tissue. At present there is little clinical evidence that having this surgery leads to better mental or physical health. The proposed change is that a patient wishing to have this surgery would need to submit an individual funding request (IFR) to demonstrate an exceptional circumstance.

Spine injections - Some patients currently receive steroid injections for back pain. However, latest guidance suggests there is insufficient clinical evidence to support the use of these injections in sub-acute and chronic pain originating from or present within the lower-back. The proposed change is that a patient wishing to have this treatment would need to submit an individual funding request (IFR) to demonstrate an exceptional circumstance.

Astigmatism and cataract surgery - Some patients who undergo cataract surgery also have astigmatism. Toric lenses can be inserted (instead of the normal artificial lenses used in cataract surgery) to treat the astigmatism as well as replacing the cloudy natural lens. However there is little long-term clinical evidence of long-term effectiveness for toric lenses, and there are instances of these lenses moving after the operation which have meant that the patients have ended up needing spectacles after all. The proposal is that toric lenses would not be routinely funded.

The CCG has run a three week consultation which ends on 14 March. HOSC members were circulated details about the proposed changes at the start of the consultation period.

Care Quality Commission

Re: Elm Park, Station Road, Ardleigh, Colchester, Essex CO7 7RT

The CQC will be conducting an announced comprehensive inspection of this location, during the week of 28 March 2017. The location is a 17 bed acquired brain injury /mental health hospital, with patients likely placed from other areas other than Essex.

Re: Cambian Fairview Hospital, Boxted Road, Colchester, CO4 5HF

The CQC will be conducting an announced comprehensive inspection of this location, during the week of 20 February 2017 (on site 21st and 22nd of February). The location is a 60 bed+ learning disability /mental health hospital, with some patients likely to be placed from other areas than Essex.

(ii) SERVICE CHANGES AND VARIATIONS (including consultations)

Primary care

Decommissioning of additional pharmacy hours

NHS England's Direct Commissioning Oversight Group (DCOG) has agreed in principle to decommission a historical arrangement which currently exists across seven pharmacies in West Essex and one in Mid Essex to provide additional pharmacy hours.

Notice will be served on all contractors currently providing Pharmacy Rota Services in West Essex with the exception of those where hours are not covered by alternative providers in the immediate vicinity (2.5 miles), namely in the area of Great Dunmow, Saffron Walden and Mid Essex.

The following hours to be decommissioned are:

- Theydon Bois Pharmacy, Theydon Bois – 17.30 – 18.30 Mon, Tues, Thurs and Friday:
- North Weald Chemist, North Weald – 17.30 – 18.30 Mon to Frid and 11:00 – 13.00 Sun
- Dees Pharmacy, Roydon – 18.00 – 19.00 Mon to Frid

The following hours will continue to be commissioned:

- Yogi Pharmacy, Great Dunmow – 18.00 – 19.00 Mon to Frid
- Ropers Chemist, Great Dunmow – 11.00 – 12.00 Sun
- Well Pharmacy and Boots, Saffron Walden – 17.30 – 18.30 Mon to Frid (both provide cover on alternative weeks)
- Govani Chemist, South Woodham Ferrers – 10.00 – 12.00 Sun

There are currently three 100 hour pharmacies in West Essex.

When commissioning future pharmacy services the CCG will be looking to support the 6 hubs across the West Essex CCG footprint who continue to provide extended access between 8am-8pm on Saturdays and Sundays and between 6pm and 10pm weekdays.

New premises for St Lawrence Medical Practice, Braintree

The St Lawrence Medical Practice, currently located in the town centre at 4 Bocking End, Braintree, CM7 9AA will be moving to its new purpose-built premises on the campus of The College at Braintree from Monday 20 March 2017.

The practice, which will be renamed Church Lane Surgery once the new premises are open, will provide a range of GP medical services to the local community in a

modern, fit-for-purpose building. Services will continue to be delivered by Virgin Care Services Limited, which was awarded a ten-year APMS (Alternative Provider Medical Services) contract from June 2016.

The College at Braintree campus is located on Church Lane, Braintree, CM7 5SN which is less than one mile from the Practice's current location. The size and location of the new fit-for-purpose building means that there is car parking available for patients and the new building is big enough to allow for the projected population growth of patients to Braintree.

New Referral Management Service across the East for the management of dental referrals

NHS England (East) has awarded the contract for the management of dental referrals across the Eastern region to FDS. The new contract will commence on 1 April 2017 and is awarded for an initial period of three years. The new provider will replace existing smaller referral management services to ensure that a consistent approach to the management of referrals. FDS will be responsible for processing all referrals in respect of oral surgery and utilising local clinicians where appropriate.

Essex Clinical Commissioning Groups - Board Meeting dates 2017

Date	Time	Location	Event
23 March 2017	13:15	The Board Room Phoenix Place Basildon SS14 3HG	Basildon and Brentwood CCG
25 May 2017	13:15	The Board Room Phoenix Place Basildon SS14 3HG	Basildon and Brentwood CCG
30 March 2017	14:00	Audley Mills Education Centre 57 Eastwood Road Rayleigh SS6 7JF	Castle Point and Rochford CCG
25 May 2017	14:00	Audley Mills Education Centre 57 Eastwood Road Rayleigh SS6 7JF	Castle Point and Rochford CCG
30 March 2017	13:30	Witham Community Association Spring Lodge Community Centre Powers Hall End Witham CM8 2HE	Mid Essex CCG
29 June 2017	13:30	Braintree Town Hall Fairfield Road Braintree CM7 3YG	Mid Essex CCG
28 March 2017	14:30	The McGrigor Hall Fourth Avenue Frinton CO13 9EB	North East Essex CCG
30 March 2017	09:30	Council Chamber Uttlesford District Council Offices Saffron Walden	West Essex CCG

Acute Trusts – Board of Directors Meeting dates 2017

Date	Time	Location	Event
Not currently available	14:30	The Essex Cardiothoracic Centre Rooms 4/5 Basildon and Thurrock Hospital	Basildon and Thurrock University Hospitals NHS Foundation Trust – Board of Directors meeting

Date	Time	Location	Event
25 April 2017	13:30	Postgraduate Medical Centre, Colchester General Hospital	Colchester Hospital University NHS Foundation Trust – Board of Directors meeting
3 April 2017	13:30	Lecture Theatre 1 Medical Academic Unit (MAU) Broomfield Hospital Court Road Broomfield CM1 7ET	Mid Essex Hospital Services NHS Trust – Trust Board/Board of Directors meetings
5 April 2017	09.30	The Boardroom Education Centre 2nd floor Southend Hospital	Southend University Hospital NHS Foundation Trust – Trust Board meetings
25 May 2017 (now bi-monthly meetings)	All day	Trust Board Room (Lower Ground Floor) The Princess Alexandra Hospital Hamstel Road Harlow	The Princess Alexandra Hospital NHS Trust – Trust Board meetings

Essex Mental Health Services - Meeting dates 2017

Date	Time	Location	Event
Not currently available	Not currently available	Stapleford House 103 Stapleford Close Chelmsford CM2 0QX	North Essex Partnership University NHS Foundation Trust – Public Board Meeting
29 March 2017	10.30	Training Room 1 The Lodge Runwell Chase Wickford SS11 7XX	South Essex Partnership University NHS Foundation Trust – Board of Directors Meeting

NOTE:

Agendas are normally published one week before public meetings. Please check the time and venues on individual websites in case there have been any changes.