Essex County Council

Health Overview Policy and Scrutiny Committee

10:30	**Thursday, 07 March 2024**	**Committee Room 1 County Hall, Chelmsford, CM1 1QH**

For information about the meeting please ask for:
Richard Buttress, Democratic Services Manager
Telephone: 07809 314835
Email: democratic.services@essex.gov.uk

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		Pages
**	**Private Pre-Meeting** For Committee Members only, starting at 9.30am in Committee Room 1.	
1	**Membership, Apologies, Substitutions and Declarations of Interest** To note the membership, apologies, substitutions and declarations of interest.	5 - 5
2	**Minutes of Previous Meeting** To note and approve the minutes of the meeting held on Thursday 1 February 2024.	6 - 9
3	**Questions from the Public** A period of up to 15 minutes will be allowed for members of the public to ask questions or make representation on any item on the agenda for this meeting. No statement or question shall be longer than three minutes and speakers	

will be timed.
On arrival, and before the start of the meeting, please register with the Democratic Services Officer.

4	**EPUT Adult Mental Health Services** To provide an update on adult mental health services in Essex.	**10 - 24**
5	**Southend Neonatal Unit designation – Mid and South Essex NHS Foundation Trust** To provide an overview of the proposal and rationale to redesignate the status of the neonatal unit at Southend from a Level 2 Local Neonatal Unit (LNU) to a Level 1 Special Care Baby Unit (SCBU).	**25 - 32**
6	**Mid and South Essex NHS Foundation Trust Update** To receive an update from the Mid and South Essex NHS Foundation Trust.	**33 - 36**
7	**Joint Health Overview Policy and Scrutiny Committee (JHOSC) – Essex, Southend and Thurrock - Terms of Reference and Supplementary Guidance** To set out a framework for the working relationship between, and distinguishing roles of, the Essex, Southend and Thurrock Joint Health Scrutiny Committee which cover services within the local authority boundaries of Essex, Southend, and Thurrock.	**37 - 44**
8	**Chairman's Report - March 2024** To note the latest update from the Chairman's Forum meetings.	**45 - 45**
9	**Member Updates - March 2024** To note any member updates in relation to the Committee.	**46 - 46**
10	**Work Programme - March 2024** To note the Committee's current work programme.	**47 - 51**
11	**Date of Next Meeting** To note that the next meeting will be held on Thursday 4 April 2024, in Committee Room 1, County Hall.	
12	**Urgent Business** To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.	

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

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

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

13 Urgent Exempt Business

To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.

Agenda Item 1

Report title: Membership, Apologies, Substitutions and Declarations of Interest	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 7 March 2024	**For:** Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Emma Hunter, Senior Democratic Services Officer – emma.hunter@essex.gov.uk	
County Divisions affected: Not applicable	

Recommendations:

To note:

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

Membership
(Quorum: 4)

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

Co-opted Non-Voting Membership

Councillor Stacy Seales	Harlow Council
Councillor Paula Spenceley	Maldon District Council

Minutes of the meeting of the Health Overview Policy and Scrutiny Committee, held in the Chamber, County Hall, Chelmsford on Thursday 1 February 2024 at 10:30am

Present

Cllr Jeff Henry (Chairman)
Cllr Martin Foley
Cllr Paul Gadd
Cllr Ian Grundy
Cllr Eddie Johnson
Cllr Anthony McQuiggan
Cllr Richard Moore
Cllr Paula Spenceley
Cllr Mike Steptoe

Apologies

Cllr Daniel Land
Cllr June Lumley
Cllr Stephen Robinson

Remote Attendees

Sharon Westfield-de-Cortez

The following officers were supporting the meeting:

- Richard Buttress, Democratic Services Manager
- Emma Hunter, Senior Democratic Services Officer
- Freddey Ayres, Democratic Services Officer

1. **Membership, apologies and declarations**
   Apologies were received from Cllr Land, Cllr Lumley and Cllr Robinson.

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

2. **Minutes of the Previous Meeting**
   The minutes of the meeting held on Thursday 4 January 2024 were approved and signed as an accurate record.

3. **Questions from the public**
   No questions from the public were received.

4. **Dementia Services**
   The Chairman welcomed to the meeting:

   - Eugene Staunton, Suffolk and North-Essex ICB (joining virtually)
   - Joanne Reay, Hertfordshire and West Essex ICB (joining virtually)
   - Irene Lewsey, Mid and South Essex ICB
   - Melanie Williamson, Integrated Dementia Commissioner, ECC

- Will Herbert, Head of Integrated Partnerships, ECC
- Cllr Jane Fleming, Deputy to the Cabinet Member for Health, Adult Social Care and ICS Integration,

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

- First meeting of the national optimisation project to look at the dementia diagnosis pathway, working with NHS England, the Institute of Health Research and the private sector
- The project is looking at challenges around capacity and people's awareness of dementia
- Members were shown a video of a couple who are living with dementia and what their experience is like
- Perception is that only older people get dementia
- Rolling out training videos for when people present to primary care services
- High proportion of women are diagnosed with dementia, but other matters are often considered first before referring to the dementia diagnosis pathway
- Primary care tries to rule out other physical issues in the first instance
- Priority in Dementia Strategy is young onset dementia
- Diagnosis pathways across Essex are different depending on the commissioning arrangements that are in place
- Opportunity to look at having a hub in Rochford that people diagnosed with dementia can access, rather than having to travel out of their local area
- Maintains an active social media presence so more people can come forward and access support
- People can self-refer to start the process of getting a diagnosis of dementia

Following discussion, the committee agree the following actions:

- Detailed data the number of people diagnosed with dementia that are successful apply for a blue badge

5. Mid and South Essex NHS Foundation Trust Monthly Update

The Chairman welcomed to the meeting:

- Matthew Hopkins, Chief Executive

Due to technical difficulties, the committee instead took this paper as a written report and asked for the below to be shared with the Trust:

- An update on the action plan for cancer care, and to understand the impact due to the delays
- An update on how waiting lists are being reduced

6. Chairman's Report – February 2024

Members noted the report.

7. Member Updates – February 2024

Members noted the report.

Cllr Steptoe provided an update to the Committee on the S106 Working Group. The groups final report will now be presented at the HOSC's April 2024 meeting.

Cllr Harris reported that there had been no further meetings of the Suffolk and North-East Essex Joint Health Overview Policy and Scrutiny Committee.

8. Work Programme – January 2024

The committee noted the current work programme and made the following comments/requests:

- Update on the new Princess Alexandra hospital in Harlow
- Update on maternity services from the three hospital trusts covering the Essex footprint
- The restarting of the Children's Mental Health Task and Finish Group will be raised at Scrutiny Board on 19 February 2024
- Arrange a visit to the new elective care centre at Colchester Hospital

9. Date of Next Meeting

To note that the next meeting will be held on Thursday 7 March 2024 at 10:30am in Committee Room 1, County Hall.

10. Future meeting dates 2024/25

Members noted and agreed the dates set out in the report.

11. Urgent Business

No urgent business has been received.

12. Urgent Exempt Business

No urgent exempt business has been received.

The meeting closed at 11:52am.

Chairman

Health Overview Policy and Scrutiny Committee – Matters Arising as of 28 February 2024

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

Reference Number: HOSC/12/24

Report title: EPUT Adult Mental Health Services	
Report to: Health Overview and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 7 March 2024	**For:** Discussion
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Emma Hunter, Senior Democratic Services Officer (emma.hunter@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

1.1 The purpose of this report is to provide an update on adult mental health services in Essex, following the previous presentation back in July 2023.

2. Action required

2.1 Members are asked to review the information and identify any potential follow-up scrutiny actions.

3. List of Appendices

App A: EPUT HOSC presentation

NHS
Essex Partnership University
NHS Foundation Trust

Essex County Council Health Overview Policy and Scrutiny Committee

7 March 2024

EPUT

Contents

1. About EPUT

- Essex Partnership University NHS Foundation Trust (EPUT) provides **community physical and mental health services** to the populations of Essex, Thurrock and Southend as well as in Luton, Bedfordshire and Suffolk
- We operate across **three Integrated Care Systems**: Hertfordshire & West Essex, Mid & South Essex and Suffolk & North East Essex
- At any one time, we will be **caring for around 100,000 people**
- **We are a large employer with around 7,500 staff** working across over 200 sites as well as in people's homes, schools, GP practices and health clinics
- **We provide training placements for healthcare students with universities and colleges**, including the University of Essex and Anglia Ruskin University
- **We work with a wide range of partners** in statutory and non-statutory services across Essex and further afield

2. Our vision, purpose, strategic objectives and values

New strategy launched in early 2023

- Aims to improve services for patients, carers, their families and the wider community
- Developed through wide ranging engagement and informed by what matters most to local people

Four strategic objectives

- We will deliver safe, high quality integrated care services
- We will work with our partners to make our services better
- We will enable each other to be the best we can be
- We will help our communities to thrive

3. Working to provide the safest care possible

Safety First, Safety Always Strategy

- Safety strategy approved by the Trust Board in January 2021 and updated in 2023
- **Now in its final year - leaves a legacy of significant improvement**
- Remaining focus is on:
  - Improved evidence tracking of benefits realised through new ways of working
  - Continued use of Patient Safety Incident Response Framework (PSIRF) and promoting our role in supporting other NHS trusts to implement the framework
  - Rollout of new standard operating procedures across all service areas
  - Continuing to get the basics rights and upholding the highest professional standards
  - Evidencing the 'feedback loop' from patients, families and partners in our improvement work

Quality of Care Framework takes the strategy's work forward

- Agreed by our Trust Board in December 2023 and launches in April 2024
- **Provides a holistic focus on safety, effectiveness and experience of care - co-created with people who use our services alongside families, carers and colleagues**
- Helps us build an organisational approach for quality of care, co-created with what our people have told us quality of care means to them, along with the National Quality of Care standards
- Keeps our focus on delivering on the NHS Long Term Plan, local Integrated Care Partnership strategies and the Southend, Essex and Thurrock All-Age Mental Health Strategy

NHS
Essex Partnership University
NHS Foundation Trust

4. Care Quality Commission inspections and report

CQC identified 73 actions we must take following the most recent inspections in November 2022 and January 2023

We introduced a new approach to responding to CQC inspections and reports with actions locally agreed and owned by staff

Our quality improvement plan has 275 sub-actions we must complete to fully address the CQC requirements

Over two thirds of these sub-actions are complete and going through our check and challenge process

Many improvements made, including in medicines management, data quality, ward safety and staffing levels

Positive feedback received in recent CQC visits to adult wards

- **Trust Executive Team has full oversight and scrutiny of our Quality Improvement Plan** – including weekly review and detailed monthly report
- **External oversight of progress** – reporting to Mid and South Essex ICB and providing updates for local authorities
- **Significant focus on sustained learning** – using a quality assurance framework to share and act on findings
- **New Quality Assurance Framework** – including a cause analysis tool to fully identify and address root causes

5. CQC key priorities and progress

- **Trust Executive Team has full oversight and scrutiny of the plan** – weekly review and detailed monthly report
- **External oversight of progress** – reporting to Mid and South Essex ICB and updates planned for local authorities
- **Significant focus on sustained learning** – using a quality assurance framework to share and act on findings
- **New Quality Assurance Framework** – including a cause analysis tool to fully identify and address root causes

Addressing sleeping on duty – supporting staff to follow correct policies and procedures

Reducing vacancies –over 1,700 new colleagues joined in 2023

New shared electronic patient record - working with system partners to confirm preferred supplier

Progressing our Time to Care programme – freeing staff to spend more time with patients and people who use our services

Introducing clinical site managers in inpatient units – providing clinical leadership and support to staff and patients

6. The Lampard Inquiry

THE LAMPARD INQUIRY

- **Baroness Kate Lampard submitted revised Terms of Reference to the Department of Health and Social Care in December 2023** – we expect confirmation of these revised terms to be announced soon
- **We remain committed to working with the Inquiry** to deliver on the scope and terms of reference that are now established - it is vital that patients, families and carers get the answers they deserve
- Our approach continues to be based on **co-operation and transparency**
- **Independent support is available for patients, families and carers** who want to give evidence and/or who are affected by the content of the Inquiry
- **Comprehensive support is in place to inform and encourage staff to give evidence**, and to help them with any personal impact they experience as a result

7. Other key challenges and issues

Forthcoming inquests

- A number of inquests into the deaths of people who passed away whilst in our care are scheduled to be heard by Coroners in Essex, Southend and Thurrock over the coming months

Demand for our services

- Inpatient bed occupancy rates
- Continued focus on reducing inappropriate out of area placements
- Continued impact of industrial action
- Maintaining current positive trajectories in staff recruitment and retention

National reviews into mental health services

- Care Quality Commission special review into services at Nottinghamshire Healthcare NHS Foundation Trust – reports end March 2024
- Healthcare Services Safety Investigations Body investigation into mental health settings – reports end of 2024

8. Our services

Safely managing demand for our services

Making best use of our inpatient mental health beds

- Ensuring all admissions are therapeutically led and outcome based
- Sustaining improved, supportive staff cultures on our wards
- Maintaining safe levels of bed occupancy
- Reducing length of stay and working with system partners to manage complex cases

Working with system partners to support people in mental health crisis

- **24/7 mental health urgent care department** at Basildon Hospital
- **Joint mental health response vehicles** in partnership with East of England Ambulance service
- **Ambulance control centre mental health practitioner roles**
- New **mental health crisis sanctuaries**
- **Street triage, homeless support and tenancy support services** for vulnerable communities

9. Our people

Recruiting, retaining and supporting staff

- **We welcomed over 1,700 new colleagues in 2023**, including over 220 from overseas
- **Our turnover rate is at 9.1 per cent**, the lowest since before the COVID-19 pandemic
- **Overall vacancy rates are down to 8.7 per cent**, half of the rate in June 2022
- **Vacancy rates in our inpatient units have fallen to 10 per cent** from an all-time high of 40 per cent in 2020
- We are on track to have **no inpatient unit vacancies by the end of 2024**
- **We have more colleagues on track to join us** – our current pipeline has:
  - **80 registered nurses** with job offers or a booked start date
  - **53 healthcare assistants** with job offers or a booked start date
  - **42 allied health professionals** with job offers or a booked start date
  - **144 student nurses** forecast to join this year
- Working with system partners on **joint recruitment campaigns**

10. Involving our patients, families and communities

Expanded Lived Experience team

- Around 250 people with direct or family experience of using EPUT services who support strategy developments, change programmes, service improvements and funding bids

New working in partnership with people and communities strategy

- Agreed by our Board in November 2023

Other initiatives and activities

- Developing our **lived experience framework**
- Developing a **service user research centre**
- Leading co-production in the development of the Southend, Essex and Thurrock (SET) mental health strategy
- Our **inpatient peer support team** now has ten members with lived experience
- The **Essex Mental Health Family Group Conferencing Service** supports adults aged 18 to 65 who use secondary mental health services to build trusted support networks
- New **dedicated support network for families and carers of people with an eating disorder**

11. Welcoming new Board members

We have welcomed four new members to our Board this year

Ann Sheridan
Chief Nursing Officer

Diane Leacock
Non-Executive Director

Jenny Raine
Non-Executive Director

Ruth Jackson
Associate Non-Executive Director

12. Other recent news from EPUT services

- Our **therapeutic education department at the St Aubyn Centre Child and Adolescent Mental Health Unit in Colchester was recently rated Outstanding** following an Ofsted inspection in late 2023
- Our **rough sleepers initiative** covering six districts with partner organisations **helped over 1,000 people in 2023**
- **A former soldier has spoken about his positive experience of the NHS Op COURAGE veterans support programme** which EPUT leads across the east of England region
- We celebrated **National Apprenticeship Week in early February** by featuring several past and present apprentices to encourage more applicants
- **We joined partner organisations for recruitment events:**
  - Harlow College NHS student career showcase
  - Essex Cares Ltd event for autistic people and people with learning disabilities
- An **EPUT healthcare assistant has been shortlisted in the national Health Hero Awards** for work to tackle elder abuse

Reference Number: HOSC/13/24

Report title: Southend Neonatal Unit designation – Mid and South Essex NHS Foundation Trust	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Nicki Abbott, Interim Managing Director, Care Group 5, Mid and South Essex NHS Foundation Trust	
Date: 7 March 2024	**For:** Discussion
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Emma Hunter, Senior Democratic Services Officer (emma.hunter@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

The purpose of this paper is to provide an overview of the proposal and rationale to redesignate the status of the neonatal unit at Southend from a Level 2 Local Neonatal Unit (LNU) to a Level 1 Special Care Baby Unit (SCBU). The demand across mid and south Essex does not warrant the current neonatal capacity provided and therefore is not the best use of our stretched workforce who would be better deployed to support our Paediatric Assessment Unit (PAU), benefitting thousands of children per year.

This proposal has been through and supported at the relevant MSEFT meetings and Committees. It has also been supported at the Mid and South Essex Local Maternity and Neonatal System Board. The proposal was discussed at the East of England Specialised Services Joint Commissioning Committee on 31 January 2024 where the outcome was for referral to the HOSCs.

2. Action required

To note the contents of the report and consider the recommendation in section 4.13. The recommendation reads as:

- The Essex Health Overview and Scrutiny Committee is asked to approve the redesignation of the Southend Neonatal unit as a level 1 SCBU as described and proposed in this paper with effect from 1 April 2024.

3. Executive summary

All neonatal units across mid and south Essex are classified as level 2 LNUs. The demand across mid and south Essex does not warrant the current neonatal capacity provided and so this paper proposes a redesignation of the neonatal unit at Southend to a level 1 SCBU and a reduction in the total cot capacity. This will enable the reallocation of some of the medical workforce time to other areas of the service where the need and impact is greater.

The workforce is stretched to cover all three units to this level and, in particular, this impacts on the cover that the consultants on the Southend site are able to provide to the Children's Emergency Department and PAU. The current consultant job plans do not provide direct clinical care and oversight for the paediatric assessment area and there is no consultant oversight for the paediatric emergency pathways which is currently provided by agency and locum cover. The redesignation allows the reduction in attending activity on the neonatal unit, providing an opportunity to cover direct clinical care for the paediatric emergency pathways thereby improving quality and safety within these services in a sustainable and lower-cost way.

This document sets out the quality, capacity, workforce, and estates case for change and draws upon the temporary 32-week gestation cap for care at Southend during 2023 describe the low level of impact this had on women/people booked for maternity care at Southend Hospital or in other Mid

and South Essex NHS Foundation Trust sites in terms of absorbing these patients.

4.1 Background

Neonatal units are classified as follows:

- Level 1 Special Care Baby Unit (SCBU) – provides local care for babies born at 30* weeks' gestation or more and >1000g birthweight who require only special care or short-term high dependency care.
- Level 2 Local Neonatal Unit (LNU) – provides care for all babies born at 27 weeks' gestation or more, >800g birthweight or multiple pregnancies >28 weeks (which includes short-term intensive care where necessary) and may receive babies 27-29* weeks who require high dependency care.
- Level 3 Neonatal Intensive Care Unit (NICU) – provides care for babies born below 27 weeks' gestation, <800g or those requiring the most complex interventions.

** It is anticipated that the SCBU gestation floor will reduce to 32 weeks from April 2024 and therefore this proposal is made on this basis.*

All three units across MSE are currently classified as level 2 LNUs and there is no level 3 NICU within Essex. All women / birthing people requiring level 3 care are therefore transferred outside of MSE, with their babies repatriated when they meet the criteria described above. Neonatal care should always be provided as close to home as possible to minimise the time that new-borns and their parents spend apart.

4.2 Proposal

Southend is currently classified as a level 2 Local Neonatal Unit (LNU). As a Special Care Baby Unit (SCBU) Southend Hospital would provide local care for babies born at 32 weeks or more and >1000g birthweight who require only special care or short-term high dependency care. All pregnant women or people who fall outside these categories will have a birthing plan to deliver at Basildon or Broomfield hospitals. Babies who unexpectedly need intensive care are transferred to an appropriate unit including those who require level 3 care who will be discussed via PaNDR (Paediatric and Neonatal Decision Support and Retrieval service).

The service will continue to deliver transitional care capacity within neonatal services, there are no proposed changes to this service delivery for consideration.

The number and designation of cots at Southend is proposed to change as shown in Table 1.

Table 1 – cot provision current and proposed, Southend Hospital

Level of care	Current	Average Occupancy 2023	Proposed	Variance
Intensive Care (HRG1)	2	19%	1	-1
High Dependency (HRG2)	3	66%	3	0
Special Care (HRG3)	11	38%	8	-3
Total	**16**	**41%**	**12**	**-4**

The proposal is to redesignate the neonatal Unit at Southend Hospital as a level 1 SCBU from 1 April 2024 or as soon as is practicable after this date.

The SCBU will retain one intensive care cot for stabilisation prior to transfer out and three high dependency cots for babies requiring additional care but still meeting the SCBU definition.

4.3 Case for change

Data and modelling of the neonatal cot requirements across MSEFT indicates that we do not need to run three level 2 LNUs to meet the needs of our patients across our geographical area. The three units are only marginally reaching the activity levels of 1000 Intensive Care / High Dependency bed days per year expected for LNU designation. This is also impacting the opportunity to develop and maintain clinical knowledge and skills to deliver a high-quality service.

From a national perspective, there are clear guidelines in place to support a local care pathway for neonatal services as identified within the NHS Long Term Plan which states each neonatal network should comprise of several maternity and neonatal services with one or two (level 3) NICUs and a small number of LNUs/SCBUs depending on local population need. All these units working together should support the delivery of a "local care pathway" which should have the capacity and resources to care for women who live within the network area and their babies for all conditions, except neonatal surgical or cardiac services and extremely rare conditions that are provided on a regional or supra-regional basis (NHS England and Improvement, 2019).

At the end of 2022, the neonatal service at Southend Hospital was temporarily capped at 32 weeks due to safety and quality concerns:

- There was not a sustainable medical workforce in place to deliver the care requirements of a local neonatal unit to enable British Association of Perinatal Medicine (BAPM)-compliant staffing levels and consequent service safety.
- After 20 years with very few reported serious incidents (SIs), there had been six at Southend Hospital since the introduction of centralised Datix reporting and incident management, plus seven internal investigations within 12 months of the merger. This suggests under-reporting previously.
- Concerns raised about culture and working relationships within the paediatric and neonatal workforce including poor feedback from trainees.

The Southend neonatal unit does not meet the NHS standards for neonatal delivery related to cot space and size, medical gas supply and electrical capacity and supply. This is currently an identified risk on the Care Group 5 risk register and mitigations are in place, however a recent infection outbreak identified that cot spacing was one of the contributing factors to the outbreak. Quotes are pending for the investment that would be required to bring the unit up to the required standard. While yet to be received, based on previous works, the cost is expected to be in the region of £1-2m.

Since the merger, the Trust has been identifying opportunities for redesigning models of care which operate effectively across the three sites, ensuring that high-quality, effective pathways are in place to utilise workforce skills and numbers and provide patients with high standards of care at the point of access. The neonatal pathways have been identified as an area of opportunity for redesign which fully utilises the workforce skills whilst providing the right care in the right place for babies and their families.

The current consultant job plans at Southend do not provide direct clinical care and oversight for the paediatric assessment unit and there is no consultant oversight for the paediatric emergency pathways which is currently provided by agency and locum cover. Reducing attending activity on a neonatal unit will provide an opportunity to cover direct clinical care for the paediatric emergency pathways thereby improving quality and safety within these services in a sustainable and lower-cost way.

4.4 Options appraisal

The information above made Southend Hospital the obvious choice for the unit to redesignate as level 1. However, all options have been considered with several key indicators reviewed and ranked to assess whether this is the right decision. Assuming no weighting of indicators, this assessment concludes that it is the Southend LNU that should be redesignated as a SCBU – see Table 2.

Table 2 – Options appraisal

Indicator	Basildon	Broomfield	Southend
Annual Maternities	2 *(3800)*	1 *(4500)*	3 *(3500)*
Indices of deprivation (2019)	1 *(100)*	3 *(253)*	2 *(110)*
Estate infrastructure	1 *(new build)*	2 *(meets standards)*	3 *(does not meet standards and requires significant investment)*
Safety concerns	1 *(no concerns)*	1 *(no concerns)*	3 *(concerns raised, as per case for change section)*
Staffing gaps	1 *(no gaps)*	2 *(unrelated gap)*	3 *(PAU/ED gaps)*
Outpatient waiting time for referred children	2 *(50w)*	1 *(38w)*	3 *(56w)*
Total	8	10	17

1 = lowest need/indication to change to level 1, 3 = highest need/indication to change to level 1

4.5 Workforce implications

The medical workforce across paediatrics and neonatology at Southend will consist of 14 consultants undertaking a 1:14 rota covering both services. To staff the middle-grade rota and be compliant with European working time directive while maintaining a minimum of two senior children's doctors on the site at any time requires a rota of 12 doctors which is the current establishment.

Delivery of the new medical model will require a formal consultation due to the changes of terms and conditions for practice of the reduction in the level of neonatal care provided (one consultant has indicated that they would like to continue working at a local neonatal unit level and five middle-grade doctors who would be affected by the changes), and the steps required to support this have been developed in the project plan. Implementation is currently expected in late Spring 2024 to support the timeframe for the consultation and onboarding of recently recruited substantive consultants and any job planning changes required.

There are no anticipated changes to the run rate of the nursing workforce as establishment levels have already been reduced due to the temporary gestation cap and activity levels. The establishment and skill mix will be kept under review as vacancies arise to meet BAPM standards.

4.6 Review of impact of the temporary gestation cap

In 2023, 40 pregnant women/people were transferred out from Southend to another hospital. The breakdown of this is as follows:

- 18 women were less than 27 weeks' pregnant and so required level 3 NICU care (not provided across mid and south Essex, so transferred to another Trust – not be impacted by this change).
- Two women were transferred for maternal reasons unrelated to neonatal care.
- Three were transferred due to lack of neonatal unit capacity/staffing.
- Three were transferred due to the temporarily raised cap (to 36 weeks) while the MRSA works and restrictions were in place.
- 14 women were transferred to another Mid and South Essex NHS Foundation Trust site, or another trust, as they were between 27 and 31 weeks pregnant – this is the cohort directly impacted by the substantiation of this change.

- Five of these women were transferred to another MSEFT site and three went on to deliver at this attendance. Their babies were initially cared for within the other MSEFT site and then transferred back to Southend Hospital neonatal unit when meeting the criteria.
- Nine of these women were transferred outside of mid and south Essex, from which four babies were repatriated to Southend for SCBU care later in their pathway. The remainder either did not deliver at this attendance or their baby's neonatal care was completed in the unit to which they were transferred. This frequency has been discussed within the care group and our Clinical Reference Group will improve pathways to increase the proportion of women/people from Southend who remain within mid and south Essex.

- 12 babies were treated at Basildon or Broomfield hospital that would otherwise have been repatriated (post ITU care) or stayed at Southend (for High Dependency Unit care). This includes three babies transferred immediately after delivery.

Based on 2023 data, less than 0.5% of women/people who were booked to deliver at Southend Hospital were impacted by the temporary cap. When planning for a permanent change, to best manage patient expectations and service capacity, it is possible that more women at high risk of pre-term labour will be pro-actively booked at another MSEFT site. This is estimated to be at most 1-2%, or a maximum of 70 women/people.

4.7 Implications operationally and on clinical pathways

The main impact of the change will be for babies born between 27- and 32-weeks' gestation who will need to be transferred to Basildon or Broomfield hospitals. Babies requiring level 3 care will be discussed via PaNDR (Paediatric and Neonatal Decision Support and Retrieval service) on a case-by-case basis. Women at high risk or identified as needing a higher level of neonatal care prior to delivery will have a birth plan which reflects a Basildon or Broomfield hospital delivery is required. This includes women and birthing people seen antenatally in the Fetal Medicine Unit at Southend.

All neonatal units need to be prepared for unexpected extremely preterm birth outside of their normal gestation limit. Should a baby be born at a gestation less than 32 weeks before in-utero transfer of the pregnant person could be accomplished, the infant would be stabilised and transferred within mid and south Essex if 27-weeks plus or to a tertiary unit if under 27 weeks. There will be one ITU cot which will be used for this purpose.

The Trust has been implementing the PERIPrem bundle: Birth in the right place. The pathways which are in place for this programme of work can be utilised to support the transfer of women up to 32-weeks' gestation from Southend to enable delivery at Basildon/Broomfield hospital sites where there will be LNU support. Geographically this equates to a 14-mile journey, approximately 27 minutes in a car or quicker with emergency ambulance transport. Where possible and through parental choice, babies would be repatriated back to Southend Hospital when clinically suitable for care provision locally prior to discharge. Pathways are already in place to support these transfers between sites, and these will be reviewed and strengthened, including transfers of some women *to* Southend site for delivery when LNU care is not anticipated to safely manage maternity capacity, ahead of the proposed redesignation through a clinical reference group.

4.8 Future implications for neonatal service provision

There is a need to review the provision of neonatal services at Basildon and Broomfield hospitals to ensure there is not a negative impact on the service delivery pathways because of this change. The data and modelling of the cot requirements suggests that the other two LNUs have the capacity to support the change. Please see tables 3 and 4 below which demonstrate sufficient capacity based on 2023 activity, which already includes babies transferred due to the temporary cap on gestation. This will be reviewed regularly as per yearly business planning and bed modelling cycles.

Table 3 – cot provision, Basildon Hospital

Level of care	Current	Average Occupancy 2023

Intensive Care (HRG1)	3	40%
High Dependency (HRG2)	5	81%
Special Care (HRG3)	11	46%
Total	**19**	**55%**

Table 4 – cot provision, Broomfield Hospital

Level of care	Current	Average Occupancy 2023
Intensive Care (HRG1)	2	36%
High Dependency (HRG2)	4	69%
Special Care (HRG3)	10	62%
Total	**16**	**64%**

As well as using the Transitional Care service to provide care for neonates while they stay resident with their mothers, there will be further opportunities for future service development through the implementation of a neonatal outreach service which would help to reduce the number of admissions into the neonatal unit and support babies to be cared for with their mothers either within maternity services or at home. This is a service development that would require funding and is separate to this case.

4.9 Intended outcomes

Improved patient safety

One of the drivers for the reconfiguration, after the excess capacity not being required, is the lack of consultant cover for the paediatric assessment unit and the paediatric emergency pathways at Southend Hospital; these are currently being covered by locum and agency, which is not a sustainable or cost-effective solution. The cot reconfiguration will reduce activity within the neonatal unit and provide direct clinical cover for the paediatric emergency pathways, thereby helping to maintain safety of children and young people and increasing opportunities for clinical engagement within this area. This would be an appropriate local care pathway for the local population and initial conversations with the East of England Neonatal Operational Delivery Network (ODN) suggest it would be an appropriate use of the MSEFT neonatal service provision.

A reduction in the number of cots will allow for additional spacing in between the cots which will improve compliance towards the NHS standards thereby providing mitigation and reducing risk within the clinical area. It will also support with the availability of medical gas supply as there are currently 12 spaces available with services in place with less investment required to bring the service up to specification.

Improving workforce and culture

There is considerable evidence that team working within organisations leads to improvement in safety as well as productivity. Neonatal staff work in a stressful environment and effective team working is key to delivering high quality care. Effective communication of threats to patient safety is an increasing challenge in the multispecialty shift-based workplace (BAPM 2022).

Multi-professional shared learning within an organisation is important in maintaining professional performance and skills. It promotes team culture and optimised human factors and can help to ensure a common understanding and set of values and goals. Perinatal services should have a culture that supports education and training, with regular training opportunities for all staff both at the bedside and in the classroom (BAPM 2022).

Whilst there is minimal direct impact to the requirements of cover for the nursing workforce, these changes would allow development of nursing and allied health professional training and career development into advanced practice roles with potential for a whole career pathway from band 3 to 8B within neonatal services across the three sites.

Trust vision and strategic objectives

This proposal supports the Trust's aim for high quality local services and opportunities for our staff as described above. It also supports the 2023/24 strategic objectives by ensuring that our care is delivered by skilled and empowered staff, providing enough of the right capacity to treat all our patients, and improving value in all we do.

4.10 Stakeholder engagement

A significant number of stakeholders have been engaged in the development of this proposal and are involved in the ultimate approval of this proposal. Stakeholders include:

- The Neonatal Operational Delivery Network (ODN) has been fully supportive of the gestation cap and understand the need for change within in the services. They are supportive of the Trust proposal for neonatal configuration and have been involved in discussions to date.
- The Local Maternity and Neonatal System (LMNS) Board, including the ICB, is sighted on the temporary gestation cap which its Neonatal sub-group has been supportive of. Support for this proposal was given at the LMNS Board on 30 January 2024.
- The Maternity and Neonatal Voices Partnership (MNVP) – discussions have been undertaken to provide awareness and an opportunity to raise concerns. No concerns have been raised to date and once the final proposal is agreed, further engagement will be undertaken.
- All Health Overview and Scrutiny Committee (or equivalent) Chairs have been written to outlining the proposal with the offer of attending a meeting for the matter to be discussed.
- All Healthwatch Chief Executives have been written to outlining the proposal.
- Senior staff within Neonatal services at Southend have been engaged for their views on redesignation. Staff have concluded that this is an inevitable change which they support and are now keen to expedite to ensure clarity of the service model.
- As a senior leadership team, the impact on maternity services has been considered and the team were consulted on when the restrictions were placed temporarily in 2022. Support for progressing this as a permanent change was gained at the Care Group 5 Board on 3 January 2024.
- East of England Ambulance Service and PaNDR are aware of the existing temporary cap and are able to support transfers as required.

4.11 Risks for delivery

A Steering Group has been established to oversee this proposed change with suitable clinical membership. A Clinical Reference Group has been established to feed into the Steering Group, focussed on ensuring safe clinical pathways are in place. These governance arrangements are designed to mitigate the potential delivery risks and a draft risk log has been put in place.

The changes to the medical workforce rosters require a full establishment of substantive consultants. Successful recruitment was undertaken in late November 2023 with two existing locum consultants appointed substantively and two external appointees who start in mid-March and early May. Job planning changes are also required to support the roster changes subject to consultation with the affected staff.

Discussions with the Deanery have also been completed and they have no concerns about the training impact as all trainees are on paediatric rather than neonatal rotations.

4.12 Estimated costs

There are no anticipated costs to this change. Workforce costs will be regularly reviewed during and after implementation to identify opportunities to reduce locum and agency spend and to provide an opportunity for improving value. Any delay in implementation increases the financial burden on MSEFT and consequently Mid and South Essex Integrated Care Board.

Total non-pay costs across mid and south Essex are not expected to be impacted as the service provision will switch between sites. Budgets may therefore need to be realigned to match the

revised model. Similarly, there is no anticipated impact on income.

If the proposal to reduce to 12 cots is agreed, the service will be compliant with medical air, oxygen and suction points as there is enough already installed in the unit for 12 cots which helps mitigate the risk within the unit. There will still need to be a review of electrical socket capacity reviewed which is currently mitigated through semi-permanent options.

4.13 Recommendation

The Essex Health Overview and Scrutiny Committee is asked to approve the redesignation of the Southend Neonatal unit as a level 1 SCBU as described and proposed in this paper with effect from 1 April 2024.

4.14 References

NHS England and NHS Improvement (2019) *Implementing the Recommendations of the Neonatal Critical Care Transformation Review* available at: https://www.england.nhs.uk/wp-content/uploads/2019/12/Implementing-theRecommendations-of-the-Neonatal-Critical-Care-Transformation-Review-FINAL.pdf

British Association of Perinatal Medicine (2022) *The British Association of Perinatal Medicine Service and Quality Standards for Provision of Neonatal Care in the UK* available at: https://www.bapm.org/resources/service-and-quality-standards-for-provision-of-neonatal-care-in-the-uk

Reference Number: HOSC/14/24

Report title: Mid and South Essex NHS Foundation Trust monthly update	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Mid and South Essex NHS Foundation Trust	
Date: 7 March 2024	**For:** Discussion
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Emma Hunter, Senior Democratic Services Officer (emma.hunter@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

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

In this report to the Committee, the Trust presents updates on planned improvements and operational data, as well as additional information about improvements to its cancer performance and waiting lists.

2. Action required

To note the contents of the report.

3. Operational update from the Trust

3.1 Industrial action

- Staff continue to work hard to provide patients with the best possible care during the ongoing industrial action.
- Wherever possible, elective activity (both outpatients and inpatient) continues – especially in high-priority services for example, cancer treatments. Where cancellations happen, most patients are given another appointment close to their original date, although the impact continues to be felt after industrial action has finished, as people delay coming to receive help and the Trust seeks to recover lost activity.

Cancelled activity

- The Trust has faced over a year of industrial action and has cancelled or postponed over 34,601 outpatient appointments since industrial action began in April, including new and follow-up outpatient appointments, as well as 4,677 inpatient and day case surgeries.
- The Trust has worked to put on catch-up clinics in those areas where there is a lot of demand.
- As a result of the latest strike running from 24-28 February, 74 inpatient and day case surgeries and 790 outpatient appointments were rescheduled. This has a negative effect on the Trust's ability to reduce waiting times for treatment, particularly in general surgery, ear, nose and throat, urology, gynaecology, and trauma and orthopaedics.

Impact on cancer care

- Sadly, cancer-related appointments made up 10% of all cancelled appointments. These appointments and surgeries are prioritised for rebooking at the earliest opportunity. These decisions are not made lightly and clinicians review the patient's level of clinical need before making any decision to postpone.

3.2 Urgent and emergency care

- Across the Trust's emergency departments (EDs), performance against the four-hour standard in January was 67.3%, up from 65.2% in December. Performance has improved in all sites
- The Trust has undertaken a number of initiatives and schemes to improve urgent and emergency care delivery during February and March. This includes:
    - Initiatives at Basildon Hospital to direct trauma and orthopaedics cases to the fracture clinic, provide early access for stable early pregnancy, make the referral process to surgery smoother, and rearrange wards to reduce children's admissions.
    - At Southend Hospital, the Trust is aiming to assign a dedicated phlebotomist on key wards, increase triage capacity, direct patients with GP letters to same-day emergency care and review weekend staffing
    - There are ongoing efforts at Southend and Basildon hospitals to improve the use of clinical decisions units, especially overnight
    - The Trust is also adjusting medical staffing in its EDs to support capacity and flow, including the recruitment of 101 additional doctors
    - Work is underway across the Integrated Care System to reduce ambulance arrivals through unplanned care coordination hubs, which can reduce admissions by 30% when operational.

3.3 Ambulance handovers

- The Trust continues to receive a very high number of patients at all three EDs.
- The time to hand over patients has improved in January. 77% of the ambulances were handed over in under 30 minutes, up from 72.1% in December; and 38.2% handed over in under 15 minutes, up from 35.6% in December.
- Work has started to standardise rapid assessment, treatment and ambulance handovers processes.
- The Trust's continuous focus on length of stay reduction, while improving streaming and triage, will ease pressure on the EDs and improve flow out, which will in turn allow for more effective handover times.

3.4 Discharges from hospital

Timely discharge is important for better outcomes and recovery. People often recover more quickly with the right support at home, as soon as they are medically well enough to leave. It's also important in preventing deconditioning and mobility loss from being in hospital for longer periods.

- The Trust remains in a good position both regionally and nationally for the numbers of patients waiting to be discharged from its hospitals. 46.1% of patients are in hospital for at least seven days, compared to 46.3% for the region, and 25.2% stay for over 14 days, compared to 25.7% in the region.
- There are ongoing efforts to improve discharge rates, with senior staff in each site conducting weekly patient reviews. However, challenges remain in community and social care.

3.5 Cancer performance

- The Trust continues to work on improving cancer performance, and is having limited successes in reducing its waiting lists during the busy winter period.
- The Trust has a target that 75% of people are given their cancer diagnosis within 28 days by March 2024 – the faster diagnosis standard (FDS). Performance was 62.2% in December, up from 59.9% in November.
- The Trust plans to have no more than 475 patients waiting over 62 days to start to receive treatment by the end of March 2024. At the end of January there were 747 patients waiting more than 62 days, down from 826 in December, which is 229 above the original 2023/24 plan.
- The cancers contributing most to the backlogs are colorectal, urology, skin, gynaecology, and breast. The Trust is putting on extra weekend clinics, a new process to triage patients, and bringing in additional capacity to the Trust. Specific measures include:
    - Urology: a rapid access clinic for outpatient services will be offered in Broomfield Hospital, mirroring the service in Southend. Clinical Nurse Specialists can now carry out

triage of patients in Basildon and Southend hospitals, with this due to be cascaded into Broomfield Hospital as well.
    - Skin: community-based tele-dermatology continues to reduce referrals coming into the Trust, additional clinics are being put on in Broomfield and Basildon hospitals so that more patients can be seen, and new administrative staff have been appointed
    - Gynaecology: additional clinics are being put on, a one-stop clinic has been introduced at Broomfield Hospital where women can be seen and have scans during one session. An improved triage process has been introduced at Broomfield Hospital.
    - Breast: capacity has been brought to Basildon Hospital from elsewhere in the Trust as it is the most challenged site. This is bringing in 75 additional clinic slots per month. Across all three hospitals, additional capacity from outside the Trust has been brought in, providing 325 additional slots that will help to reduce the backlog of patients.

3.6 Elective care and referral to treatment

- The Trust is working hard to reduce the number of patients waiting for their routine elective treatments. The national total waiting list has grown since the pandemic, but through a combination of validation and improvement programmes the Trust's total waiting list fell in January to reach 158,000, having been 191,000 in September.
- Across the NHS there is a focus to reduce waits of more than 65 weeks for elective care. In January there were 5,000 patients waiting for this time, down from almost 90,000 in April 2023. Following industrial action that took place around the Christmas period in December 2023 and January 2024, the Trust forecasts there will be 1,033 patients in this group at the end of March 2024, with around 71 patients who will have waited 78 weeks for treatment.
- Risks to performance include further industrial action, the referral of patients back to the Trust from community ear, nose and throat (ENT) providers, and the complexities involved in providing plastic surgery.
- The Trust continues its programme to improve outpatient services, which involves developing new models of care in a range of specialties. One example is patient-initiated follow up, which is offered in services where it is clinically appropriate and involves patients seeking care should they need it, instead of automatically scheduling in appointments. This reduces appointments that are not needed and gives patients greater control. The Trust achieved this for 5.9% of patients in October, which was above the national 5% target and the highest level in the region.
- Other plans include increasing the efficiency and use of theatres across the Trust's hospitals, including in the trauma and orthopaedic hub at Braintree which has carried out more than 1,500 day-case and inpatient elective procedures since April 2023.
- The Trust continues to recruit more staff, including healthcare support workers, nursing staff, and estates roles which means that patients can be treated more quickly and improves their experience. Both vacancies and staff turnover have fallen to their lowest since the pandemic.
- Extra diagnostic hubs are being set up for areas where there are the most people waiting. This includes an ophthalmology diagnostic hub in south-west Essex, to support faster diagnosis of common eye conditions, including glaucoma and retina conditions. A further diagnostic hub is planned for the mid Essex area later in the year.

3.7 Diagnostics

- Providing fast diagnostics is crucial for reducing wait times for cancer or routine care. The Trust is working to ensure patients receive tests within six weeks and achieved this for 69.5% of patients in January, up by 0.2% in December.
- There has been considerable improvement in obstetric ultrasound and urodynamics in December, while services including audiology and cystoscopy faced challenges due to increased demand and vacancies.
- The demand for MRI scans continues to be higher than expected, increasing the backlog. Additional mobile capacity has been added which can be used until March 2024. Additional CT, MRI and ultrasound capacity has also been sourced, with support for gynaecology, prostate and colorectal patients.
- Interventional radiology waiting times have been higher due to demand, vacancies and industrial action, although recruitment has been successful.

- Community diagnostic centres will increase capacity for tests in mid and south Essex in 2024/25 and will be based in community locations. Until they are built, temporary mobile facilities are being installed at Orsett and Braintree hospitals, which will additionally provide 1,700 CT and 1,100 MRI scans per month. These will support more procedures to be carried out for cancer and routine care.

4 Mid and South Essex NHS Foundation Trust Strategy

- The Trust is undertaking a ten-year (2025-35) strategy development programme with an aim for its new strategy to be published in early 2025. It is starting engagement with partners to help feed their and views from local communities into this work over the rest of 2024. Please contribute when the team reaches out over the next two-three months.

5 News and developments

- Preparations have begun for the new £8.7million Radiotherapy Unit extension and equipment at Southend Hospital, with specialist blocks starting to be craned into place. The linear accelerator, which can be used for the majority of cancers, will treat patients from across mid and south Essex and its new building allows the Radiotherapy Unit to have its own entrance and reception area, so those having radiotherapy will no longer need to walk through the hospital to get to their appointment. This minimises the contact they have with other patients and visitors.
- The team at the world-renowned Essex Cardiothoracic Centre (CTC) have been shortlisted for a Global Cardiovascular Award in the Digital Innovation category for helping improve the lives of over 340 patients through an app called Fibricheck. Using this app, the team helps with early detection of irregular heart rhythms in patients, meaning they can get help and expert advice much sooner.
- Dedicated staff from St Andrew's Burns Service at Broomfield Hospital have helped a baby who suffered burns from a mug of hot drink. Just one day after her first birthday, Alayla sustained a terrible burn on her face and head which saw painful seven percent mixed-depth scald burns. That was in August last year and Alayla, now aged 18 months, has made a full recovery from her injuries, thanks to the care she received at the St Andrew's Centre.

Reference Number: HOSC/15/24

Report title: Joint Health Overview Policy and Scrutiny Committee (JHOSC) – Essex, Southend and Thurrock - Terms of Reference and supplementary guidance	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 7 March 2024	**For:** Decision
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Emma Hunter, Senior Democratic Services Officer (emma.hunter@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

1.1 This report sets out a framework for the working relationship between, and distinguishing roles of, the Essex, Southend and Thurrock Joint Health Scrutiny Committee which cover services within the local authority boundaries of Essex, Southend, and Thurrock. The report also sets out the proposed Terms of Reference for the joint committee.

1.2 Please note that the establishment of a Joint HOSC and its Terms of Reference is subject to agreement by each of the three respective local authorities.

1.3 In the event that one local authority decides not to endorse the proposal to form a Joint HOSC, the other two parties may wish to continue to work together under a joint arrangement, with the basis for this set out in the same Terms of Reference, minus the non-participating authority.

1.4 Local authorities may appoint a discretionary joint health scrutiny committee to carry out health scrutiny of issues which cross local authority boundaries (Regulation 30). Regulation 30 also requires local authorities to appoint a mandatory joint committee where an NHS body or health service provider consults more than one local authority's health scrutiny function about a proposal for a substantial variation or development in service.

2. Action required

2.1 The committee is asked to: -

a) comment upon the proposed working arrangements for the joint committee covering Essex, Southend and Thurrock, as set out in the report;
b) Endorse the Terms of Reference for the joint committee, attached at Appendix 1.

3. Background

3.1 Essex Health Overview, Policy and Scrutiny Committee, Southend People Scrutiny Committee and Thurrock Health Scrutiny Committee agreed to establish a joint scrutiny committee, to scrutinise, on a discretionary basis, activities taking place under the banner of the ICS which are likely to impact upon patients from both counties. The joint committee will also act as the mandatory joint committee if an NHS body is required to consult health scrutiny on a substantial variation or development in service as part of the

implementation of the ICS.

3.2 In December 2023, the Chairman of the Health Overview Policy and Scrutiny Committee received a request from the Executive Director of Strategy and Corporate Services at Mid and South Essex Integrated Care Board to support in working with Southend and Thurrock to make appropriate arrangements under section 30 (5) of the regulations for the relevant scrunty functions to be exercised by a joint scrutiny panel.

3.3 This request was in relation the Mid and South Essex Integrated Care Board review of intermediate care and stroke rehabilitation inpatient services in community hospitals in MSE; freestanding midwife-led birthing services and ambulatory services provided at St Peter's Hospital in Maldon.

3.4 Discussions with HOSC Councillors at Thurrock and Southend have taken place as to how the three authorities can come together to scrutinise health matters which significantly affect all three local populations.

3.5 A meeting was held on 12 January 2024 with officer and Elected Member colleagues at Essex and Thurrock to discuss how ways of working may be strengthened by coming together to scrutinise health topics that cross local authority boundaries.

3.6 Subsequently a Joint Terms of Reference was developed to act as a blueprint for any future joint panel meeting. The JHOSC is, therefore, not just for the purposes of the public consultation relating to community hospitals in MSE; but to form a basis on which to undertake any future joint scrutiny as and when is appropriate and required and set out the working arrangements for this.

3.7 Thurrock and Southend are currently considering their responses to the consultation and the proposal to form a Joint HOSC through their own respective governance processes.

3.8 Whilst there is an ICS process covering Southend and Thurrock, the focus of any cross-boundary discussions will be via the joint committee. This arrangement does not preclude the individual committees from continuing to scrutinise aspects of the ICSs individually, where it makes sense to do so.

3.9 Those matters that are overwhelmingly the responsibility of one Local Authority area should be discussed and led by the respective health scrutiny committee. These matters may include (but are not exclusively): -

a) the relocation or reconfiguration of primary care services accessed by patients from within the local authority boundary;
b) the relocation or reconfiguration of local community services accessed by patients living from within the local authority boundary;
c) any proposals for changes to the delivery of acute services which only impact upon patients residing within the local authority boundary.

3.10 The individual Committee's may also exercise an overview role across ICSs which cover their local authority area, for example, in scrutinising whether local communities within the local authority boundary have equality of access to health and care services.

3.11 Those matters that cut across the whole ICS footprint area in terms of location and/or patient pathways should be discussed and led by the joint committee. These matters may include (but are not exclusively):

a) The overall sustainability of the ICS plans, including finance;

b) Matters relating to digital integration of health services across local authority boundaries;
c) Future proposals for acute reconfiguration and/or specialisation/networked services accessed by patients from Essex, Southend, and Thurrock;
d) Overarching strategies relevant to the ICS footprint, although local implications may be reviewed by the “home” committee;
e) Ongoing and new public and stakeholder consultation and engagement on the above matters.

3.12 These principles set out above are intended as guidance only, to supplement the joint committee’s Terms of Reference.

4. Reasons for Decisions

4.1 To establish a framework for a joint committee to scrutinise health matters and proposals which may impact upon services provided across the Essex, Southend and Thurrock footprint.

5. Financial Implications

5.1 The proposal to form a JHOSC will be managed within existing resources.

6. Consultation

6.1 Counterparts at Southend and Thurrock have been consulted alongside colleagues at Mid and South Essex ICB.

7. List of Appendices

App A: Essex, Southend, and Thurrock Joint Health Scrutiny Committee Terms of Reference

Appendix 1

Essex, Southend, and Thurrock Joint Health Scrutiny Committee

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 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.

2. Purpose

2.1 The purpose of the joint committee is to scrutinise matters and proposals which may impact upon services provided to patients across the Essex, Southend and Thurrock areas.

2.2 The joint committee will also act as the mandatory joint committee if an NHS body is required to consult on a substantial variation or development in service affecting patients across these local authority areas.

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 Essex, Southend, and Thurrock;
- 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, considering 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 considered 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 four members representing Essex, four members representing Southend and four members representing Thurrock, 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.

4.3 A standing invitation to attend meetings will be extended to the Chief Executives of Healthwatch Essex, Healthwatch Southend and Healthwatch Thurrock.

5. Supporting the joint HOSC

5.1 The three authorities will work together to provide Chairmanship and officer support to the joint committee.

5.2 The three authorities will work together to 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 three authorities Constitution will apply in any relevant matter not covered in these terms of reference.

5.4 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, it may 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. Public Involvement

7.1 The joint committee will meet in public, and papers will be available at least 5 working days in advance of meetings.

7.2 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.

7.3 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.

7.4 Local media may attend meetings held in public.

7.5 Patient and voluntary organisations and individuals will be positively encouraged to submit evidence and to attend.

7.6 Members of the public attending meetings may speak in the Public Participation session on a matter relating to the agenda, in line with the arrangements set out in each authority's Constitution.

8. Press Strategy

8.1 The three authorities will be responsible for issuing press releases on behalf of the joint committee and dealing with press enquiries, unless agreed otherwise by the Committee.

8.2 Press releases made on behalf of the joint committee will be agreed by the Chairman or Vice-Chairman of the joint committee.

8.3 Press releases will be circulated to the link officers.

8.4 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.

9. Report and recommendations

9.1 The three authorities will work together to 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.

9.2 Final versions of report(s) will be agreed by the joint committee Chairman.

9.3 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.

9.4 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.

9.5 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.
- If the joint committee refers a matter to the Secretary of State, the relevant report made will include: -

    - an explanation of the proposal to which the report relates;
    - the reasons why the joint committee is not satisfied;
    - 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;
    - an explanation of any steps taken to try to reach agreement in relation to the proposal;
    - evidence to demonstrate that the joint committee has complied with arrangements for appropriate notification of timescales for its decision to refer;
    - an explanation of the reasons for the making of the report; and
    - any evidence in support of those reasons.

- The joint committee may only refer the matter to the Secretary of State: -

    - 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.

- if the requirements regarding notification of the intention to refer above have been adhered to.

10. Quorum for meetings

10.1 The quorum will be a minimum of six members, with at least two 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.

Reference Number: HOSC/16/24

Report title: Chairman's Report	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 7 March 2024	**For:** Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Emma Hunter, Senior Democratic Services Officer – emma.hunter@essex.gov.uk	
County Divisions affected: Not applicable	

1. Introduction

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

2. Action required

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

3. Background

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

4. Update and Next Steps

4.1 Please find update below covering the period since the last HOSC meeting on 1 February 2024.

Visit to new elective card centre at Colchester Hospital

A visit to the newly built elective care centre at Colchester Hospital has been arranged for Wednesday 13 March 2024 at 3:30pm. Any members wishing to attend please let officers know as soon as possible.

5. List of Appendices - none

Reference Number: HOSC/17/24

Report title: Member Updates	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 7 March 2024	**For:** Discussion
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Emma Hunter, Senior Democratic Services Officer – emma.hunter@essex.gov.uk	
County Divisions affected: Not applicable	

1. Introduction

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

2. Action required

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

3. Background

3.1 The Chairman and Vice Chairman have requested a standard agenda item to receive updates from members (usually oral but written reports can be provided ahead of time for inclusion in the published agenda if preferred).

3.2 All members are encouraged to attend meetings of their local health commissioners and providers and report back any information and issues of interest and/or relevant to the Committee. In particular, HOSC members who serve as County Council representatives observing the following bodies may wish to provide an update.

4. Update and Next Steps

Oral updates to be given.

5. List of Appendices – none

Reference Number: HOSC/18/24

Report title: Work Programme	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 7 March 2024	**For:** Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Emma Hunter, Senior Democratic Services Officer – emma.hunter@essex.gov.uk	
County Divisions affected: Not applicable	

1. Introduction

1.1 The current work programme for the Committee is attached.

2. Action required

2.1 The Committee is asked:

(i) to consider this report and work programme in the Appendix and any further development of amendments;

(ii) to discuss further suggestions for briefings/scrutiny work.

3. Background

3.1 Briefings and training

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

3.2 Formal committee activity

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

4. Update and Next Steps

See Appendix.

5. List of Appendices - Work Programme overleaf

Health Overview Policy and Scrutiny Committee Work Programme – March 2024

Date	Topic Title	Lead Contact/Cabinet Member	Purpose and Target Outcomes	Cross Committee Work Identified (where applicable)
March 2024				
March 2024	EPUT – Adult Mental Health Services Update	Mark Graver, Head of Public Affairs	To receive an update from EPUT regarding Adult Mental Health Services	
March 2024	Joint Southend and Thurrock HOSC	Richard Buttress, Democratic Services Manager and Emma Hunter, Senior Democratic Services Officer	To receive the terms of reference for the proposed JHOSC and nominate appointees.	
March 2024	Children's Services at Southend Hospital – Mid and South Essex NHS Foundation Trust		Committee to determine whether MSEFT should hold a full consultation on this matter.	
March 2024	Mid and South Essex NHS Foundation Trust Monthly Update	Matthew Hopkins, Chief Executive	To receive a monthly update.	
April 2024				
April 2024	Health Service Section 106 Working Group	Cllr Mike Steptoe, Lead Member of the Working Group	To receive the working groups final report	
April 2024	East of England Ambulance Service Trust	Tom Abell, Chief Executive	To receive an update from EEAST	
April 2024	Mid and South Essex NHS Foundation Trust Monthly Update	Matthew Hopkins, Chief Executive	To receive a monthly update.	

Items to be programmed				
Date	**Topic Title**	**Lead Contact/Cabinet Member**	**Purpose and Target Outcomes**	**Cross Committee Work Identified (where applicable)**
TBC	Maternity Services Update	Mid and South Essex NHS Foundation Trust, East Suffolk and North-East Essex NHS Foundation Trust, Princess Alexandra Hospital NHS Trust	A general update and overview of maternity services covering the Essex footprint	
TBC	Hospital Discharges and Adult Social Care	TBC	To receive an update on considered current trends and update on previous matters arising.	People and Families Policy and Scrutiny Committee
TBC	Autism Services		To provide a further update on Autism Services, both from an ECC and NHS perspective	
TBC	Princess Alexandra Hospital Redevelopment	▪ Lance McCarthy, Chief Executive, PAH	To receive written update on the new hospital development, including: ▪ Sharing detailed plans of new hospital site ▪ Confirmation of date for planning application submission	
TBC	Linden Centre Inquiry – Essex Partnership University Foundation Trust	▪ Paul Scott, Chief Executive, EPUT ▪ Cllr John Spence, Cabinet Member for	To review appropriate scrutiny once the inquiry has concluded.	

		Adult Social Care and Health ▪ Nick Presmeg, Executive Director for Adult Social Care		
TBC	NHS 111	TBC	To receive an update to include the impact of residents that are being referred to this service by GP practices	
TBC	Digitalisation of access to health	TBC	What are possibilities How will it move health service forward Capturing patients who aren't digital yet Pros and cons Patient feedback – Healthwatch	
TBC	Hospital Waiting Times	▪ Jane Halpin, Chief Executive, Hertfordshire and West Essex ICB ▪ Ed Garratt, Chief Executive, Suffolk and North-East Essex ICB	Ambulance Waiting Times A&E Elective surgeries (pre and post Covid) Referral delays Cancer services	
TBC	POD: Pharmacy Optometry Dentistry (NHS England)	TBC	Number of private/NHS dentists Availability issues/solutions Delivering services in different ways	

			How are allocations of services determined	
TBC	Mid and South Essex NHS Foundation Trust	▪ Matthew Hopkins, Chief Executive	To consider the KPI's used by the Trust and if these were fit for purpose	