Essex County Council

Health Overview Policy and Scrutiny Committee

10:30	Wednesday, 02 December 2020	Online Meeting

The meeting will be open to the public via telephone or online. Details about this are on the next page. Please do not attend County Hall as no one connected with this meeting will be present.

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

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.

In accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020, this meeting will be held via online video conferencing.

Members of the public will be able to view and listen to any items on the agenda unless the Committee has resolved to exclude the press and public from the meeting as a result of the likely disclosure of exempt information as defined by Schedule 12A to the Local Government Act 1972.

How to take part in/watch the meeting:

Participants: (Officers and Members) will have received a personal email with their login details for the meeting. Contact the Democratic Services Officer if you have not received your login.

Members of the public:

Online:
You will need to visit the ECC Democracy YouTube Channel https://tinyurl.com/yynr2tpd where you will be able watch live or view the meeting at a later date. If you want to ask a question at the meeting, please email

democratic.services@essex.gov.uk by noon on the day before the meeting. Please note that your question must relate to an item on the agenda for the meeting.

Accessing Documents

If you have a need for documents in, large print, Braille, on disk or in alternative languages and easy read please contact the Democratic Services Officer before the meeting takes place. For further information about how you can access this meeting, contact the Democratic Services Officer.

The agenda is also available on the Essex County Council website, www.essex.gov.uk From the Home Page, click on 'Running the council', then on 'How decisions are made', then 'council meetings calendar'. Finally, select the relevant committee from the calendar of meetings.

Please note that an audio recording may be made of the meeting – at the start of the meeting the Chairman will confirm if all or part of the meeting is being recorded.

		Pages
***	**Private pre-meet for HOSC Members only** Please note that Members are requested to join via Zoom at 9:30am for a pre-meeting.	
1	**Membership, Apologies, Substitutions and Declarations of Interest** To be reported by the Democratic Services Manager.	6 - 6
2	**Minutes of previous meeting** To note and approve the minutes of the meeting held on Wednesday 4 November 2020.	7 - 10

3 Questions from the public

A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. No statement or question shall be longer than three minutes and speakers will be timed. If you would like to ask a question at the meeting, please email democratic.services@essex.gov.uk before noon on Tuesday 1 December 2020.

4 Mental Health Services **11 - 44**

The Committee to receive report HOSC/35/20, to continue its review of the impact of the pandemic on mental health services in Essex, its response and future service planning for changes in demand.

5 Suicide Rates in Essex **45 - 54**

The Committee to receive report HOSC/36/20, to discuss the recently published Office for National Statistics (ONS) data on suicide rates in Essex in 2019, and to provide a summary of what is currently happening and what is planned, to address the rise in suicides in Essex County overall and in certain districts in the County.

6 Interpreting and Translation Services **55 - 59**

The Committee to receive report HOSC/37/20, which contains information on the intention to extend interpreting and translation services for Primary Care to include pharmacies and optometry services.

7 Provision of Adult Community inpatient beds at Clacton and Fryatt Hospitals **60 - 62**

The Committee to receive report HOSC/38/20, which provides an update on the provision of adult community inpatient beds at Clacton and Fryatt Hospitals.

8 Chairman's Report - December 2020 **63 - 64**

To note the latest update on the discussions at HOSC Chairman's Forum meetings (Chairman, Vice-Chairmen and Lead JHOSC Member).

9	**Member Updates**	**65 - 65**
	To note any updates of the Committee.	
10	**Work Programme**	**66 - 69**
	To note the Committee's current work programme.	

11 Date of next meeting

To note that the next meeting of the Committee is scheduled to take place on Wednesday 13 January 2021.

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: 2 December 2020	**For:** Information
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk or Sophie Campion, Democratic Services Officer (sophie.campion2@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 J Reeves	Chairman
Councillor A Brown	
Councillor J Chandler	
Councillor B Egan	Vice-Chairman
Councillor R Gadsby	
Councillor D Harris	
Councillor J Lumley	
Councillor B Massey	
Councillor C Souter	
Councillor M Stephenson	
Councillor M Steptoe	
Councillor A Wood	Vice-Chairman

Co-opted Non-Voting Membership

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

Minutes of the meeting of the Health Overview Policy and Scrutiny Committee, held virtually via video conference on Wednesday 4 November 2020 at 10:30am

Present

Cllr Jillian Reeves (Chairman)	Cllr June Lumley
Cllr Anne Brown	Cllr Bob Massey
Cllr Jenny Chandler	Cllr Clive Souter
Cllr Tony Edwards (Harlow DC)	Cllr Mark Stephenson
Cllr Beverley Egan (Vice-Chairman)	Cllr Carole Weston (Substitute for Cllr Mike Steptoe)
Cllr Dave Harris	Cllr Andy Wood (Vice-Chairman)

Apologies

Cllr Mike Steptoe

Other Members

Cllr John Baker

Cllr Mark Durham

The following officers were supporting the meeting:

Richard Buttress, Democratic Services Manager

Sophie Campion, Democratic Services Officer

1. **Membership, apologies and declarations**
   Apologies were received from:

   - Cllr Mike Steptoe (substituted by Cllr Carole Weston)

   The following Declarations of Interest were made:

Name	Interest
Cllr Beverley Egan	Cousin is the Managing Director of the Basildon Hospital Trust
Cllr Bob Massey	Governor at EPUT

2. **Minutes of previous meeting**
   The minutes of the meeting held on Wednesday 14 October 2020 were approved by the committee as an accurate record, subject to the following two amendments:

- Minute 1 - The Declaration of Interest recorded for Cllr Edwards was incorrect and would be removed.
- Minute 5 – It was resolved that performance reports would be received by the HOSC on a monthly basis, rather than a quarterly basis.

3. Questions from the public

No questions from members of the public were received.

4. A&E pressures, seasonal planning and admission avoidance - updates

The Committee considered report HOSC/31/20 comprising of a briefing from the Princess Alexandra Hospital NHS Trust (PAH), the East Suffolk and North Essex NHS Foundation Trust (ESNEFT) and the Mid and South Essex NHS Foundation Trust (MSEFT).

The Committee received the following updates;

Stephanie Lawton, Chief Operating Officer, PAH NHS Trust covering the following key issues:

- Emergency Care Update
- Restoration of services and winter planning
- COVID-19; impact of COVID-19 on services, staff support and testing and Cancer Services.

Alison Power, Director of Operations, ESNEFT covering the following key issues:

- Emergency Care Services at Colchester Hospital; Urgent Treatment Centre, Emergency Department and Acute Medical Same Day Emergency Care
- Lessons learnt from COVID-19 pandemic
- Bed Capacity Planning.

Samantha Goldberg, Chief Operating Officer, MSEFT covering the following key issues:

- Emergency Department Flows & Hospital Admission Avoidance
- MSE and system programmes
- Preparation and support for winter/COVID-19 demand
- Urgent Emergency Care.

During the discussion the following key points were noted:

- The Trusts were all confident in the planning for winter pressures and were focussed on supporting staff and working collectively in the context of added pressures from COVID-19 to provide services
- Issues with recruitment and retention within the hospital settings had improved, however there remained issues with primary care GP recruitment in particular areas
- There was improved testing for patients for COVID-19 in hospital and ahead of discharge, assisting in improving the patient flow
- It was confirmed that the Flu Vaccination programme was progressing at the Trusts

- Concern was raised regarding communications to the public during this period, particularly regarding ensuring that residents continue to access services where required, following a decrease in the number of referrals. It was **Agreed** that assurance would be sought that the County Council was working together with the health services regarding communicating key public health messages with residents.

After discussion, it was **Resolved** that:

(i) An update from the Hospital Trusts would be provided on A&E pressures, seasonal planning and admission avoidance in the New Year

(ii) Additional information from ESNEFT would be provided on:
   a. Ambulance conveyancing – result of audit
   b. Funding for CCG early intervention vehicles
   c. Mitigating actions being taken to address higher levels of mortality in deprived areas relating to preventable conditions

(iii) Due to a technical issue during the discussion, any further questions from Members for the MSEFT would be forwarded to the trust via the Democratic Services Manager.

5. Chairman's Report

The Committee considered and noted report HOSC/32/20.

6. Member Updates

The Committee considered and noted report HOSC/33/20.

An update on the progress of the Joint HOSC Task and Finish Group work would be requested.

Councillor Wood agreed to feed back to the Committee on the discussion on Suicide Prevention due to take place at the next Health and Wellbeing Board meeting on 18 November 2020. It was **Agreed** that this item would be added to the next meeting of the Committee.

7. Work Programme

The committee considered report HOSC/34/20 the current work programme was noted by the committee.

The following issues were identified for consideration at the December meeting:

- Mental Health Services Update
- Update on interpreting services – tender for new contract in the East of England for the NHS
- North East CCG Community Beds proposal
- Suicide Prevention.

It was requested that the Autism Services Report in the new year, includes details of the number of people affected by this condition across Essex and the impact of the pandemic on children's services.

It was **Resolved** that the following issues would be included in the Committee's Work Programme:

(i) Briefing from the CCG's regarding GP Provision across Essex in February 2021, to include historic trends and data by division
(ii) Update from the Hospital Trusts regarding A&E pressures, seasonal planning and admission avoidance

8. Date of next meeting

To note that the next committee meeting is scheduled for Wednesday 2 December 2020 at 10:30am. Members were requested to reserve the whole day in their diaries for this meeting.

9. Urgent business

No urgent business was received.

10. Urgent exempt business

No urgent exempt business was received.

The meeting closed at 12.38pm.

Chairman

Reference Number: HOSC/35/20

Report title: Mental Health Services	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk)	
Date: 2 December 2020	**For:** Discussion and identifying any follow-up scrutiny actions
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Sophie Campion, Democratic Services Officer (sophie.campion2@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

1.1 The Chairman and Lead Members have requested that the Committee continue its review of the impact of the pandemic on mental health services and its response to the pandemic and future service planning for changes in demand. This introductory update is attached as described further below.

2. Action required

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

3. Background

3.1 The Committee received an initial presentation from EPUT, NELFT and CCG's in September 2020 upon which at its conclusion, ask that a further update be provided in three months' time.

3.2 The agreed scope is set out below and will be broken down into three separate areas, covering Adult Mental Health, Children's Mental Health and IAPT/Talking Therapies.

- Overview of the response to the pandemic
- Future planning for changes in demand
- Effect on staffing capacity – high levels of sickness, a likely second peak
- A breakdown between mental health conditions.

The health service has primarily supported the preparation of this item and provided the majority of the update however, Essex County Council officers will be in attendance on the day to present this update.

4. Update and Next Steps

See Appendices for update. See Action Required for next steps.

5. List of Appendices

Appendix A: NELFT – Children's Mental Health Services
Appendix B: EPUT – Adult's Mental Health Services

NELFT NHS
NHS Foundation Trust

Essex HOSC Presentation Dec 20

Gill Burns
Director of Children's Services, Essex and Kent

Best care by the best people

Key Areas of Focus

NELFT NHS
NHS Foundation Trust

- Overview of the response to pandemic – Covid19 update
- Future Planning for Changes in Demand
- Emotional Wellbeing Mental Health Service (EWMHS) Access Target
- Impact on Staffing Capacity
- Breakdown of Mental Health Conditions
- Suicide rates.

Covid-19 Update

NELFT NHS
NHS Foundation Trust

NELFT Incident management structure revised for phase 2

NELFT OUR Future Focus tactical groups in place

Active engagement into Sustainability and Transformation Partnership (STP) footprint

Daily situation report shared with Mid & South Essex (MSE)

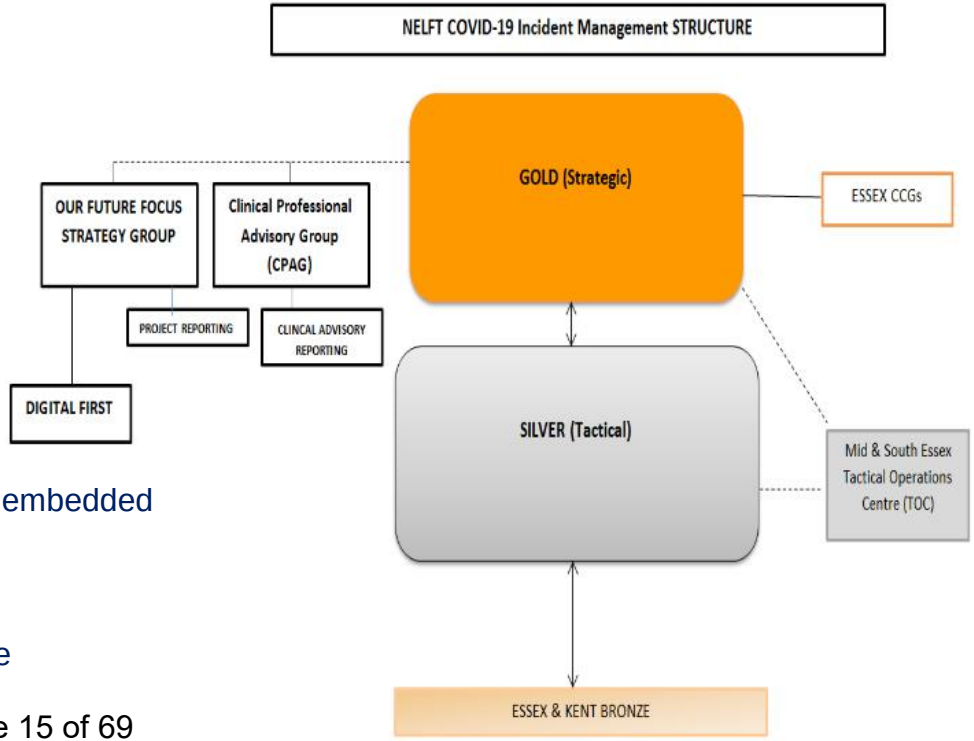
Services open and operate business as usual

Virtual contact for initial appointments, reviews and treatment embedded

Face to face consultations continue based on clinical need

Operational monitoring of caseload and waiting times continue

Monthly contract and performance monitoring in place



Best care by the best people

Thank you, our NHS heroes

NELFT OUR FUTURE FOCUS

Future planning for changes in demand

NELFT NHS
NHS Foundation Trust

Clinical Risk Management

- Quality Review of clinical pathway for Looked After Children (LAC)
- Single Point of Access (SPA) model review to enhance offer and review integration opportunities
- Joint provider work to improve Learning Disability pathway and Physical Health monitoring
- Clinical formulation and care pathways – deep dive review underway

Collaborative Working

- Collaborative working via STP footprint for most complex and high risk cases known to multi-agency network
- Embed shared care protocols to support families and CYP on Autism/*ADHD spectrum
- Widen Crisis offer - improve A&E liaison and management of complex/high risk cases

• *Attention deficit hyperactivity disorder (ADHD)

Innovative and Adaptable Working

- Improve access targets - Silver Cloud and SPA contacts
- Enhance digital offer, including Video Consultation and Guided Self-Help Apps
- Workforce development opportunities – provide additional training for staff & integrate **MHST workforce

• **Mental Health Support Teams (MHST)

Access Targets

NELFT NHS
NHS Foundation Trust

What is it?

The percentage of Children and Young People (CYP) with a diagnosable mental health problem who access treatment (two contacts) with NHS-funded services

Planned Actions:

- Incorporating Silvercloud Online Mental Health Support as an early intervention offer within the SPA & within Mood & Anxiety Pathway
- Training workshops for frontline clinicians in Goal-Based Outcomes and Motivational Interviewing to make sure every contact counts
- Targeted engagement campaign via Instagram to reach CYP who haven't accessed EWMHS previously

Access Targets

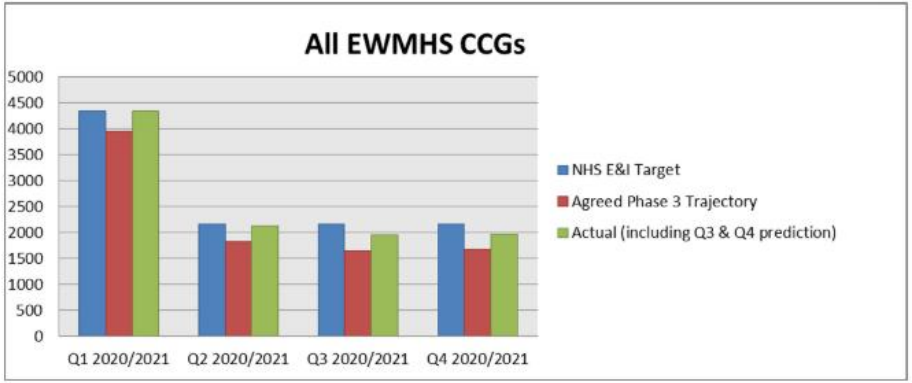
NELFT NHS
NHS Foundation Trust

CYP Access Analysis

The charts following illustrate NELFT's actual (to date) and predicted (remainder of the financial year 2020/21) performance against CYP MH Access Targets.

Visualised are:

- Agreed Phase 3 trajectories for CYP Access (and predicted variance at the end of the financial year)
- NHS E&I targets (and predicted variance at the end of the financial year)



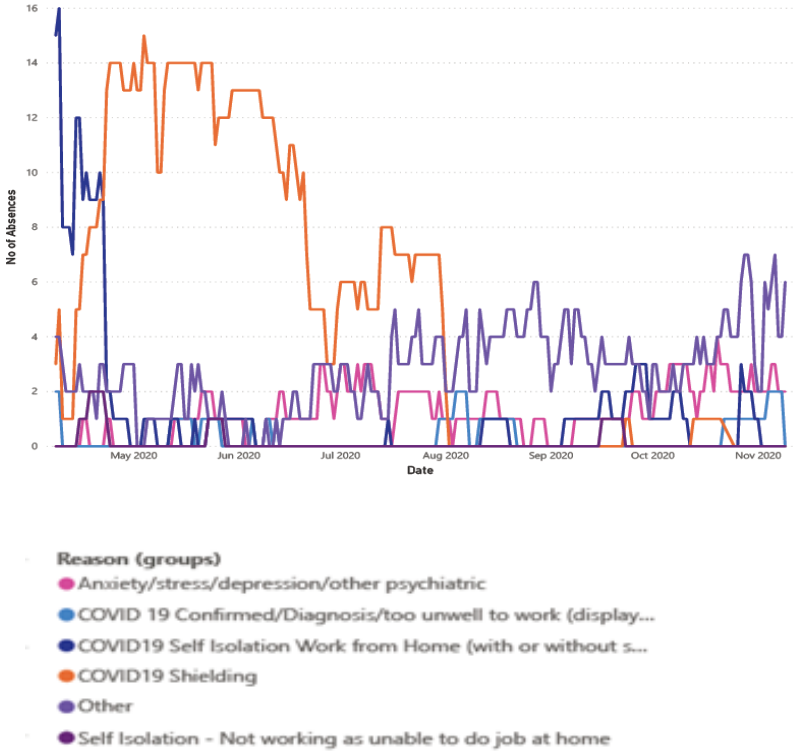
Since submission of the Phase 3 trajectory values, NELFT have explored opportunities to increase reportable access rates through increased submission of data to Mental Health Services Data Set (MHSDS).

Keeping within the NHS Digital CYP Access guidance., a mixture of the inclusion of more 'indirect' contacts and plans to increase data quality lead us to believe that NELFT's position can be revised.

Effect on staffing capacity

NELFT NHS
NHS Foundation Trust

COVID-19 Absence Overview (EWMHS)



- Staff capacity monitored in line with National Guidance
- Robust agile model in place
- Staff risk assessments completed on all staff
- Clinically Extremely Vulnerable (CEV) group identified and will continue to work from home
- Identified and prepared staff to be re-deployed to higher need areas if required including ISS and EDT
- Steady rise in sickness from Oct 20 (non-Covid) in line with seasonal expectation

Capacity & Demand - Activity

NELFT NHS
NHS Foundation Trust

KEY PERFORMANCE INDICATOR	Target	Description	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Referral to Treatment (RTT) waiting times by locality **(Waiting to be seen)**	**92%**	Should not wait longer than 18 weeks	75%	55%	49%	61%	67%	80%
Referral to Treatment (RTT) waiting times by locality **(Completed pathways)**	**95%**	Have been seen with 18 weeks	87%	93%	93%	87%	89%	95%
Referral to Assessment (RTA) waiting times for assessments new cases by locality **(Waiting to be seen)**	**45%**	Should not wait longer than 4 weeks	24%	39%	62%	20%	22%	66%
	35%	Should not wait longer than 4-8 weeks	20.9%	13.3%	8.0%	21.4%	30.0%	14.6%
	80%	Should not wait longer than over 8 weeks	44.7%	52.3%	70.0%	40.9%	52.5%	80.9%
Referral to Assessment (RTA) waiting times for assessments new cases by locality **(completed pathways)**	**90%**	Have been seen within 12 weeks	88.8%	90.6%	93.6%	95.4%	97.8%	98.5%
Total number of crisis assessments undertaken in A+E for each locality	**100%**	Should be assessed within 4 hours from referral	94.8%	100.0%	95.7%	100.0%	100.0%	100.0%

Referral to treatment National Standard targets maintained since start of pandemic

Referral to assessment National Standard targets over achieved during the same period

High Referral Volume (Approx. 800 per month)

Increased demand on Crisis (Approx. 200 per month)

Reduction in caseload (current caseload 3951)

24/7 access to online support via Togetherall

RTT & RTA National targets met and maintained

Increased virtual contact for assessment and treatment

Best care by the best people

Mental health conditions breakdown

NELFT NHS
NHS Foundation Trust

April 20 to August 20 - Broken down in order of volume		Apr	May	Jun	Jul	Aug
Breakdown of CYP seen by primary presenting problem	Emotional Disorder	1128	737	577	1261	1164
	Eating Disorder	91	137	108	309	350
	Deliberate Self Harm	130	103	87	143	153
	Conduct Disorder	135	99	64	167	130
	ASD	44	18	17	40	33
	Psychotic Disorder	11	13	4	23	11
	Hyperkinetic Disorder	4	7	8	15	18
	Developmental Disorder	3	3	12	14	19
	Habit Disorder	0	0	0	0	0
April 20 to August 20 - Broken down in order of volume		**Apr**	**May**	**Jun**	**Jul**	**Aug**
Breakdown of CYP seen by gender	Female	1077	806	618	481	583
	Male	503	338	276	268	295
Breakdown of CYP seen by age	0-4	0	0	0	1	0
	5-9	63	34	24	28	25
	10-14	797	549	468	420	471
	16-18	720	554	389	309	382
Ethnicity	White - British	1077	822	1148	1487	1380
	Not Known	416	318	397	489	492
	White - Other	61	52	72	90	57
	Not Stated	21	24	17	35	30
	White - Irish	11	10	15	11	15
	Mixed - White & Black Caribbean	0	0	0	0	0
	Other Ethnic Group	0	0	0	0	0

Data Profile:

Highest seen – Female

Highest volume in the 10-14 year old age group

Highest presentation – Emotional Disorder

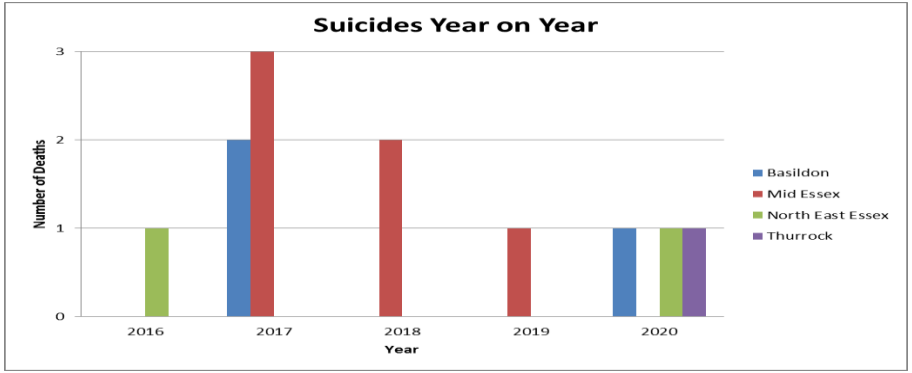
Suicide Information

NELFT NHS
NHS Foundation Trust

NELFT data for EWMHS

Rise in cases where CYP had an ASD and/or ADHD diagnosis in line with National findings

Incident date	Team	Severity	Mental Health Condition (s)
02/09/2019	EWMHS Mid	Suicide by Hanging	Anxiety Self-harming behaviour
12/05/2020	EWMHS Basildon	Suicide by Hanging	Autism Spectrum Disorder (ASD) Attention deficit hyperactivity disorder (ADHD)
14/07/2020	EWMHS Thurrock	Attempted Suicide resulting in hospital death	Anxiety Low mood Self-harming behaviour
16/10/2020	EWMHS North East	Suicide by Hanging	Low mood Self-harming behaviour



Learning from recent SI's include;

- Early escalation of high risk cases with robust multi-disciplinary/agency approach
- Strengthened collaboration with wider system
- Staff to provide F2F follow up within 7 days of Crisis A&E presentation and assessment
- Strengthened communication for all clinicians regarding the profile of patients to review
- Review of caseloads*** within ND pathway with the profile in mind.
- Strengthened partnership work within MSE on Community Paeds to provide families with additional support

****current caseload of active patients - 3951*

Questions

Gill Burns

Director of Children's Services, Essex and Kent

Appendix B

Essex Adult Mental Health Services Update

Eugene Staunton & Lizzy Wells – North East Essex

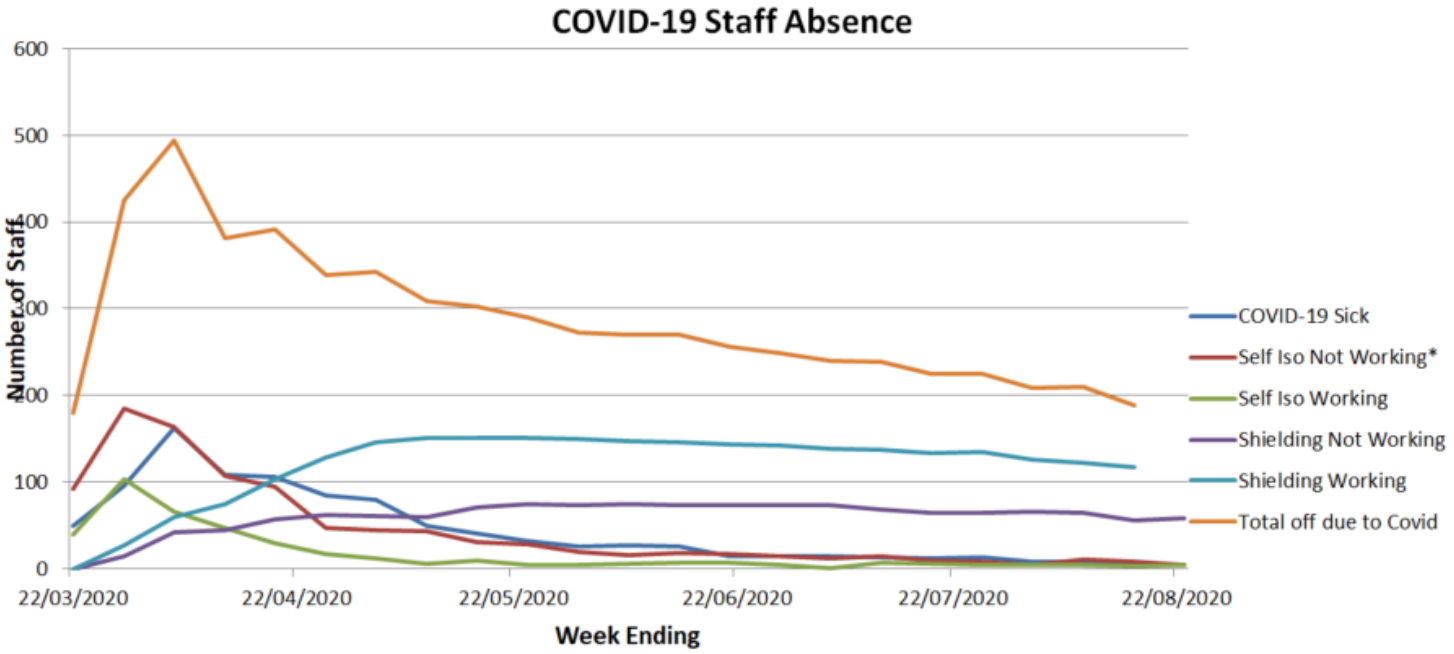
Jane Itangata & Sue Waterhouse – Mid and South Essex

Peter Wightman & Lizzy Wells – West Essex

Overview of the Response to the Pandemic

- Emergency planning in Trust and across systems continues – Tactical command has recently increased frequency in response to second surge
- Vulnerable patients and staff continue to be a focus with regular reviews of risk management plans
- Digital consultation continue to be utilised with individuals where appropriate though increasing numbers of people are requiring face to face contact
- Stepped up a Staff Wellbeing and support service for all of Essex – recently received funding to expand this and currently working across 3 STP's
- Implemented A&E diversions in each Acute Hospital Setting and these continue
- Continued with the transformation – 111 24/7 Crisis Response Service to support pandemic demand

Impact on Workforce



- Absence among staff groups remains low
- Twice weekly testing due to be implemented on all patient facing staff groups

Mapping Increase in Demand

- Need to understand demand for services had the pandemic not struck
- People might need more support due to a deterioration of their mental health during the pandemic
- New demand driven by people needing support due to wider impact of pandemic

Population Group	Research Determined Increase %	Mental Health Condition
General population without pre-existing mental health conditions	3.6	Moderate severe anxiety
	7.4	Moderate severe depression
People with pre-existing mental health conditions	67.4	Moderate severe anxiety
	56.3	Moderate severe depression
Healthcare workers	30.4	Burnout
	13.8	Post traumatic distress
	44.9	High psychological distress
People recovering from severe Covid-19	41.0	Anxiety (38-44 %)
	29.5	Depression (26-33%)
	23.0	PTSD (22-24%)
Adult family members of those recovering from severe Covid-19	19.5	Anxiety (15-23%)
	6.0	Depression
	35.0	PTSD
Bereaved people	9.8	Prolonged grief disorder
	14.2	PTSD
	18.4	Depressive symptoms
People economically affected by Covid-19	8.2	Major depression

Projected Surge

- We have forecast that the mental health surge in the next 6 months could be as high as 10%, but no national forecast yet and the surge could be higher
- We with other Mental Health organisations are beginning to identify that the mental health surge includes a cohort of patients that are new to the service or have not been engaged with secondary health services for a number of years and are presenting with complex mental health needs.

  - We believe that through technology, improved bed management and a new crisis service and A&E diversion arrangements, integrated ways of working with the whole West Essex system we can mitigate a potential second surge of up to 10%.

  - The Trust aims to maintain 85% occupancy to support social distancing on the ward – recognise this is a challenge at current level of demand.

North East Essex Future Planning

- Recovery Planning continues- expect NHSE Phase 4 Planning Phase 18.12.20
- Focus so far on transition back to sustainable 'business as usual'
- Delivery of NEE CCG Mental Health Investment Standard (MHIS) fully committed to
- EPUT and Essex CCG's currently discussing Out of Area Placements and local capacity available.
- Investments into;

  EPUT 24/7 Psychiatric Liaison Service at ESNEFT and 111 press (2) Mental Health Crisis Line

  EPUT Pan Essex Specialist Perinatal Service

  EPUT Adult ADHD Service

  EPUT Personality Disorder and Complex Needs

- Improving Access to Psychological Therapies (IAPT) - additional capacity business case in development to deliver 30% intervention rate

North East Essex Future Planning *Cont.*

Areas of focus;

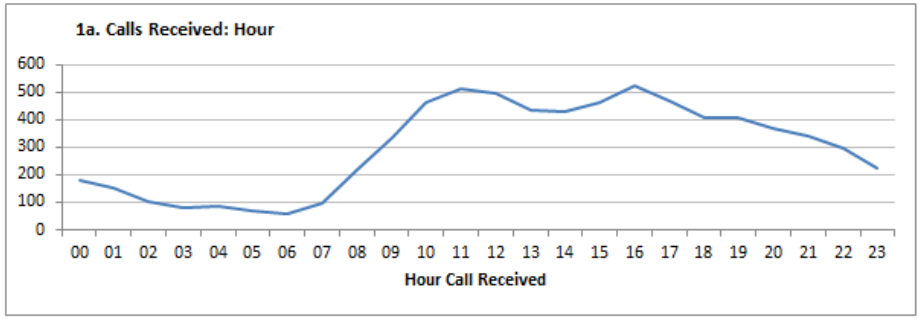
- Support for health and care workforce
- Second wave of pandemic and Winter Pressures
- Increased levels of anxiety and depression
- MH impacts on workforce inclusive of burnout.
- Increased risk of suicide and crisis situations due to life-style impacts / increase in self harm.
- Increase in prescription of antidepressants
- Long Covid

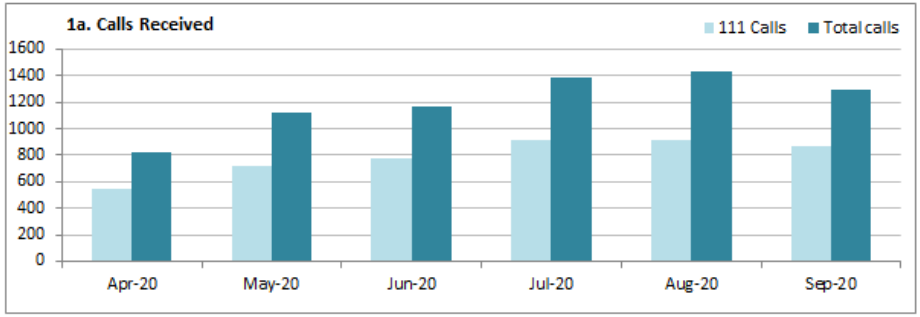
The Data

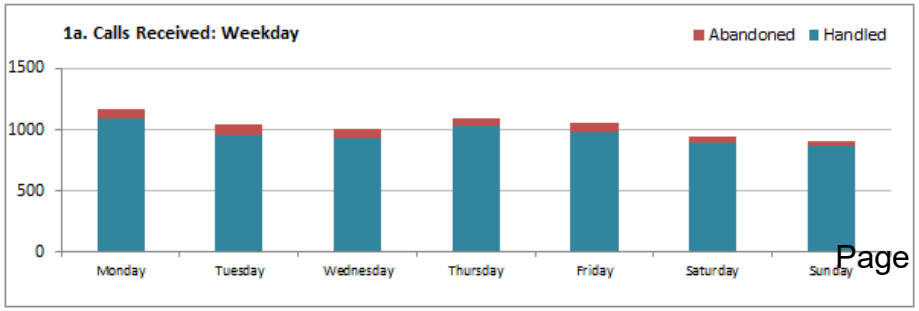
North East Essex 111 and Crisis Triage Activity Apr-20 to Oct-20

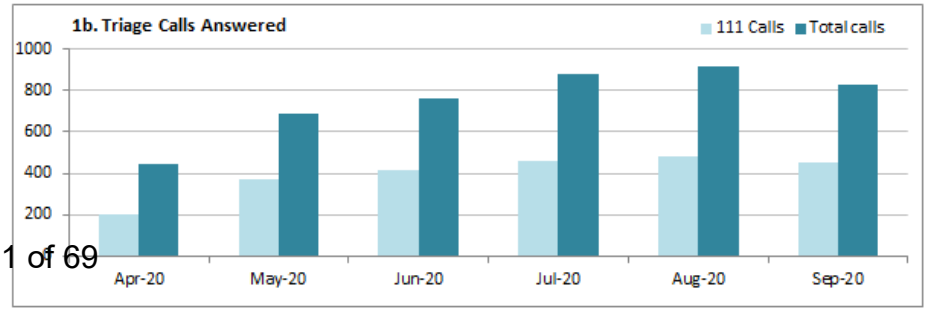
1a. Calls Received	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	YTD
111 Calls	545	723	780	913	920	871	**4752**
Crisis calls received from 0300 number	263	340	323	395	433	307	**2061**
Ded line - Ambulance	0	2	0	0	1	10	**13**
Ded line - GP Crisis	5	5	11	5	5	6	**37**
Ded line - Police	0	0	1	0	1	0	**2**
Ded line - Professional	11	52	53	77	68	96	**357**
Total calls	824	1122	1168	1390	1428	1290	**7222**

1b. Triage calls answered	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	YTD
111 Calls	198	374	417	461	483	451	**2384**
Crisis calls received from 0300 number	231	256	286	341	359	275	**1748**
Ded line - Ambulance	0	2	0	0	1	8	**11**
Ded line - GP Crisis	5	5	9	4	5	6	**34**
Ded line - Police	0	0	1	0	1	0	**2**
Ded line - Professional	10	47	51	76	64	91	**339**
Total calls	444	684	764	882	913	831	**4518**

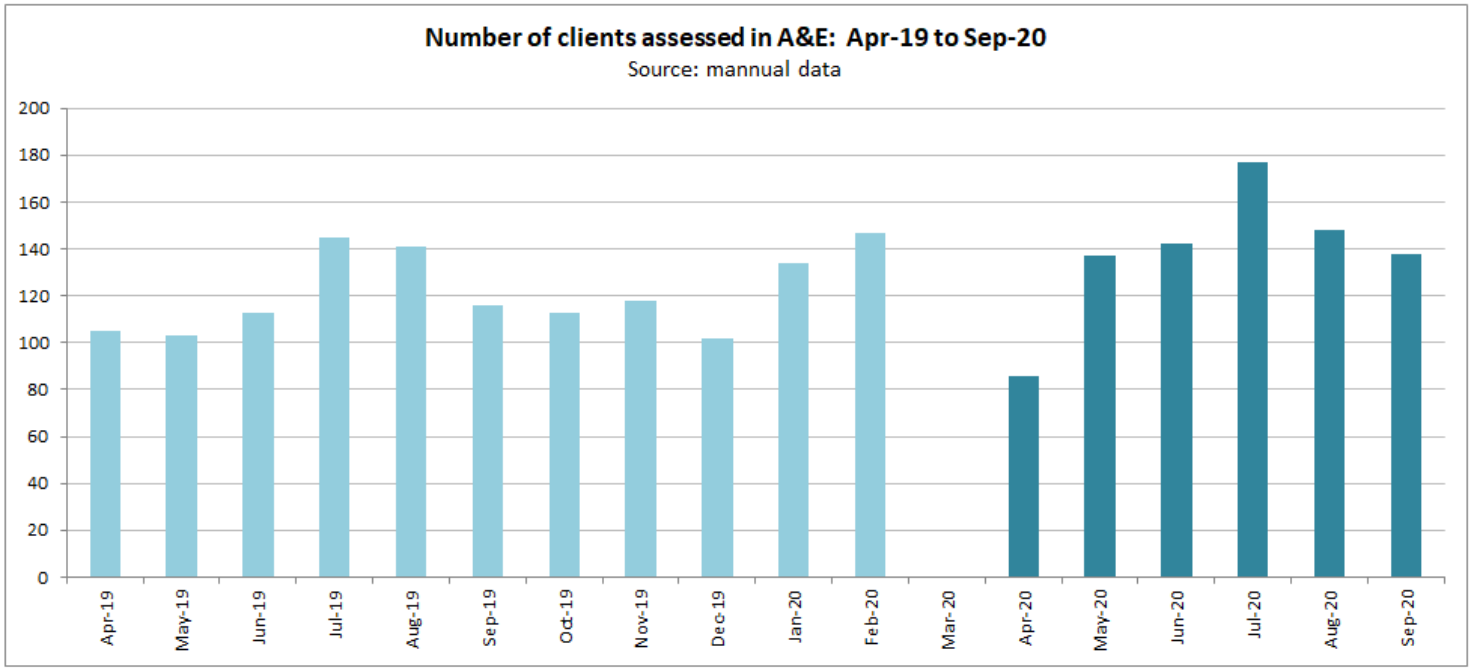








The Data

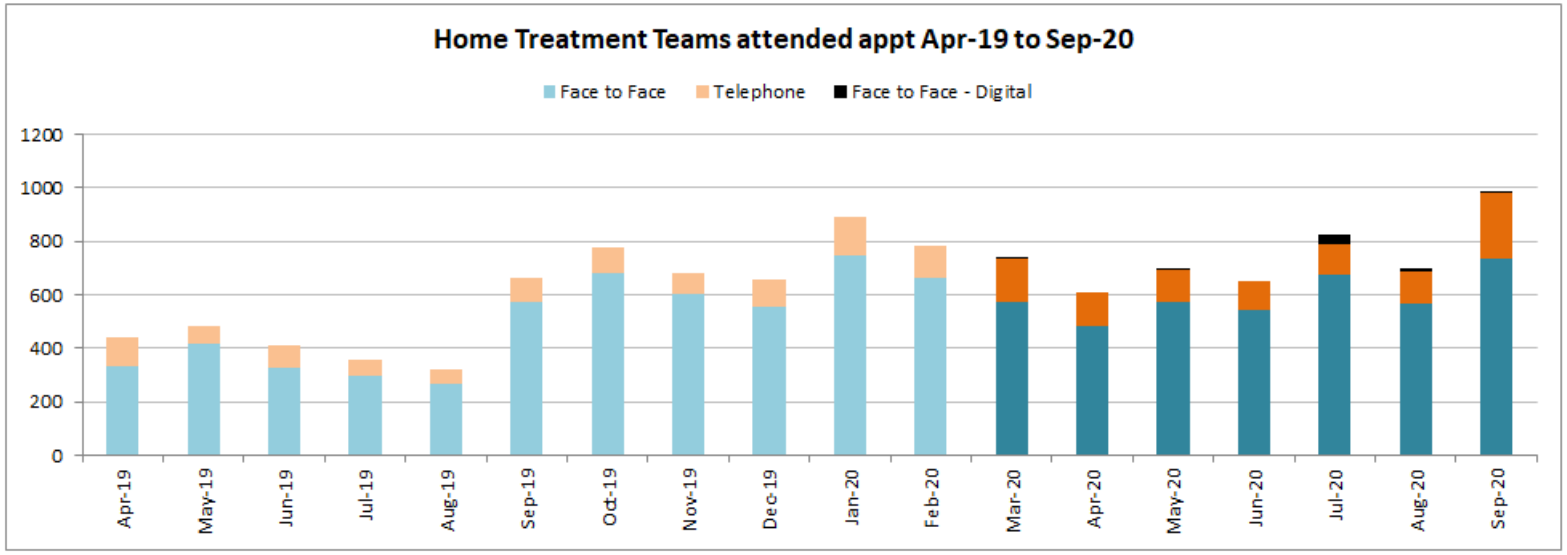


Client assessed in A&E 2019-21	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
	105	103	113	145	141	116	113	118	102	134	147	-*

Client assessed in A&E 2020-21	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
	86	137	142	177	148	138	-	-	-	-	-	-

* Mar-20 validated data not available at start of pandemic due to operational pressure

The Data



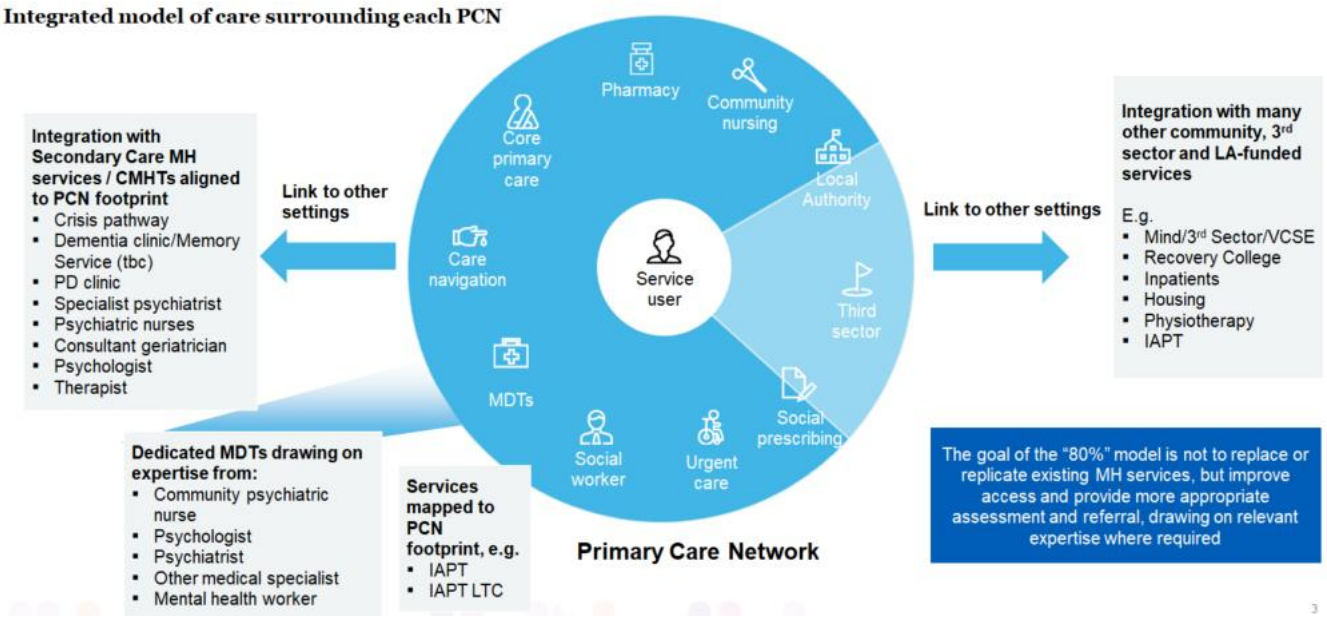
Appointment Type	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Face to Face	335	417	330	299	266	574	684	602	556	748	664	573
Face to Face - Digital	-	-	-	-	-	-	-	-	-	-	-	2
Telephone	106	66	84	57	58	87	95	79	103	141	118	161
Attended Appointment Total	441	483	414	356	324	661	779	681	659	889	782	736

Appointment Type	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Face to Face	481	576	541	677	567	734	-	-	-	-	-	-
Face to Face - Digital	-	1	-	37	12	10	-	-	-	-	-	-
Telephone	131	116	108	110	120	246	-	-	-	-	-	-
Attended Appointment Total	612	693	649	824	699	990	-	-	-	-	-	-

Mid and South Essex Planning

Primary Care

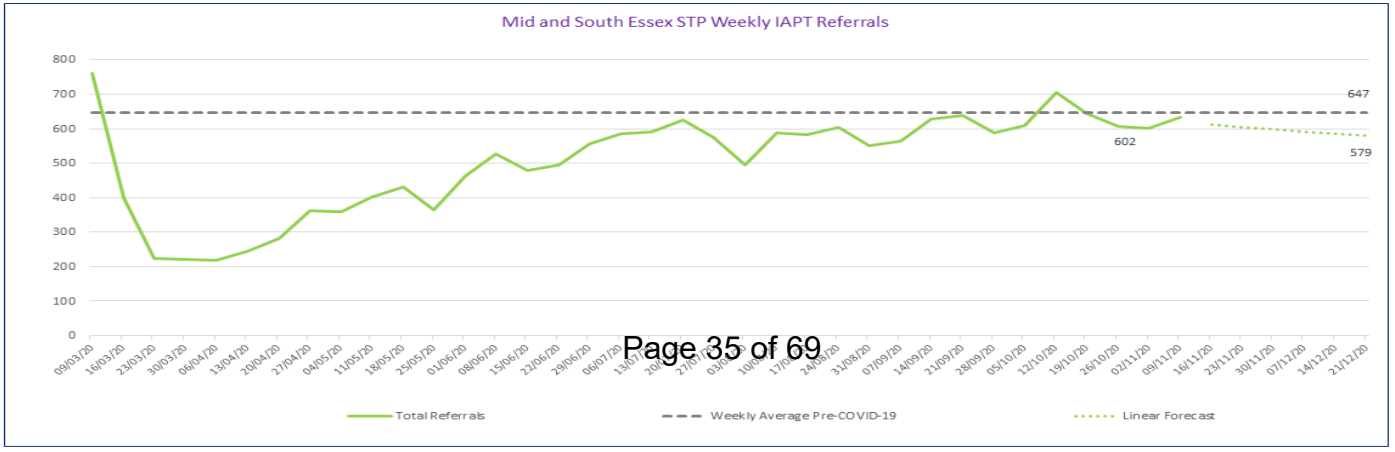
- Integrated Primary Care Model – progressing with IPCC transformation



Mid and South Essex Planning *Cont.*

IAPT

- All IAPT providers have seen an increase in demand, but variably, for services and with increased complexity in some areas. Services are resourced to meet the additional demand. Close monitoring in place.
- The default mode of delivery is remotely via telephony and digital platforms as IAPT being a high volume service F2F at the current time would not be practicable. Measures in place to mitigate inequality of access as appropriate.
- Fast tracking of key workers and frontline staff to access support
- IAPT services part of transformation to integrate MH in primary and community care providing a wrap around offer for developing PCNs.



Mid and South Essex Planning *Cont.*

Secondary Care

- Increased focus on Psychological Therapies – increasing resources into psychological teams
- Escalation Beds with private sector provider in Mid Essex plus opening a ward
- Robust Gatekeeping for admission avoidance
- Operational Preparedness – strategic meeting that includes all partners to consider further surge management as it materialises
- Focus on throughput and reducing delayed transfers of care – introduction of addition discharge facilitators

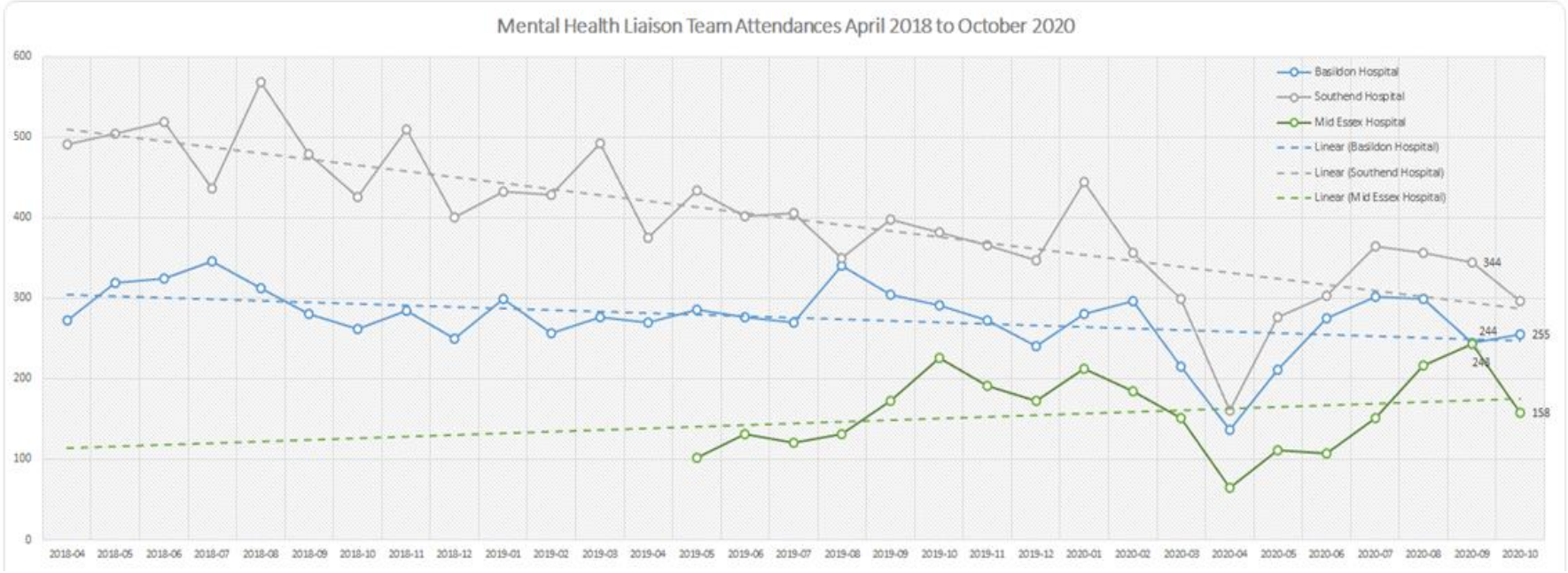
Surge in Demand in Mid & South Essex

Population Group	No. in population (pre-Covid)	Research determined increase %	Mental health condition	Calculated predicted new cases
General population without pre-existing mental health conditions	912,807	3.6%	Moderate severe anxiety	33,135
		7.4%	Moderate severe depression	67,822
People with pre-existing mental health conditions	8,248	67.4%	Moderate severe anxiety	5,559
		56.3%	Moderate severe depression	4,644
Healthcare workers	14,491	30.4%	Burnout	4,405
		13.8%	Post traumatic distress	2,000
		44.9%	High psychological distress	6,506
People recovering from severe Covid-19	469	41.0%	Anxiety (38%-44%)	192
		29.5%	Depression (26-33%)	138
		23.0%	PTSD (22-24%)	108
Adult family members of those recovering from severe Covid-19	689	19.5%	Anxiety (15-23%)	134
		6.0%	Depression	41
		35.0%	Post traumatic stress disorder	241
Bereaved people	9,393	9.8%	Prolonged grief disorder	921
		14.0%	Post traumatic stress disorder	1,315
		18.4%	Depressive symptoms	1,728
People economically affected by Covid-19	47,310	8.2%	Major depression	3,879
Total	**993,407**			**132,770**

- Majority of demand will come in via primary care but when primary care are under pressure demand rises to secondary care

Mental Health Liaison

	2018-04	2018-05	2018-06	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	2019-01	2019-02	2019-03	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	Grand Total
Basildon Hospital	491	504	519	436	569	479	426	510	401	432	429	492	375	434	402	406	350	398	382	366	347	445	356	299	160	276	303	365	356	344	297	12349
Southend Hospital	273	319	325	346	312	281	262	285	250	299	257	276	270	286	276	270	341	305	291	272	240	281	297	215	136	211	275	302	299	244	255	8551
Mid Essex Hospital														102	131	121	131	172	226	191	173	213	184	151	65	111	107	151	217	243	158	2847
Grand Total	**764**	**823**	**844**	**782**	**881**	**760**	**688**	**795**	**651**	**731**	**686**	**768**	**645**	**822**	**809**	**797**	**822**	**875**	**899**	**829**	**760**	**939**	**837**	**665**	**361**	**598**	**685**	**818**	**872**	**831**	**710**	**23747**



NHS West Essex Clinical Commissioning Group

one Health & Care Partnership

NHS Essex Partnership University NHS Foundation Trust

West Essex Integration and Primary/Community Care Model

Oct 2019

West Essex Planning -Working in Collaboration

- ONE Health & Care Partnership
- The West Essex All Age Mental Health Partnership Board has been established – led by West Essex CCG. First meeting being held to agree attendees and membership, partners are engaging with district councils to join.
- EPUT provide both community health and mental health services are able to co-provide and respond to emergent community needs.
- Work in partnership with the voluntary sector – MIND, Samaritans and the Alzheimer's society are all embedded within our community services.
- Refocus on PCN/locality service development enables flexible service delivery reflective of local needs

Further opportunities for collaboration

- Engagement with housing services
- Engagement with activity and leisure services
- Any other opportunity

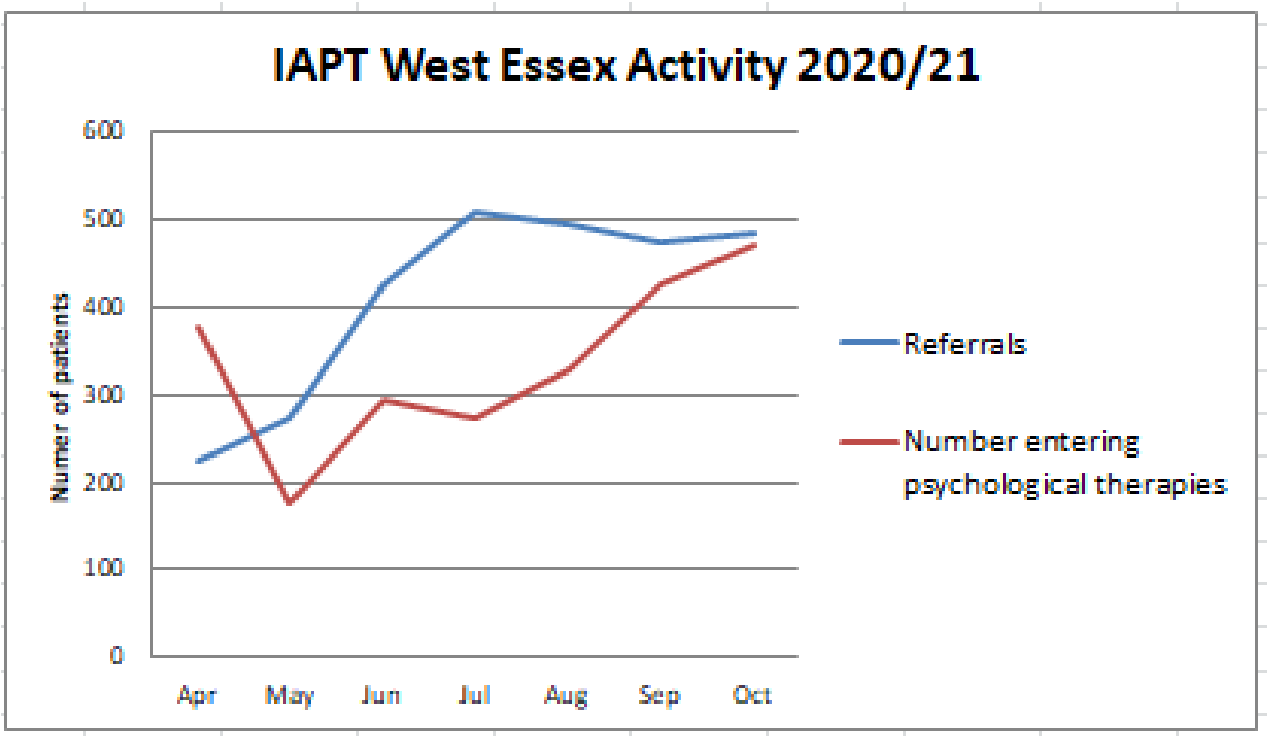
EPUT West Essex Community Model

NHSE first implementer

Pilot includes:

- Epping North PCN workers/Mental health Coaches/ specialist pharmacist
- 18-25 service psychology led/specialist pharmacist,
- FREED - Early intervention eating disorder service 18-25
- Perinatal service
- Dementia older people and frailty service – based at St Margaret's aligned to the 2 primary care network
- First episode psychosis service

West Essex IAPT



- Referrals returned to pre-Covid levels
- Increased number of patients in therapy
- CCG is out to tender for service with increased capacity (start mid 2021)

Mental Health & Wellbeing of Students 18 & Over

- Increased ease of access to more complex MH services via primary care secondary services provided via Community Mental Health Service .
- 18-25 pilot
  - psychology led working with young people to develop strategies to manage their emotional and psychological well-being at any early stage.
  - Engaged with local forums to hear what the young people wanted
  - large demand mostly received via GPs clinicians and the crisis service.
  - Where young people are moving to universities outside the area advice and support is provided in respect of accessing support
  - First Episode psychosis service
  - 2 week referral to care plan work with children's and young people mental health services as referrals accepted from 14 Work in partnership with the IAPT services
  - Mental Health Wellbeing promoted within educational institutions

How we got here

Stakeholder Engagement

We engaged with our stakeholders including service users to identify gaps in existing services and how the voluntary sector can support with bridging the gaps.

Recognising what we have to offer

Sharing our experiences and track record with our partners to create awareness of our capabilities as viable partners in delivering the service.

Leveraging system wide capabilities

Mapping capabilities across the system whilst leveraging these in aligment with the service offers.

Developing shared understanding of local need

Offering more than service provision through structured opportunities to contribute unique local knowledge in a way that enables better understanding of need and future service development.

Delivering services together

Working with our partners to assess how existing services could be reconfigured to complement statutory provision and better meet the needs of particular groups.

Report title: Recently published Office for National Statistics (ONS) data on suicide rates in Essex and action being taken to reduce suicide rates in Essex	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Mike McHugh, Consultant in Public Health (interim)	
Date: 2 December 2020	**For:** Discussion and identifying any follow-up scrutiny actions
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Sophie Campion, Democratic Services Officer (sophie.campion2@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

1.1 The purpose of this report is to discuss the recently published Office for National Statistics (ONS) data on suicide rates in Essex in 2019, and to provide a summary of what is currently happening and what is planned, to address the rise in suicides in Essex County overall and in certain districts in the County.

1.2 The report also addresses concerns about the potential impact of the Covid-19 pandemic locally on mental health and on suicide risk.

1.3 On average between 150 and 165 people die by suicide in Essex each year. In the latest data (2019), Essex has a higher rate of suicides than the national average and has had so since 2015. Suicide rates in Essex have risen steadily since 2015 and this gradual increase is also out of step with national trends, where levels were falling until a recent increase over the past 18 months.

1.4 Several districts within Essex also have especially high rates. Tendring, Colchester and Harlow have the 2nd, 3rd and 4th highest rates respectively overall in the country (see table 2). These rates are also higher than expected based on socio-economic ranking and these high rates are currently unexplained.

1.5 Preventing suicide is achievable. Local authorities are well placed to lead on this work because their contribution through public health to address many of the risk factors including wider determinants of health, and through provision of services to address alcohol and drug misuse, Local authorities also have access to local people who are not in contact with health services through online initiatives or through working with the voluntary and community sectors.

1.6 It is self-evident that councils cannot deliver comprehensive suicide reduction strategies alone. Interventions need to involve many agencies including mental and wider health care services, community-based and voluntary organisations, employers, educational bodies, transport services, the police, prisons and others.

1.7 Evidence shows that the Covid-19 pandemic has had profound psychological and social effects, many of which are likely to last for months and years to come. It is imperative that we focus on strengthening mental health and wellbeing and on re-doubling our efforts to prevent suicide at this time.

2. Action required

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

3. Background

3.1 Suicide rates tend to closely mirror socio-economic status. Therefore, we would expect Essex to have rates that are lower than national levels. The higher rate than national average in Essex is currently unexplained.

3.2 Suicide strategies and action plans must be based on a robust analysis of data and intelligence from a wide range of sources. Access to 'real-time suicide' surveillance data, with appropriate data sharing and safeguarding processes, is critical to help tailor local interventions to prevent suicide, to identify people who may need support and to respond to emerging patterns and suicide clusters.

3.3 Currently we do not collect 'real time data' on suicides in Essex and therefore have no detailed understanding of the underlying patterns and features of suicides in Essex during the Covid-19 pandemic. Anecdotal information from the local Coroner's office suggests that rates have not increased. National intelligence also supports the supposition that suicides in England have not increased in 2020.

3.4 Real-time surveillance is usually closely linked to 'post-vention support' i.e. timely support to people who have been bereaved or affected by suicide. It is well known that those bereaved by suicide are themselves at increased risk of suicide.

3.5 General patterns: we know from the ONS and other national data and from previous local audits that:

- Suicide is more prevalent amongst men than women, in particular middle aged and older men
- Suicide is increasing amongst young people and especially young women
- Only 1 in 4 are known to mental health services
- The Mental Health Foundation estimates that 90% of suicides and suicide attempts are associated with a psychiatric disorder
- Substance misuse, including alcohol are significant underlying factors
- Aside from mental health issues, underlying risk factors include debt, unemployment, breakdown of relationships, and contact with the criminal justice system.

3.6 Suicide is a devastating and tragic event which, though comparatively rare, sends ripples through families and communities.

3.7 Suicides are not inevitable. They are often the end point of a complex history of risk factors and distressing events. Tackling social factors linked to mental ill-health is critical. These include unemployment, debt, social isolation, family breakdown and bereavement. Concerted action and collaboration are needed amongst services, communities, individuals, across society to tackle these risks.

3.8 Preventing suicide is achievable. Local authorities are well placed to prevent suicide because through their work in public health to address many of the risk factors including wider determinants of health, and through provision of services to address alcohol and drug misuse, Local authorities also have access to local people who are not in contact with health services through online initiatives or through working with the voluntary and community sectors.

3.9 The complexity of factors underlying suicide risk means that councils cannot deliver comprehensive suicide reduction strategies alone. Councils need strong collaboration and support from many agencies including mental and wider health care services, community-based and voluntary organisations, employers, educational bodies, transport services, the police, prisons and others.

3.10 Local authorities lead on developing local suicide strategies and action plans. Cross-partner suicide prevention planning is led by the three public health teams for Southend-on-Sea, Essex and Thurrock (SET) Councils. The SET Suicide Prevention Strategy was published in 2017 and updated in 2019. It is recommended that health and wellbeing boards oversee these plans.

4. Covid-19

4.1 Multiple lines of evidence indicate that the Covid-19 pandemic has had profound psychological and social effects. The psychological sequelae of the pandemic are likely to last for months and years to come.

4.2 In April 2020 over 30% of adults reported levels of mental distress indicative that treatment may be needed, compared to around 20% between 2017 and 2019. Levels of anxiety, depression and stress were all higher than expected at the end of March and early April 2020. There was then a moderate decrease in anxiety through April and May 2020, but not as yet back to pre-pandemic levels.

4.3 National and local data on suicides during the pandemic is incomplete but has so far failed to show a demonstrable increase in suicide rates since the onset of the pandemic. However, the mental health consequences of the Covid-19 crisis including suicidal behaviour are likely to be present for a long time and peak later than the actual pandemic.

4.4 It is imperative that we focus on strengthening mental health and wellbeing at the present time and that we re-double our efforts to prevent suicide. Apart from the day to day stress of living through the pandemic, any subsequent economic downturn will potentially worsen population mental health and may increase the risk of suicide.

5. Update and Next Steps

5.1 Progress the actions from the current Southend, Essex and Thurrock (SET) Suicide Prevention Strategy whilst taking account of more recent activities prompted by the ONS data. **(see Appendix B)**

5.2 Update the SET Suicide Prevention Strategy and Action Plan, capturing emerging themes and risks, developing clear aims, objectives, outcomes, milestones and monitoring arrangements. Additional focus will be required to anticipate and respond to the emerging impact on suicide risk posed by the Covid-19 pandemic.

5.3 Clarify and strengthen governance arrangements to oversee, lead on and drive suicide prevention in SET. Create a SET suicide audit and prevention group (SAPG) to meet quarterly, with focussed membership, supported by Task and Finish sub-groups, working to SMART objectives defined within an agreed action plan.

5.4 Develop of a 'real time surveillance' (RTS) system to cover all suicides in Essex, Thurrock and Southend.

5.5 Establish a bespoke bereavement support service to cover SET. NHS funding is expected over the next 2-3 years but there is a strong case to establish a service in the meantime, linked to real time surveillance.

5.6 Set up district task and finish groups to specifically investigate exceptionally high suicide rates in certain districts in the county e.g. in Tendring, Harlow and Colchester.

5.7 Create a suicide prevention website for SET to consolidate a collective SET 'branded' approach to suicide prevention, challenging the stigma and myths around suicide in our local communities.

5.8 Support primary care staff to understand and mitigate risks of suicide, using dedicated training, awareness raising of the importance of wider determinants of health and through supporting 'serious untoward event' analysis.

6. Current situation in Southend, Essex and Thurrock (SET)

6.1 Locally cross-partner suicide prevention planning is led by the three public health teams for Southend-on-Sea, Essex and Thurrock (SET) Councils. The SET Suicide Prevention Strategy was published in 2017 and was updated in 2019.

6.2 The strategy cross references the actions of supporting forums and groups, for example, the Mental Health Crisis Care Concordat and the Essex Safeguarding Boards. The current SET strategy centres on the principle that '*preventing suicide is everyone's business'.*

6.3 The strategy focuses on a number of key approaches which mirror the national

strategy (see **Appendix B** for specific actions).

7. Emerging issues and gaps in SET

7.1 We currently have no access to real time surveillance in SET. The latest suicide audit took place in 2018 and we are reliant on the ONS 2019 data for more recent information. The ONS data are high level and are therefore limited in helping us create nuanced recommendations for action.

7.2 Governance of suicide prevention needs strengthening across SET. Currently the local suicide audit and prevention group meets 6-monthly (and has not met since the onset of the Covid-19 pandemic) and there is limited timely oversight of collective action as a result. The emergence of integrated care systems which overlap into neighbouring counties also provides a challenge to developing a focussed and accountable cross-partnership approach to suicide prevention in SET.

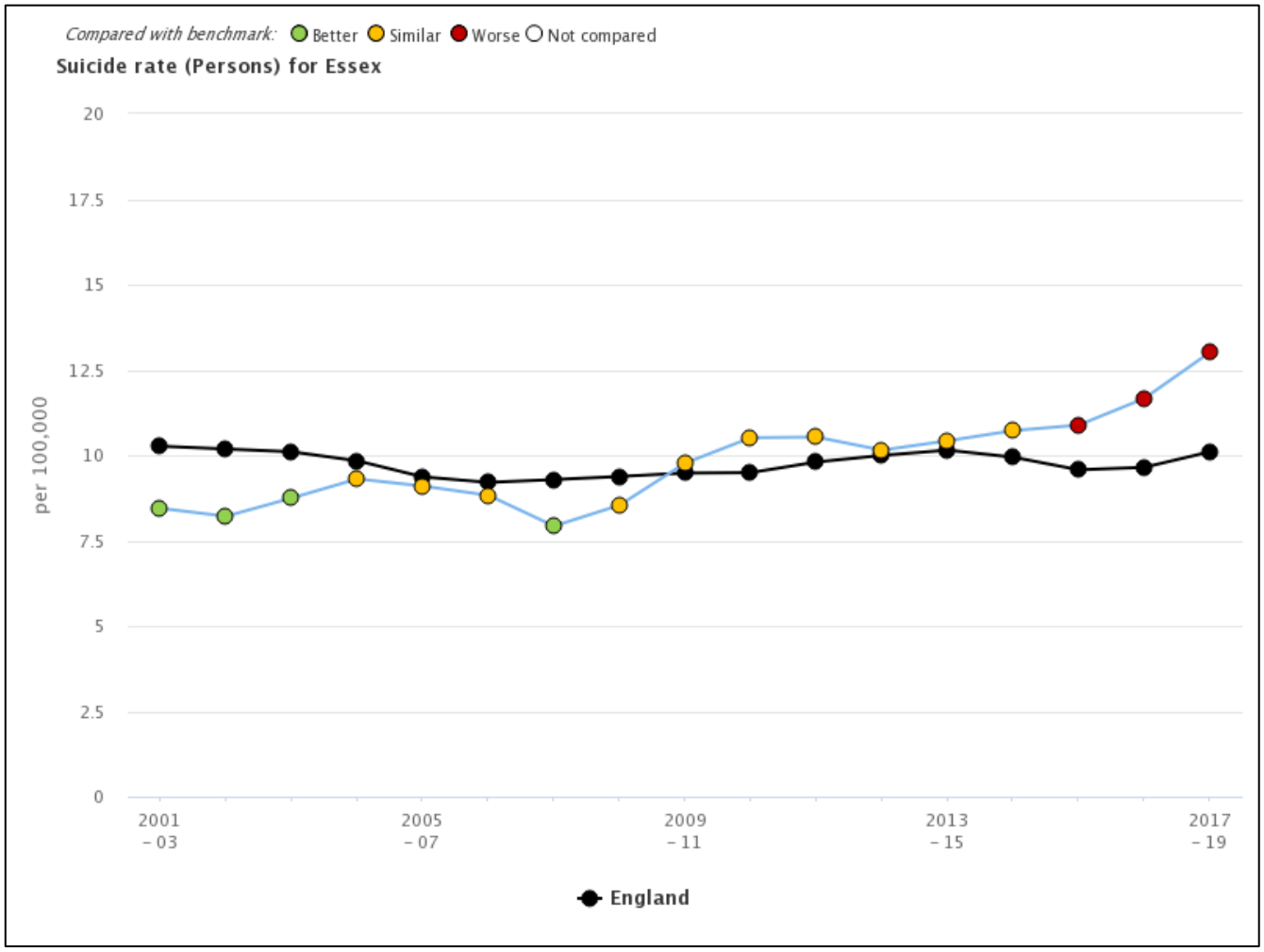
7.3 Further work is required to enhance the role of primary care in establishing system wide suicide prevention approaches locally. The majority of people who die by suicide are in contact with their GP in the year before their death, Primary care colleagues e.g. GPs, practice nurses, social prescribers are key partners in effective suicide prevention, contributing intelligence and leading on targeted preventative interventions.

8. List of Appendices

Appendix A: Suicide rates in Essex over time, compared to England
Appendix B: England ranking of suicide rates at level of District Councils
Appendix C: Summary of SET Suicide Prevention Strategy Actions – 2019

Appendix A

Suicide rates in Essex over time, compared to England



Appendix B

England ranking of suicide rates at level of District Councils

Suicide rate (Persons) New data 2017 - 19 Directly standardised rate - per 100,000

Export table as image Export table as CSV file

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	14,788	10.1	9.9	10.3
Torbay	–	64	19.0	14.5	24.3
Tendring	–	67	18.8	14.4	24.1
Colchester	–	94	18.5	14.9	22.6
Harlow	–	40	17.6	12.5	24.0
Bassetlaw	–	50	16.9	12.5	22.4
Barrow-in-Furness	–	30	16.9	11.4	24.2
Norwich	–	59	16.6	12.5	21.7
Chorley	–	51	16.4	12.2	21.6
Lincoln	–	39	16.2	11.4	22.3
Scarborough	–	44	16.0	11.5	21.7

Appendix C

Summary of SET Suicide Prevention Strategy Actions – 2019

1	**Impact of suicide** In 2019, there were 140 deaths from suicide registered for adults in Southend on Sea, Essex and Thurrock. **Action** The national target is to reduce suicide by 10% by 2020/21. Locally, we will commit to actions set out below to achieve this target and more. This will work will be overseen by the Southend on Sea, Essex and Thurrock (SET) Suicide Prevention Steering Board (Steering Board).
2	**Suicide is everyone's business** A whole system approach is required, with local authorities, health and criminal justice services, voluntary organisations and local people affected by suicide having a role to play. **Action** The Steering Board will oversee the work of the strategy and other local plans to deliver those actions known to reduce the risk factors for suicide. This work will be the led by the Steering Board.
3	**People at higher risk** Men and women are at risk of suicide. Statistically, three in four deaths by suicide are by men. The highest suicide rate in England is among men aged 45-49. In 2017 in Essex suicides were highest among males aged between 40 and 49 years. **Action** We are committed to supporting and helping to grow community-based initiatives which can provide critical but informal support in non-traditional /non-clinical settings such as Men's Sheds. This work will be led jointly by the three SET Councils.
4	**Factors that increase the risk of suicide** The strongest identified predictor of suicide is previous episodes of self-harm. However, other factors including mental ill-health, drug and alcohol misuse are also contributors. **Action** We are changing the way mental health services are provided across Essex which will improve access to support for both adults and children, e.g. psychological therapies, as well as increased specialist support e.g. perinatal mental health services. This work will be led by the three STP mental health forums.
5	**Supporting people bereaved by suicide** Compared with people bereaved through other causes, individuals bereaved by suicide have an increased risk of suicide and thoughts of suicide, depression, psychiatric admission as well as poor social functioning. **Action** We will work towards developing a central resource that will help to direct people bereaved or affected by suicide to appropriate support. We will work with partners to ensure that the *Help is at Hand* booklet is given to those bereaved or affected by

	suicide in a timely manner. This action will be led by Southend on Sea Council's Public Health team.
6	**Responsible media reporting and online safety for children** Research shows that inappropriate reporting of suicide may lead to imitative or 'copycat' behaviour. **Action** We will liaise with local media to encourage reference to and use of guidelines for reporting of suicide through a summit with local press and media organisations, and to provide information to professionals on sensitive reporting of suicide. This work will be led by Essex County Council's Public Health team.
7	**Training** The need for suicide prevention/awareness training has been identified at a national level. **Action** We will work to ensure that the local workforce and public understand the risks of suicide and their potential contribution to prevention. In line with the national suicide prevention strategy, we are prioritising suicide first aid training for professionals who are most likely to come into contact with individuals/ groups at risk of suicide. We will use Facebook and other social media channels to promote suicide awareness training within our communities. This action will be led by Essex County Council's Public Health team.
8	**Intelligence** Good understanding of who, where, when and how will help us plan appropriate interventions in order to target those most at risk. **Action** We will seek to learn lessons from suicides and attempted suicides in our boroughs and put in place measures that reduce the likelihood of such circumstances reoccurring. We will establish processes, so that information from various sources is collated and analysed to improve our collective insight about suicide locally. This action will be led jointly by the three SET Council Public Health teams. Stakeholders from various parts of the local system (health providers, local authorities, police and crime) are working with the Essex Centre for Data Analytics to develop shared predictive intelligence in order to better target future preventative work.
9	**Reducing access to means of suicide** This is key to suicide prevention and can include physical restrictions as well as improving opportunities for intervention. **Action** We are working closely with Network Rail as well Chelmsford City Council to identify and monitor frequently used locations in Essex. Where such a location is identified, action will be taken, and resource focused to reduce means of access for others thus reducing risk. We will forge new networks to address the risks around our waterways. This action will be led jointly by the three SET Councils Public Health teams.
10	**Crisis intervention** The Government has committed to addressing suicide prevention in mental health settings including for those in crisis and identified at immediate risk of suicide.

	Action We are transforming the way support to those in crisis is provided including a 24-hour Liaison mental health service in our hospitals; with specialist mental health staff on hand to assess patients A&E. This work will be led by the Crisis Concordat / three STP mental health forums.
11	**Children and young people** According to national research, suicide is the cause of 14% of deaths in children and young people between the ages of 10 and 19 years. We need to focus on addressing those factors which may contribute to children and young people being at higher risk of suicide. **Action** We are working with schools to promote awareness of the risk of suicide and self- harm through sharing guidance and providing regular information and updates about mental health and emotional wellbeing. Work is also currently underway to promote and embed the use of a Self-Harm Tool Kit in all schools across Southend on Sea, Essex and Thurrock. This work will be led by Essex County Council on behalf of the Children's Commissioning Forum.
12	**Self - harm** The National Suicide Prevention Strategy has been updated to include the need to address self-harm as a key issue. **Action** We will implement NICE guidelines on self-harm, specifically ensuring that people who present at emergency departments following self-harm receive a psychological assessment. This work will be led by the three STP mental health forums.

Reference Number: HOPSC/37/20

Report title: Interpreting and Translation Services	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Fiona Theadom, Senior Contract Manager, NHS England and NHS Improvement (NHSE/I)	
Date: 2 December 2020	**For:** Discussion and identifying any follow-up scrutiny actions
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Sophie Campion, Democratic Services Officer (sophie.campion2@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

1.1 Interpreting and translation services for primary care (GP and Dental) are currently commissioned across East of England in differing historic ways. The intention will be to extend services to include community pharmacies and optometry services.

1.2 CCGs in East Anglia across Essex and in Hertfordshire have expressed their intention to be part of the East Wide Regional Procurement for Interpreting and Translation Services. Bedfordshire, Luton and Milton Keynes CCGs have commissioned services for GPs separately but will be included in an east wide approach for dental, pharmacy and optometry services.

1.3 Service provision varies in each area but generally includes face to face interpreting services for non-English speakers (subject to clinical need) and non-speaking patients (e.g. deaf community), telephone interpreting and written translations of medical records.

1.4 Accurate data is available for East Anglia; activity data for other areas is limited. The most commonly requested language is Lithuanian; other frequently requested languages include Polish, Romanian, Portuguese, Russian, Arabic, Kurdish Sorani, Chinese Mandarin, Cantonese, Bulgarian, Hungarian, Bengali and Urdu. Non-speaking services such as British Sign Language accounts for approximately 15% of all face to face language requests.

2. Action required

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

3. Essex

3.1 In Essex there are multiple arrangements for service delivery, these are based on historical arrangements which were commissioned by PCTs (Primary Care Trusts) prior to the inception of NHS England.

3.2 The majority of services are provided by The Big Word with a number of other smaller independent suppliers for non-spoken interpreting, also only available to patients using GPs and dentists.

3.3 In 2019 a procurement process was started for services in Essex with the intention of aligning services to one of the national procurement frameworks, the Crown Commercial Services (CCS) Framework for translation and Interpreting which was used in East Anglia.

3.4 The intention was for this service to commence on 1 April 2020 however it became evident that it would not be possible to undertake the required patient and stakeholder engagement to develop the new services and procure by this date. A Single Tender Action (STA) was approved by NHS England and NHS Improvement (NHSE/I) Commercial Executive Group (CEG) to extend the arrangements in line with the East Anglia Contract and align the procurement process as East of England Region wide.

4. Procurement

4.1 In September 2019, NHSE/I agreed to secure a new region wide contract from April 2021, on behalf of CCGs across the region, with their agreement. This procurement would include an extension to services to include community pharmacy and optometry services.

4.2 The benefits of an East-wide regional approach will ensure there are fewer contracts to manage, a consistent approach to commissioning and monitoring services, delivery of high-quality standards, and equitable and inclusive access for patients and primary care providers.

4.3 The recommissioning of this service requires an extensive patient and stakeholder engagement exercise which was partially delayed due to response and resources required to manage the Covid-19 pandemic. As a result, approval for a six-month extension to 30 September 2021 is being sought to allow this to be completed and then to undertake the procurement

4.4 In addition, the new, updated Crown Commercial Services (CCS) Framework (the current framework used) will not be ready until April 2021 for the region to potentially Call Off from; therefore, impacting on the ability to procure from an up to date Framework for commencement on 1 April 2021.

4.5 With the publication of an updated Framework by the Eastern Shires Purchasing Organisation this year, NHSE/I will be able to select the most appropriate Framework to meet the required local needs. It is NHSE/I's intention to investigate the feasibility of directly commissioning services for non-spoken languages separate to any Frameworks.

4.6 Approval is being sought from NHSE/I's Commercial Executive Group for a contract extension to 30 September 2021 following recent exploration of virtual engagement and procurement options; the reasons for requesting an extension are set out below as time is required to complete the following actions:

- Market engagement with community pharmacy and optometrists, and their patients, to understand their need for specific interpreting services;
- Patient engagement with both non-English speakers and non-speaking patients (learning from recent experience);
- Market engagement with GPs and dentists about their user experience and learning to inform commissioning intentions;
- Explore the use of technology in primary care and experience of using interpreting services during Covid-19 response that could improve services and access for patients and inform commissioning intentions;
- Explore whether it is feasible to tender for non-speaking services separately from non-English speaking and translation services to allow local suppliers and specialist providers to tender and to determine whether this is beneficial for patients and cost effective; and
- Ensure adequate resources and skills are available within the region to undertake the engagement processes outlined above.

4.7 The contract extension will extend the current arrangements to end September 2021. Development of a localised service specification and the local tender process will commence following finalisation of engagement activities and completion of due governance processes with the CCGs.

5. Engagement Exercise

5.1 NHSE/I agreed to commence the patient and stakeholder engagement exercise recognising the risks, constraints and timescale for completing the process. It is noted that many of these risks and issues will be mitigated by the contract extension.

5.2 Arden and GEM CSU have been commissioned to undertake the engagement with non-English speaking patients. NHSE/I will carry out a separate engagement exercise with the deaf community utilising external expertise to prepare a survey and engage with patient forums.

5.3 NHSE/I will undertake the full engagement with contractor groups across the region to ensure that services are appropriate and accessible when required.

5.4 NHSE/I recognise that the learning from previous engagement with service users and contractors will be crucial to inform the local specification and identify the aspiration for service standards when tendering for a new contract.

5.5 An Equality Impact Assessment has been prepared by Arden and GEM CSU which identifies and seeks to address the Health Inequalities faced by those with a need to use Interpreting and translation services.

5.6 The key aims of the engagement exercise are:

- To understand the need (how and when) for interpreting and translation services for patients wishing to access these services to ensure safe, effective and inclusive patient care;
- To understand the need (how and when) of each of the primary care contractor groups to use interpreting and translation services to ensure equitable and inclusive access to patient care;
- To explore whether there is inclusive and equitable access to all primary care services including by hard to reach groups, e.g. asylum seekers, refugees and those with different cultural backgrounds and understand how they wish to use interpreting services;
- To obtain patient feedback about their experiences of using interpreting services across the region and identify what if any improvements or changes to services may be needed;
- To understand why some patient cohorts may not be accessing interpreting services and how they are using primary care services, in particular, hard to reach and other vulnerable groups;
- Explore if each primary care service has a different challenge in terms of ensuring equitable access;
- To seek feedback from primary care contractors, specifically GPs and dentists, about their experience of using interpreting services and identify what if any improvements or changes to services may be needed;
- To engage with community pharmacists and optometrists to understand their need to access interpreting services when providing NHS care to patients and how access can be provided effectively. This will help to inform the level of activity that will need to be commissioned and funding forecasts to be made;
- To explore and understand how and if the use of technology will increase the effectiveness and improve ease of access to interpreting services, in particular, given the growth in use of digital access to patient care;
- Work with key stakeholders including Healthwatch organisations, Clinical Commissioning Groups, Local Authority Health Overview and Scrutiny Committees and local patient forums, to understand the environment in which this service will operate and ensure the views and perspectives of these stakeholder actively inform the commissioning of local services which will benefit their patients.

5.7 Engagement will enable local requirements and outcomes to be identified and specifications agreed with each of the primary care services and then for the most appropriate Framework to be selected.

5.8 With expert support from one of the local deaf associations in the region, an online survey has been prepared and circulated to the deaf community via the patient associations and also to Healthwatch and CCG Engagement leads across the region; this survey is accompanied by a video translation of the questions and enables feedback by video. Patients have been given up to six weeks to respond and this timeframe may be extended if needed. NHSE/I is also investigating the feasibility of running a small number of independently facilitated virtual focus groups across the East of England region, including one

in Norfolk, to understand from patients what the impact of having a hearing impairment has on access to primary care services

5.9 The region has asked the Consultation Institute to review our engagement plans to obtain feedback about the robustness and proportionality of the plans.

6. Conclusion

6.1 The Health Overview and Scrutiny Committee are asked to note the content of the paper and to give feedback regarding the proposals.

6.2 Feedback from the Committee will be included in the final engagement outcome report and will inform the local specification which ensures services meet the needs of the patients and providers.

6.3 A further update will be available to the Committee following the outcome of the engagement exercise and following procurement of the services.

Reference Number: HOSC/38/20

Report title: Provision of Adult Community inpatient beds at Clacton and Fryatt Hospitals	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Simon Morgan and Vicky Decroo, North East Essex CCG	
Date: 2 December 2020	**For:** Discussion and identifying any follow-up scrutiny actions
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Sophie Campion, Democratic Services Officer (sophie.campion2@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

1.1 The purpose of this brief paper is to provide HOSC members with an update on the provision of adult community inpatient beds at Clacton and Fryatt hospitals.

2. Action required

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

3. Background

3.1 Following a review of the Community Beds Service undertaken during 2018/19 in collaboration with Anglian Community Enterprise (ACE) as the providers of the Community Beds service, work continues to consider the future configuration of Community Beds across North East Essex. The drivers behind this are:

- Poor environment for wards at Clacton Hospital resulting in inability to deliver appropriate models or care;
- Inability to recruit and retain staff where there are poor working environments;
- Unable to redevelop two wards within scope of the STP capital funded Clacton Hospital Redevelopment;
- Significant void space at Fryatt Hospital, Harwich, in a community hospital building <15yrs old.

4. Provision of community beds at Clacton and Fryatt Hospitals

4.1 Prior to Covid-19, a total of 37 community beds were provided on the Clacton site with a further 21 provided at Fryatt Hospital in Harwich.

4.2 During the pandemic these bed numbers have been increased to 56 at Clacton

and 25 at Fryatt respectively, as building work at Fryatt prevented these being distributed across the system within the time required for Covid-19 mobilisation.

4.3 Whilst provision on the Clacton Hospital site has been increased during the outbreak, occupancy rates of these beds have remained relatively low.

4.4 While NHS planning assumptions have required us to ensure the same number of additional Covid-19 beds remain in place and operational until the end of March 2021, we will look to redistribute some of these beds from Clacton to Fryatt, once the building work is complete at Fryatt. This is due to the increased numbers of single rooms and improved environment at Fryatt which will help the system to ensure infection control nursing principles are better managed.

4.5 Taking into account the needs of the local population and service delivery models, the local system currently requires 65 beds (excluding Covid-19 modelling). Over the next five to ten years this figure will need to increase to approximately 80 beds to react to population and age demographic growth.

4.6 During a recent options appraisal workshop, two potentially sustainable options were identified which took into account the previous public engagement

4.7 These options propose a small increase in the overall bed base over the next five years with a maintained presence of a ward at Clacton Hospital and greater utilisation of Fryatt Hospital.

4.8 Whilst the number of beds on each of the two sites will look to be varied from the current baseline provision, both options look to meet the current bed modelling requirements and maximise the estate and patient demand in the most efficient way possible.

4.9 The modelling now retains end of life bed capacity at both sites and allows for patients needing post Covid-19 rehabilitation and other conditions requiring rehabilitation needs to be supported in the community in facilities that include gyms to support rehabilitation activity.

5. Previous public engagement

5.1 During 2018, over 400 people gave their responses to a public engagement exercise which explored future options for the community beds at the Clacton Hospital site including the preferred option at the time which was to move all beds from Clacton to Harwich and to use some nursing home capacity for end of life care support in the community.

5.2 The CCG has listened to the concerns raised by residents regarding transport links and a community wish to retain some inpatient provision at Clacton within that engagement and has continued to work to keep reviewing model options over the last 2 years.

5.3 The modelling for community provision and the landscape for provision of care in communities has moved on since that initial consultation as such it is now the CCG’s intention is to continue to explore the two preferred options and then

communicate with the public which one it will pursue, neither of which now includes closing all adult community beds at Clacton.

5.4 The CCG will also invite people to email or write to the CCG with any additional comments they may wish to make about the intentions regarding the use of these beds.

6. Next steps

6.1 The CCG intends to update HOSC at a future meeting with further details of the project.

6.2 The CCG will also arrange a virtual meeting with the chair Cllr Anne Brown, Cllr Andy Wood, Cllr Mark Stephenson and Cllr Dave Harris to agree these next steps.

7. Appendices – none

Reference Number: HOSC/39/20

Report title: Chairman's Report	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 2 December 2020	**For:** Discussion and identifying any follow-up scrutiny actions
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk or Sophie Campion, Democratic Services Officer (sophie.campion2@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. The Forum met virtually on 30 October 2020 and discussed two matters; Interpreting Services and the procurement of Emotional Wellbeing Mental Health Service (EWMHS) contract.

Interpreting Services

An informal discussion was held with Fiona Theadom, Senior Contract Manager, NHS England and NHS Improvement (NHSE/I) on the intention to extend interpreting and translation services for Primary Care to include pharmacies and optometry services. Interpreting services are mainly used by GP services, which include both telephone and sign language services.

A new contract was commissioned in April 2019 and research to see what services are currently provided in Essex was undertaken. It was concluded that it seemed sensible to have an East-wide interpreting service contract for Primary Care to ensure it is consistent across the region, as the current process for services varies across the County. The aim of this work is to ensure all patients have equal access across Essex. The contract will cover all for primary

care groups from April 2021.

The engagement carried out previously in 2018 was not as robust as it could have been and with this in mind, the engagement process this time includes asking for feedback from health scrutiny committees and other key stakeholders. Any comments will be fed into the feedback specification.

Members were asked to consider any local issues they would like to address as part of the engagement process and as a result, the Forum **agreed** that this item be formally presented to the HOSC at its December 2020 meeting.

EWMHS
EWMHS is serviced via a Commissioning Forum to the North East London Foundation Trust (NELFT).

A paper is being prepared for Cabinet in January 2021 on the procurement of a contract and the Cabinet Member has invited feedback from a scrutiny perspective, which will be included as an appendix to the final report in January 2021. At this stage, it is not intended to appoint a provider but instead agree to enter into procurement arrangements.

A further discussion was had around which scrutiny committee this was best presented to, either HOSC of PAF and the Forum **agreed** that as the discussion at this time is not intended to be health focussed but more contract based, it will be presented to PAF at its December 2020 meeting.

The Chairman of PAF, Cllr Jenny Chandler, extended an invitation to members of HOSC to attend and are welcome to ask questions.

The Forum were also made aware that EWMHS was changing back to CAMHS (Children and Adolescent Mental Health Service).

5. List of Appendices – none

Reference Number: HOSC/40/20

Report title: Member Updates	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 2 December 2020	**For:** Discussion
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk or Sophie Campion, Democratic Services Officer (sophie.campion2@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:

- Castle Point and Rochford CCG (Cllr Egan)
- North East Essex CCG (Cllr Brown)

4. Update and Next Steps

Oral updates to be given.

5. List of Appendices – None

Reference Number: HOSC/41/20

Report title: Work Programme	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 2 December 2020	**For:** Information
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk or Sophie Campion, Democratic Services Officer (sophie.campion2@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 – December 2020

Date	Topic	Theme/Focus	Approach and next steps
December 2020			
December 2020	Mental Health Services	Committee to receive a further update on the mental health response to pandemic and future service planning for changes in demand.	EPUT, NELFT and CCG's have been invited to provide the committee with an update.
December 2020	Interpreting Services	Committee to receive update on proposals to commission an East wide Interpreting Services contract for all four primary care services during 2021.	Representation from NHS England and NHS Improvement
December 2020	Tendring Community Beds Proposal	Committee to receive an update on the provision of adult community inpatient beds at Clacton and Fryatt hospitals.	Representation from the North East Essex CCG
December 2020	Suicide Prevention	Committee to receive a report on the recently published Office for National Statistics (ONS) data on suicide rates in Essex in 2019, and to provide a summary of what is currently happening and what is planned, to address the rise in suicides in Essex County overall and in certain districts in the County.	Representation from ECC's Public Health team.

January 2021			
January 2021	Autism services	Look at referral and diagnosis times and transitions between services. Now to also have post virus pandemic context.	
February 2021			
February 2021	East of England Ambulance Service	Committee to receive a progress update from the Trust on how the recommendations from the CQC are being implemented, after they were placed into special measures.	
February 2021	GP provision across Essex	Briefing from the CCG's to include historic trends and data by division.	

Other issues for consideration

Date	Topic	Theme/Focus	Approach and next steps
TBC	Community providers – follow up	Previously looked at the broader role and contribution. to wider system. Agreed to review local performance.	May link with other items on work programme.
TBC	Sensory care pathways	Review accessibility to services and system working.	May link with other items on work programme.
TBC 2020	Primary Care – further follow up	Contribution to wider system and the STP plans. To review locality changes from finalised CCG plans and impact of NHS England Long Term Plan.	To review locality changes from finalised CCG plans and impact of NHSE Long Term Plan. TBC – currently on hold.

		Could include further consideration of urgent care provision, NHS 111 and out-of-hours arrangements. Now to also have post virus pandemic context.	