



Essex County Council

Health Overview Policy and Scrutiny Committee

10:30	Thursday, 02 December 2021	Council Chamber County Hall, Chelmsford, CM1 1QH
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For information about the meeting please ask for:

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Pages

**	Private pre-meeting for committee members only To begin at 9:30am in the Council Chamber.	
1	Membership, Apologies, Substitutions and Declarations of Interest To be reported by the Democratic Services Manager.	5 - 5
2	Minutes of previous meeting To note and approve the minutes of the meeting held on 4 November 2021.	6 - 9

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|----------|---|----------------|
| 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 Wednesday 1 December 2021. | |
| 4 | Health and Care Bill - Integrated Care Systems (ICS's)
Committee to receive a briefing on the form and function of the Integrated Care Systems ahead of new statutory arrangements coming into being from 1 April 2022. | 10 - 15 |
| 5 | Chairman's Report - December 2021
To note the latest update on discussions at HOSC Chairman's Forum meetings (Chairman and Vice-Chairman). | 16 - 16 |
| 6 | Member Updates
To note any updates of the Committee. | 17 - 19 |
| 7 | Work Programme - December 2021
To note the committee's current work programme. | 20 - 23 |
| 8 | Date of next meeting
To note that the next meeting of the committee is scheduled to take place on Thursday 6 January 2022. | |
| 9 | 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.

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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 2021	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Jasmine Carswell, Democratic Services Officer – jasmine.carswell@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 Mark Cory	
Councillor Martin Foley	
Councillor Paul Gadd	
Councillor Dave Harris	Vice-Chairman
Councillor June Lumley	
Councillor Luke Mackenzie	
Councillor Bob Massey	
Councillor Jaymey McIvor	
Councillor Anthony McQuiggan	
Councillor Clive Souter	Vice-Chairman
Councillor Mike Steptoe	

Co-opted Non-Voting Membership

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

**Minutes of the meeting of the Health Overview Policy and Scrutiny Committee,
held in County Hall, Chelmsford on Thursday 4 November 2021 at 10:30am**

Present

Cllr Jeff Henry (Chairman)	Cllr Carlie Mayes (Co-opted)
Cllr David Carter (Co-opted)	Cllr Jaymey McIvor
Cllr Dave Harris (Vice-Chairman)	Cllr Anthony McQuiggan
Cllr Luke Mackenzie	Cllr Lynda McWilliams (Co-opted)
Cllr Mike Mackrory (substitute)	Cllr Clive Souter (Vice-Chairman)
Cllr Bob Massey	Cllr Mike Steptoe

Apologies

Cllr Mark Cory	Cllr Paul Gadd
Cllr June Lumley	

The following officers were supporting the meeting:

- Richard Buttress, Democratic Services Manager
- Jasmine Carswell, Democratic Services Officer

1. Membership, apologies and declarations

Apologies were received from Cllr Mark Cory, Cllr Paul Gadd and Cllr June Lumley.

Cllr Mackrory attended as a substitute for Cllr Cory.

Cllr McWilliams declared an interest as a Governor of East Suffolk and North Essex NHS Foundation Trust.

2. Minutes of previous meeting

The minutes of the meeting held on Thursday 7 October 2021 were approved by the committee as an accurate record.

3. Questions from the public

No questions from members of the public were received.

4. Community beds in Mid and South Essex

The Chairman welcomed to the meeting:

James Wilson	Transformation Director, Mid and South Essex Community Collaborative
Stephanie Dawe	Group Chief Nurse and Chief Operating Officer, Provide

Andy Vowles	Programme Director, Mid and South Essex Community Collaborative
Claire Hankey	Director of Communications and Engagement, Mid and South Essex Health and Care Partnership

The Committee received the following update covering the following key issues:

- Purpose is to share the work they have been doing looking at the possible future number and location of community beds across Mid and South Essex
- Plan is to now commence a period of engagement on some of the key issues
- Need to decide whether to make some of the urgent changes made to community beds during Covid-19 permanent
- Have been reviewing stroke rehabilitation and how in the future might need to change the bed numbers and configuration to meet demand
- Development an ageing well programme which is a key aspect in determining the role, location and number of community intermediate care beds
- Key issues for engagement are:
 - Acute frailty
 - Intermedia care
 - Stroke
 - Decision-making criteria
- Engagement focus will seek views from patients, staff, carers, stakeholders and partners on current services as well as potential changes
- Will bring an independent partner to deliver targeted engagement work based on the initial Equality Impact Assessment (EQIA), which will highlight those people that are most likely to be affected
- Activities will include workshops and focus groups and the production of an independent feedback report
- Outline timetable is:

From November 2021

- Targeted engagement work begins
- Start of the NHS England assurance process
- Initial engagement with the East of England Clinical senate

Early 2022

- Share conclusions of the engagement process
- Draft the pre-consultation business case to set out the main issues and options
- Develop a plan and timetable for consultation, in discussion with HOSC

Spring 2022

- Period of consultation on the options

Summer 2022

- Decisions of preferred option

During the discussion, the following key points were noted:

- Are compliant with legislation in terms of mixed sex accommodation and would continue to do so as part of any future changes
- Policies are in place with regard transgender and work with individuals to determine where they see themselves
- Process is to make sure the right beds are in the right place
- Want to make sure the right clinical model is in place and will work with Essex County Council's Adult Social Care (ASC) service to understand wider system demands
- Pre-consultation business case will determine the level of funding required for this work
- Assessments with ASC will continue to be carried out
- There are no plans to introduce new facilities beyond the existing estate
- Recognised that improvements are needed around stroke care
- Where sites cannot be accessed easily, would need to understand how people would access these
- Previous consultation in 2016 focussed on the acute part of stroke care, this is looking at the rehabilitation phase.

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

- i) Committee note the plans to engage on the possibly future focus and location of community inpatient beds.
- ii) Committee agreed to receive regular future updates.
- iii) Committee to consider forming a Mid and South Essex joint scrutiny committee with Southend and Thurrock.

5. Chairman's Report

The Committee noted the information update within the Chairman's report.

6. Member Updates

The following updates were provided to the Committee:

Cllr McIvor provided an update on the first meeting of the Whipps Cross Development JHOSC:

- Meeting on 19 October 2021 was very insightful
- From an Essex perspective, the development affects a small number of residents mainly in the Epping Forest district
- JHOSC received a presentation from NHS England outlining the plans
- It was encouraging to know that the funding has already been secured
- Flood mitigation strategy has been added to the JHOSC's work programme
- Collaboration is needed with Transport for London and London Ambulance Service
- Concerns were raised around capacity – unsure if it will be the same or more of the current hospital.

Cllr Henry informed the committee that Basildon Borough Council have given the East of England Ambulance Service and Mid and South Essex NHS Foundation Trust Freedom of the Borough.

7. Work Programme

The Committee noted the current work programme and agreed to now receive a written report on the NHS Vaccination Programme.

8. Date of next meeting

To note that the next committee meeting is scheduled to take place on Thursday 2 December 2021 at 10:30am.

9. Urgent business

No urgent business received.

10. Urgent exempt business

No urgent exempt business received.

The meeting closed at 11:12

Chairman

Report title: Update on the development of Integrated Care Systems in Essex and the progress of the Health and Care Bill	
Report to: Health Overview and Scrutiny Committee	
Report author: Emma Richardson, Head of Integration and Partnerships	
Date: 2 December 2021	For: Discussion
Enquiries to: Richard Buttress, Democratic Services Manager - richard.buttress3@essex.gov.uk or Jasmine Carswell, Democratic Services Officer – jasmine.carswell@essex.gov.uk	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 The Health and Care Bill 2021/22 was tabled in parliament in July 2021 and will make changes to local NHS structures and establish new statutory integrated care systems (ICSs) affecting Essex. The Bill will also introduce some changes for adult social care.
- 1.2 The Health Overview and Scrutiny Committee has requested a briefing on the form and function of the Integrated Care Systems and on local transition work ahead of the new statutory arrangements coming into being from the 1st April 2022 (subject to changes as the Bill passes through the legislative process).

2. Recommendations

- 2.1 Members are asked to discuss how, going forward, they would like Health Overview and Scrutiny (including joint scrutiny arrangements) to engage in the activity of the newly created Integrated Care Systems (ICS's) and place-based activity via the local Alliances.

3. Summary

- 3.1 The Health and Care Bill 2021/22¹ was published and introduced in the House of Commons on 6 July 2021 and is expected to become law from 1 April 2022. The Bill is currently at House of Commons report stage (22nd November), before heading to the House of Lords. A range of supporting guidance has been published.
- 3.2 The Bill will:
 - i. Establish new statutory integrated care systems (ICSs). These will comprise two elements:
 - a. A new statutory NHS Integrated Care Board (ICB) for a geographical area. The ICB will hold responsibility for day-to-day operations of an integrated care system; hold responsibility for NHS planning and financial allocations; and increasingly for system performance oversight. The Bill will abolish existing clinical

¹ [Health and Care Bill - Parliamentary Bills - UK Parliament](#)

commissioning groups (CCGs).

- b. A new statutory Integrated Care Partnership Board (ICP) for the same geographical area that is covered by an ICB. The Partnership Board will be tasked with promoting integration and be required to produce a plan for health, public health and adults and children's social care.
- ii. Introduce a duty to collaborate between local government and the NHS.
- iii. Reform the NHS provider selection process by making changes to some procurement rules for NHS and also for public health commissioning.
- iv. Introduce new powers for the Secretary of State to re-configure NHS services; make changes to public health services; and to make payments directly to care providers.
- v. Introduce a new statutory assurance framework (inspection regime) for councils in respect of their adult social care duties – to be overseen by the Care Quality Commission.

3.3 The Government confirmed in a written ministerial statement that Essex will be party to three integrated care systems, covering:

- a) Mid and South Essex (covering Basildon, Braintree, Brentwood, Castle Point, Chelmsford, Maldon, Rochford, and the unitary authorities of Southend and Thurrock)
- b) Hertfordshire and West Essex (covering Epping Forest, Harlow and Uttlesford)
- c) Suffolk and North East Essex (covering Colchester and Tendring)

3.4 Each integrated care system will have four core purposes:

- i. improving outcomes in population health and healthcare
- ii. tackling inequalities in outcomes, experience and access
- iii. enhancing productivity and value for money; and
- iv. contributing to broader social and economic development.

3.5 An ICS will also operate at 3 main levels (or at 4 levels in Essex):

- a) At a “system” level, an ICS will set strategic system priorities and will also allocate its finances. The ‘system’ is the total geography of an ICS such as Mid and South Essex, Hertfordshire and West Essex or Suffolk and North East Essex.
- b) At a “place” level, different organisations will come together to deliver services on the ground in a more integrated way. These include local authorities, hospitals, NHS community providers, GPs and voluntary organisations. Places will be able to hold delegated powers and responsibilities but only if their ‘parent’ system chooses to empower them. A “place” is a subset of a system. For example, West Essex will be a place within a Hertfordshire and West Essex system.
- c) At a “neighbourhood” or primary care network level, professionals will work and collaborate together to address local population needs covering populations of 30-50,000.
- d) In Essex, there is also a fourth level – the Essex county level, represented by the Essex health and wellbeing board, and also by ECC's

statutory duties for Essex-wide adults social care, children's social care and public health, which will set population-level priorities.

3.6 In Essex, the summary position is:

Mid and South Essex	Hertfordshire and West Essex	Suffolk and North East Essex
<ul style="list-style-type: none"> ✓ Pop. 1.2 million citizens ✓ Covering the unitary areas of Southend and Thurrock, along with 7 district / borough councils ✓ Four place-based alliances - Mid Essex; South West Essex; South East; and Thurrock 	<ul style="list-style-type: none"> ✓ Pop. 1.6m ✓ Covering the footprint of Hertfordshire County Council plus 3 Essex districts – Epping Forest, Uttlesford and Harlow. ✓ Three place-based alliances – East and North Herts; Herts Valley; and West Essex 	<ul style="list-style-type: none"> ✓ Pop. 1.05m ✓ Covering the Suffolk County Council footprint (bar Waveney) plus 2 Essex districts – Colchester and Tendring. ✓ Three place-based alliances – West Suffolk; Ipswich and East Suffolk; and North East Essex

4. Background

4.1 The Health and Social Care Act 2012 established the existing legal structures for the NHS. This included clinically-led commissioning by groups of GPs (clinical commissioning groups). The Act created Public Health England (PHE) and gave local authorities responsibilities for improving public health in their areas. The Act also established statutory health and wellbeing boards on upper tier authority boundaries, with a requirement to set a joint health and wellbeing strategy for the population of its area.

4.2 In 2015 NHS Planning guidance announced the requirement to produce Sustainability and Transformation Plans (STPs). This required NHS organisations and local authorities across England to come together to develop “place-based” plans for the future of health and care services in their area. STPs became Sustainability and Transformation Partnerships and it was at this point that Essex CCGs were asked to work with partners based on the geographical footprints of Mid and South Essex (including Southend and Thurrock), Hertfordshire and West Essex, and Suffolk and North East Essex.

4.3 STPs represented a shift in the way that the NHS in England planned its services. While the Health and Social Care Act 2012 sought to strengthen the role of competition within the health system, NHS organisations were now being told to collaborate rather than compete to respond to the challenges facing their local services. From 2018, some of these partnerships evolved to form even closer partnerships through Integrated Care Systems or ICS's.

4.4 In 2019 the NHS Long term Plan set out an aspiration that every part of England would be served by an integrated care system from April 2021. In November 2020, NHS England set out some legislative proposals for the Government to consider to change NHS structures and put integrated care systems on to a statutory basis.

4.5 In February 2021, the Government published a white paper on integrated care

systems. This was followed in July 2021 with the publication of the Health and Care Bill.

- 4.6 The Health and Care Bill, whilst connected to adult social care reform, will progress separately to the *Build Back Better: Our plan for health and social care plan*, published on the 7th September 2021, which announced the introduction of a new 1.25% Health and Social Care Levy, ringfenced for health and social care from April 2023, and based on National Insurance contributions. The Build Back Better Plan also commits the Government to publishing two new white papers by the end of 2021; one on adult social care system reform (with focuses on housing, unpaid carers, information and advice, digital and technology, assurance, workforce, and models of care), and one on integration. These will need to be subject to future briefings to HOSC once detail is available.

The main provisions:

Integrated Care Boards (ICBs)

- 4.7 The Bill establishes new integrated care boards (ICBs). The general function of ICBs is that of “arranging for the provision of services for the purposes of the health service in England”. The ICB holds a duty to “exercise their functions with a view to ensuring that health, social care and health-related services are provided in an integrated way where this would improve the quality of the services.”
- 4.8 ICBs will be responsible in an area for commissioning:
- Acute hospital services
 - Primary care services
 - Community health services
 - Mental health services
 - Ambulance services
 - Dental services
 - Nursing services
- 4.9 Funding allocations will be made by the ICB and it can choose to delegate budgets and decision-making down to place-based partnerships. ICBs must prepare a 5-year plan and must consult local health and wellbeing boards. Each ICB must have at least one jointly appointed local authority member of the board, who will represent the perspective of the sector rather than the interests of the organisation they are from.

Integrated Care Partnerships (ICPs)

- 4.10 Integrated Care Partnerships (ICPs) will operate as a statutory committee, bringing together the NHS and local authorities as equal partners to focus more widely on health, public health and social care.
- 4.11 ICPs will include representatives from the ICB, the local authorities within their area and other partners such as NHS providers, public health, social care, housing services, and voluntary, community and social enterprise (VCSE)

organisations.

- 4.12 They will be responsible for developing an integrated care strategy, which sets out how the wider health needs of the local population will be met. This should be informed by any relevant joint strategic needs assessments. ICPs will not directly commission services.

Other Measures

- 4.13 The Bill includes the following additional measures:
- i. NHS bodies will have a duty to achieve the triple aims of the Long-Term Plan: better health and wellbeing, better quality healthcare and ensuring the financial sustainability of the NHS.
 - ii. It will create provision to allow the formation of joint committees between ICSs and NHS providers and between NHS providers separately to give a legal basis for making joint decisions. Both types of committees could include representation from other bodies such as primary care networks and local authorities.
 - iii. It sets out plans to remove the current procurement rules which apply to the NHS and public health commissioners when arranging healthcare services. Commissioners will be able to arrange services with the most appropriate provider. Commissioners will be able to run a competitive process where it adds value, recognising their duty to act in the best interests of patients, taxpayers and the local population.
 - iv. There will be a duty to cooperate on the ICB and local government.
 - v. The Bill draws attention to a forthcoming data strategy for health and care. The strategy will set out the proposals to address structural, cultural and legislative barriers to sharing data for the benefit of the individual, population and system

Service reconfigurations

- 4.14 The Bill adds a new discretionary power to the NHS Act 2006 for the Secretary of State to give a direction to NHS bodies or providers, requiring a reconfiguration to be referred to them instead of being dealt with locally. The Secretary of State will be able to use this call-in power at any stage of the reconfiguration process.
- 4.15 To support this intervention power, the current Local Authority referral power, which is set out in regulations under the NHS Act 2006 will be amended to reflect the new process. This does not remove the local Health Oversight and Scrutiny Committee (HOSC) role or the requirement to involve them in reconfigurations.

Adult social care and health

- 4.16 Introduce a new duty for the Care Quality Commission (CQC) to review, assess and report on the performance of English local authorities in their delivery of their adult social care function. If CQC considers a local authority is failing to discharge any of its adult social services functions to an acceptable standard, it is obliged to inform the Secretary of State and recommend any special measures required. This is expected to commence in 2023.
- 4.17 The Bill updates the approach to hospital discharge by changing the legislative

framework to enable a 'discharge to assess' model. This model includes enabling assessment to take place after an individual has been discharged from acute care. The Bill repeals existing requirements to assess for care needs before hospital discharge.

- 4.18 The Bill proposes to create a standalone legal basis for the Better Care Fund (BCF), separating it from the NHS Mandate setting process, which will no longer be on an annual basis.

5. Update and Next Steps

- 5.1 The Bill is largely permissive and provides a great deal of scope for local discretion, building on existing foundations and tailoring ways of working to best tackle local need and circumstances.
- 5.2 The three Essex-based ICS systems are currently working on the new governance arrangements for ICBs and ICPs, and planning for the abolition – and transition – of clinical commissioning groups to ICBs.
- 5.3 The ICBs are currently going through a selection process for their chief executives. They have completed the processes for appointing independent Chairs and these have been confirmed as Rt Hon Paul Burstow (Hertfordshire and West Essex); Prof Mike Thorne (Mid and South Essex) and Prof Will Pope (Suffolk and North East Essex)
- 5.4 A review has commenced on the role and remit of the Essex health and wellbeing board to ensure that it complements, rather than duplicates, the role of the new statutory integrated care partnership boards.
- 5.5 All three systems submitted proposed ICB membership and constitutions to NHSE/I for approval on the 17th November.
- 5.6 Royal Approval of the Health and Care Bill is expected by March 2022.

6. Supporting Documents

- Health and Care Bill [newbook.book \(parliament.uk\)](https://www.newbook.book.parliament.uk)
- Guidance on integrated care systems
<https://www.england.nhs.uk/publication/integrated-care-systems-guidance/>

Report title: Chairman's Report	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 2 December 2021	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Jasmine Carswell, Democratic Services Officer – jasmine.carswell@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 Wednesday 17 November 2021 to confirm the agenda for the December HOSC meeting:
- Health and Care Bill – Integrated Care Systems (ICS)
- 4.2. The Forum also confirmed that PAF Members would be invited to the meeting and that they would be able to actively participate in the meeting.

5. List of Appendices – none

Report title: Member Updates	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 2 December 2021	For: Discussion
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Jasmine Carswell, Democratic Services Officer – jasmine.carswell@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

App A: JHOSC with Suffolk – new membership

Appendix A

Report title: Joint Health Overview and Scrutiny Committee with Suffolk	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 4 November 2021	For: Information
Enquiries to: Graham Hughes, Senior Democratic Services Officer – graham.hughes@essex.gov.uk	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 The purpose of this paper is to renew and update the Essex Health Overview Policy and Scrutiny Committee's (Essex HOSC) nominations to serve as members on the Joint Health Overview and Policy Committee with Suffolk (JHOSC).

2. Action required

- 2.1 The Committee is asked to consider this report and approve:
- (i) political proportionality rules as set out in Paragraph 3 of the JHOSC Terms of Reference (see overleaf); and
 - (ii) new nominations to serve on the JHOSC as follows:
 - Councillor Dave Harris
 - Councillor Mark Cory
 - Councillor Carlo Guglielmi
 - Councillor Bob Massey
 - (iii) A lead member for the JHOSC and any substitute members

3. Background

- 3.1 The JHOSC was established with members of the Health Overview and Scrutiny Committee at Suffolk County Council ("Suffolk HOSC") in early 2017 to oversee the development of the Sustainability and Transformation Partnership ("STP") in Suffolk and North-East Essex. The STP has subsequently been developed into an Integrated Care System ("ICS").
- 3.2 Since 2017 the JHOSC has met in public five times and the public meeting documents can be viewed here - [JHOSC with Suffolk - meeting papers](#).
- 3.3 The Essex HOSC and Suffolk HOSC each nominate four members to serve on

the JHOSC with further names permitted to serve as substitute members. Through that process both the Essex HOSC and Suffolk HOSC each indicate a lead member from their representatives who may act as Chairman of the JHOSC. Chairmanship of the JHOSC is rotated on broadly an annual basis. An extract from the current Terms of Reference for the JHOSC is reproduced below.

Extract - Paragraph 3 of the JHOSC Terms of Reference:

'3.1. The joint committee will consist of four members representing Essex and four members representing Suffolk, as nominated by the respective health scrutiny committees.

3.2. Each authority may nominate up to three 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.

3.8. Each member of the joint committee will have one vote.'

3.4 In the past, the Essex HOSC has tried to nominate four local north-east Essex based councillors to serve on the JHOSC. Currently, the Essex HOSC does not have enough local north-east Essex councillors to do this again. Therefore, the Chairman has considered inviting at least one nomination from the People and Families Policy and Scrutiny Committee to also serve on the JHOSC alongside nominated Essex HOSC members. This would seem to be an appropriate approach to take bearing in mind that the STPs/ICSs are both health and social care planning structures.

3.5 Essex HOSC's co-opted district councillors are non-voting members. As such, it is not appropriate to consider them as nominees for the JHOSC.

4. Update and Next Steps

4.1. As outlined above.

4.2 List of Appendices

None.

Report title: Work Programme	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 2 December 2021	For: Information
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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. Background3.1 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 2021**

Date	Topic	Theme/Focus	Approach and next steps
December 2021			
December 2021	Health and Care Bill – Integrated Care Systems (ICS)	Committee to receive a recap briefing on the organisation of Integrated Care Systems, ahead of further work, including potential joint committee meetings, in early 2022	
January 2022			
January 2022	East of England Ambulance Service Trust	Committee to receive an update from the Chief Executive on progress made against the CQC recommendations, and also a progress update on the Trust's cultural change process.	
February 2022			
February 2022	A&E pressures/Seasonal pressures/admissions avoidance	Committee to receive information on the relationship between ambulance performance and hospital capacity pressures.	
March 2022			
March 2022	GP Provision in Essex	Committee to receive a briefing comprising of the following information:	

		<ul style="list-style-type: none"> - Overview of GP provision across Essex, including staffing levels, recruitment plans, overall service performance - Digitalisation of access to health - Extended hours programme for a number of GP services 	
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Items to be programmed	Topic	Theme/Focus	Approach and next steps
TBC	Provision of community beds and services in Mid and South Essex	Committee to receive update on longer term future of these services on a permanent basis, to meet the needs of local residents	
TBC	Princess Alexandra Hospital	Committee to receive an update from Princess Alexandra Hospital on its redevelopment plans	
TBC	Autism Strategy	<p>Committee to receive an update on Autism Services following initial report in January 2021. Scope set out as below:</p> <ul style="list-style-type: none"> ▪ Referral and diagnosis times ▪ Transitions between 	

		children and adult services <ul style="list-style-type: none"> ▪ The number of people across Essex affected by Autism ▪ The impact of Covid-19 on Children's Autism services. 	
TBC	Mental Health Services	Committee to receive a further update on the mental health response to the pandemic and future service planning for changes in demand.	
TBC	New NHS Hubs	Further scoping required.	
TBC	Essex Partnership University Foundation Trust (EPUT Linden Centre review	Further scoping required.	
TBC	Hospital waiting times – overview of all Essex hospitals	Further scoping required.	
TBC	Winter Flu Rates	Further scoping required.	
TBC	NHS 111 – impact of GP's directing people to that service	Further scoping required.	