

**Minutes of the meeting of the Health Overview Policy and Scrutiny Committee held in Committee Room 1, County Hall, Chelmsford, CM1 1QH at 10:15am on Wednesday 5 February 2020**

**County Councillors Present:**

Councillor Reeves (Chairman)	
Councillor Brown	Councillor Chandler
Councillor Egan (Vice-Chairman)	Councillor Harris
Councillor Lumley	Councillor Massey
Councillor McEwen	Councillor Moran
Councillor Stephenson	Councillor Baker (substitute)

Graham Hughes - Senior Democratic Services Officer, and David Sollis from HealthWatch Essex were also in attendance.

The meeting started at 10:17am

**1. Membership, Apologies, Substitutions and Declarations of Interest**

Apologies had been received from Councillors Gadsby and Wood (for whom Councillor Baker substituted).

The following interests were declared and both stated that they believed that the interests declared did not prejudice their consideration of the public interest and that they were able to speak and vote on the matters on the agenda:

- (i) Councillor Egan – Code interest. Her cousin is Managing Director of Basildon and Thurrock University Hospital Trust.
- (ii) Councillor Brown – Code Interest. Her son worked as a vascular surgeon at Southend Hospital.

**2. Minutes**

The Minutes of the meeting of the Health Overview Policy and Scrutiny Committee (HOPSC) held on 15 January 2020 were approved as a correct record and signed by the Chairman.

**3. Questions from the Public**

There were no questions from the public. The Chairman referred to an email received from Pauline Amos which had been circulated to members, the content of which had been noted and would be taken into consideration during subsequent discussion under Agenda item 4 (below).

#### **4. A&E seasonal pressures and admissions avoidance - Update**

The Committee considered report HOPSC/05/20 comprising an update on seasonal pressures in Accident and Emergency and urgent care, and admissions avoidance and discharge planning. Within the report were separate updates from Essex county Council (as social care provider), the five acute hospital trusts in Essex, and the East of England Ambulance Service. As part of the update each organisation had also been requested to respond to some advance questions. The following representatives joined the meeting and at the invitation of the Chairman, in turn introduced the item.

##### East of England Ambulance Service

Gary Morgan, Deputy Director of Service Delivery  
Alan Whitehead, Head of Operations – East,

##### East Suffolk and North Essex Foundation Trust

Nick Hulme, Chief Executive, Colchester/Ipswich Hospitals  
Rob Power, Associate Director of Operations, Colchester/Ipswich

##### Essex County Council (ECC)

Peter Fairley, Director, Strategy, Policy & Integration (People), (left at 11am)

##### Mid and South Essex University Hospitals Group

Naresh Chenani, MSE Group Director of Planning and Performance  
Richard Pearson, Director of Operations, Mid Essex  
Fiona Ryan, Director of Operations, Basildon  
Michael Quinn, Director of Operations, Southend

##### Princess Alexandra Hospital (Harlow) (PAH)

Stephanie Lawton, Chief Operating Officer,

During discussion the following was highlighted, confirmed and/or noted:

- (i) Overall the system was proving to be resilient but was under stress. However, the winter was no longer unique in terms of pressures.
- (ii) There continued to be increasing demand beyond the levels for which had been planned. There was also an increase in the acuity of patients.
- (iii) All partners reported that there continued to be positive and closer system working between them.
- (iv) Further work was needed to help identify patients at risk of admission earlier and avoid presenting at time of crisis.

##### ECC

- (v) There still remained some challenges with Delayed Transfers of Care (DTOCs). However, delays due to social care provision not being in place had been the lowest for three years during 2019.

- (vi) The suspension of the Allied Healthcare contract in 2018 had meant that it had taken time for a replacement reablement provider to get up and running. Additional capacity had been purchased.
- (vii) Some members challenged whether the reablement/intermediate care 'step-down' beds were being fully utilised and that the most appropriate people were being placed in them.
- (viii) Whilst it was felt that there was more social care reablement capacity in the system than in the previous year, this still had proved to be insufficient with there being more demand than anticipated.
- (ix) A recent study commissioned by ECC had shown that re-admission rates were much higher in Essex than elsewhere (up to 20-25% in some parts of the county). However, it was highlighted that it was also important to look at non-clinical underlying factors.
- (x) There was increasing demand and cost for home care services partly offset by reducing use and cost of residential care.

#### Hospitals

- (xi) All hospitals reported challenges in meeting the national four hours standards and that some spikes in demand meant delays in ambulance handover times. It was suggested that a review could be undertaken of whether the 4-hour national standard was still the most appropriate target and measure to use;
- (xii) All five hospitals had a HALO on site with the one at Colchester being full-time. Extra funding was now in place for one at each hospital until April. It was stressed that Colchester needed to be held-up as a benchmark and the ambulance service was in discussions with CCGs regarding funding beyond April.
- (xiii) Hospitals were often seen as places of safety. However, some hospitals acknowledged that there were challenges in always being able to fully support those presenting with mental health issues as the A&E environment was not an appropriate setting to provide this type of support. Members challenged the adequacy of places of safety in the county for those with mental health challenges.
- (xiv) PAH had experienced significant pressure at the beginning of January and commissioned extra beds at Herts and Essex hospital, together with additional phasing-in of further Intermediate Care beds. PAH had been successful in receiving additional capital monies to build a further assessment space (incorporating 30 further beds).
- (xv) An ECC social worker at the door of A&E at Colchester had helped re-signpost some presenters.

- (xvi) Southend Hospital were also seeing people coming through A&E to get access to primary care as they had a GP streaming service alongside.

#### East of England Ambulance Service (EEAS)

- (xvii) The main pressure being seen by the ambulance service was in the handover times at the acute trusts.
- (xviii) Some mental health practitioners were now working alongside paramedics. EEAS was also reviewing whether it was always necessary to have a paramedic in every vehicle.
- (xix) Advance planning by EEAS could predict the number of calls that might be expected but the acuity of each case seemed to be getting worse. Currently 65% of all calls that EEAS attended would then be conveyed to acute hospital.
- (xx) The physical layout of the Emergency Department at Broomfield prevented putting in place some of the processes operating in other hospitals and this partly contributed to handover delays. There seemed to be clusters of delays at certain times of day and a number of possible contributing factors were being investigated with EEAS.
- (xxi) One of the key areas that required further work was to review the on-scene time being spent by ambulance crews with patients not being conveyed to hospital.
- (xxii) With around 20% of the calls to EEAS relating to falls, some members challenged whether there was some duplication of services that EEAS linked-into with those commissioned by local councils such as CareLine/lived-in service. **It was agreed** that further consideration would be given to follow-up on this to ensure good engagement with district councils and that services were linked and co-ordinated.

#### Recruitment

- (xxiii) All hospitals reported ongoing recruitment challenges;
- (xxiv) EEAS still had staffing challenges with recruitment of experienced paramedics for the control room being particularly difficult.
- (xxv) It was suggested that some of the 'professional boundaries' around certain posts could be challenged and instead identify the core skills actually needed – further assistance from Health Education England was needed to help support that.

Corona virus preparation

Public Health were leading system partnership working to prepare for any outbreak of the Corona virus. By the end of the week every hospital would have isolation assessment pods on site so as to by-pass A&E. However, residents suspected of having the virus would be encouraged to go home unless their condition was serious enough to warrant going to a specialist unit.

Conclusion:

The following actions were agreed:

- (i) To provide more information on the Bridging Service referred to in the update from ECC and how it was working across the system.
- (ii) to look at minimising any duplication of the services that EEAS linked into with those services that districts commissioned (e.g. for falls), and ensure good engagement with district councils.

The Chairman thanked the representatives for attending and they then left the meeting.

**5. Chairman's Report**

The report (**HOPSC/06/20**) was noted.

**6. Member Updates**

Councillors Egan and Brown gave brief updates on recent attendance at a recent Castle Point and Rochford CCG Board meeting and a private meeting of the Joint HOSC with Suffolk respectively and these were noted.

**7. Work Programme**

The committee considered and noted report (**HOPSC/08/20**).

**8. Date of next meeting**

The committee noted that the next committee activity day was scheduled for 09:30 on Wednesday 4 March 2020.

**9. Urgent Business**

There was no urgent business and the meeting closed at 12:40

**Chairman**