



Essex County Council

Health Overview Policy and Scrutiny Committee

10:30	Thursday, 09 June 2022	Council Chamber County Hall, Chelmsford, CM1 1QH
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For information about the meeting please ask for:

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Essex County Council and Committees Information

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		Pages
**	Private pre-meeting for Committee members only To begin at 9:30am in the Council Chamber, County Hall.	
1	Election of Vice-Chairman for 2022/23 municipal year	
2	Membership, Apologies, Substitutions and Declarations of Interest To be reported by the Democratic Services Manager.	4 - 4
3	Minutes of previous meeting To note and approve the minutes of the meeting held on Thursday 7 April 2022.	5 - 9
4	Questions from the Public A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. On arrival, and before the start of the meeting, please register with the Democratic Services Officer.	
5	GP Provision in Essex Committee to receive a briefing on GP provision across Essex.	10 - 23

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| 6 | Chairman's Report - June 2022
To note the latest update on discussions at HOSC Chairman's Forum meetings (Chairman and Vice-Chairman). | 24 - 24 |
| 7 | Member Updates- June 2022
To note any updates of the Committee. | 25 - 25 |
| 8 | Work Programme - June 2022
To note the Committee's current work programme. | 26 - 29 |
| 9 | Date of Next Meeting
To note that the next meeting will be held on Thursday 7 July 2022 at 10:30am in Committee Room 1, County Hall. | |
| 10 | 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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|-----------|---|
| 11 | 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. |
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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: 9 June 2022	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk	
County Divisions affected: Not applicable	

Recommendations:

To note:

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

Membership

(Quorum: 4)

Councillor Jeff Henry	Chairman
Councillor Martin Foley	
Councillor Paul Gadd	
Councillor Dave Harris	
Councillor June Lumley	
Councillor Bob Massey	
Councillor Jaymey McIvor	
Councillor Anthony McQuiggan	
Councillor Richard Moore	
Councillor Stephen Robinson	
Councillor Clive Souter	
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 7 April 2022 at 10:30am**

Present

Cllr Dave Harris (Chairman)

Cllr Jaymey McIvor

Cllr David Carter (Co-opted)

Cllr Anthony McQuiggan

Cllr Luke Mackenzie

Cllr Clive Souter (Vice-Chairman)

Cllr Mike Mackrory (substitute)

Cllr Mike Steptoe

Cllr Bob Massey

Apologies

Cllr Mark Cory

Cllr Carlie Mayes

Cllr Martin Foley

Sharon Westfield-de-Cortez (Healthwatch Essex)

Remote Attendees

Cllr Jeff Henry

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 Cory, Cllr Foley, Cllr Mayes and Sharon Westfield-de-Cortez. Cllr Mackrory was acting as a substitute for Cllr Cory.

2. Minutes of previous meeting

The minutes of the meeting held on Thursday 3 March 2022 were approved by the Committee as an accurate record.

3. Questions from the public

No questions from members of the public were received.

4. Hospital redevelopment at Princess Alexandra Hospital

The Chairman welcomed Michael Meredith, Director of Strategy and Estates at the Princess Alexandra Hospital to meeting.

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

- Work to build a new hospital in Harlow has been ongoing for many years
- The current Princess Alexandra Hospital is significantly aged in terms of infrastructure
- More than 200 drawings of the new hospital are complete

- New hospital is part of the New Hospital Programme, the priorities of which are to complete hospitals already under construction
- Programme business case is scheduled to be completed in Spring, and hopefully signed off by the Treasury at the end of Autumn
- There is a national review being undertaken of all hospitals in the New Hospital Programme
- Current design of new hospital allows increase of 20% without impacting patient flows
- PAH are looking to reduce face to face appointments by 70%, mixed with virtual outpatient appointments
- Currently developing a strategic transport plan for Harlow and Epping
- It is hoped the new hospital will be the first all electrical hospital in the UK, using both solar panels and heat pumps
- Currently planning to have 1700 parking spaces at the new hospital, but expectation will be that people travel to the new hospital via public transport
- Completion date of new hospital is now 2028 at the earliest
- There are good political and social alignment around the plans for the new hospital which is helpful
- All current services will move over to the new hospital, but they will not be creating specialist services
- Will maintain current hospital as part of ongoing maintenance programme and undertake repairs where necessary
- Current hospital is operationally inefficient e.g., takes a long time to move patients around the hospital. The hospital is delivering 21st century care in a 1960's building
- A new full maternity suite will be in the new hospital, likely to be the single biggest area over two floors
- Also planning a retail offer – core retail in the central area of the hospital and also exploring a pop-up area for local vendors
- The land for the new hospital is in EFDC's Local Plan to be allocated as a site for a new hospital. Price has been agreed but commercial terms haven't been agreed yet.

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

- i) Exact date for submission of planning to be confirmed
- ii) Once programme business case is completed, a further update can be provided in terms of 2028 target completion date
- iii) Once plans have been approved, they will be presented to the Committee
- iv) A further update to be provided in October 2022

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:

The committee were informed that with regard Section 106 monies specifically for the health service, it is the expectation that the health service themselves request use of such funds.

7. Work Programme

The Committee noted the current work programme, and the following comments were made:

- A request for a breakdown of providers that fall within the HOSC's remit
- Re-add Digital Inclusion item to the Work Programme

8. Date of next meeting

To note that the next committee meeting is scheduled to take place on Thursday 9 June 2022 at 10:30am.

9. Urgent business

No urgent business received.

10. Urgent exempt business

No urgent exempt business received.

The meeting closed at 11:34am.

Chairman

Health Overview Policy and Scrutiny Committee – Matters Arising as of 30 May 2022

Date	Agenda Item	Action	Status
6 January 2022	East of England Ambulance Service Trust	Provide a further update on the progress being made against CQC recommendations in six months' time	Item added to Committee's Work Programme
		Update on performance to be provided in six months' time	Item added to Committee's Work Programme
9 February 2022	Community Children's Services – South East Essex	Provide an update following the transfer of the Lighthouse Child Development Centre to EPUT	Item added to Committee's Work Programme
9 February 2022	A&E Seasonal Pressures	Standing item on the Work Programme. Update to be provided in November 2022 from the acute hospital trusts	Item added to Committee's Work Programme
3 March 2022	Maternity Services at East Suffolk and North Essex Foundation Trust (ESNEFT)	Provide a further update in six months' time on how the Trust is progressing against CQC recommendations	Item added to Committee's Work Programme
7 April 2022	Hospital redevelopment at Princess Alexandra Hospital	Committee to be provided with date for submission of formal planning application	Item added to Committee's Work Programme
		To receive a further update once the business case process is complete,	Item added to Committee's Work Programme

		including whether 2028 delivery date is achievable	
		Sharing detailed plans of new hospital site	Item added to Committee's Work Programme

Report title: Primary Care Update	
Report to: Health Overview and Scrutiny Committee	
Report author: Avni Shah, Director of Primary Care, Herts and West Essex Health and Care Partnership, Pam Green, Alliance Director, North East Essex and William Guy, Primary Care SRO, Mid and South Essex CCGs	
Date: 9 June 2022	For: Discussion
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Jasmine Carswell, Democratic Services Officer (freddey.ayres2@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 This report provides background information on the current state and transformation agenda for primary care services across Essex. In particular, this report focusses on overall activity levels and how activity is delivered, feedback from patients, the evolving primary care workforce and new plans for extended access services from October 2022.

2. Action required

- 2.1 This report is for noting and discussion.

3. Background

- 3.1 Primary Care (general medical services) manages an estimated 80% of all patient interaction with the NHS. The responsibility for the provision of primary medical care sits with the three emerging Integrated Care Boards covering the Essex Boundaries. Prior to the covid pandemic, each system was implementing new models of primary care that aimed to better meet patient need through workforce transformation, digital solutions, workload efficiencies and engagement. During the covid pandemic, the method of delivering primary care services has evolved. The transformation programmes have continued.
- 3.2 The service is now presented with unprecedented demand and whilst primary care is providing more consultations than ever before, there remain significant challenges with access.
- 3.3 This report overviews the changing approach to delivering primary care and the initiatives being undertaken across Essex to improve service provision.

4. List of Appendices

App A: Primary Care Update to Essex Health Overview and Scrutiny Committee June 2022

Primary Care Update to Essex Health Overview and Scrutiny Committee

June 2022

Contributions from
Hertfordshire and West Essex
Mid and South Essex
Suffolk and North East Essex



Primary Medical Care in Essex

- Primary medical care in Essex comes under the responsibility of the three Integrated Care Boards that will cover the Essex population from 1 July 2022
 - Within the west Essex (single CCG within the Greater Essex footprint) part of Hertfordshire and West Essex there are 30 practices and 6 Primary Care Networks
 - Within the north east Essex (single CCG within the Greater Essex footprint) part of Suffolk and North East Essex there are 32 practices and 10 Primary Care Networks
 - Within mid and south Essex (five CCGs within the Greater Essex footprint – Basildon & Brentwood, Castle Point & Rochford, Mid Essex, Southend and Thurrock) there are 149 practices and 27 Primary Care Networks
- Primary Care Networks (PCNs) are groups of practices who collaborate with one another and wider stakeholders in order to deliver more enhanced care to their patients that they would otherwise be unable to do as stand alone general practices.
- Primary Care Networks form a fundamental part of the new Integrated Care System infrastructure
- An estimated 80% of all patient interaction with the NHS is undertaken by Primary Care
- For most patients requiring specialist advice/services, primary care is the route of entry into services

Pandemic changes and recovery

- During the early part of the COVID-19 pandemic, primary care was nationally directed to move to a “total telephone triage model”. This approach was aimed at reducing risk to patients and staff by managing people via telephone where practical.
- National guidance has since changed to move to a hybrid model of telephone and face-to-face appointments.
- Whilst there was a reduction in demand on primary care services during the national lockdowns, the demand has significantly increased since March 2021 to unprecedented levels.
- Primary care manages an estimated 80% of all patient interaction with the NHS and is often the route of entry into services. It is also provides the overall continuity of care for patients being treated within different parts of the NHS. The challenges faced by the NHS are therefore most apparent within primary care services.
- In 2021/22, all parts of Essex have seen an increase on pre pandemic (2019/20) numbers of consultations undertaken by primary care

	Total Consultations			2021/22 change since 2020/21	Change since 2019/20 (pre pandemic baseline)
	2019/20	2020/21	2021/22		
Mid and South Essex	5,772,059	5,398,804	6,086,126	12.7%	5.4%
North East Essex	1,956,943	1,777,010	2,040,476	14.8%	4.3%
West Essex	1,436,089	1,340,451	1,538,586	14.8%	7.1%

In MSE, an additional 314k appointments were undertaken

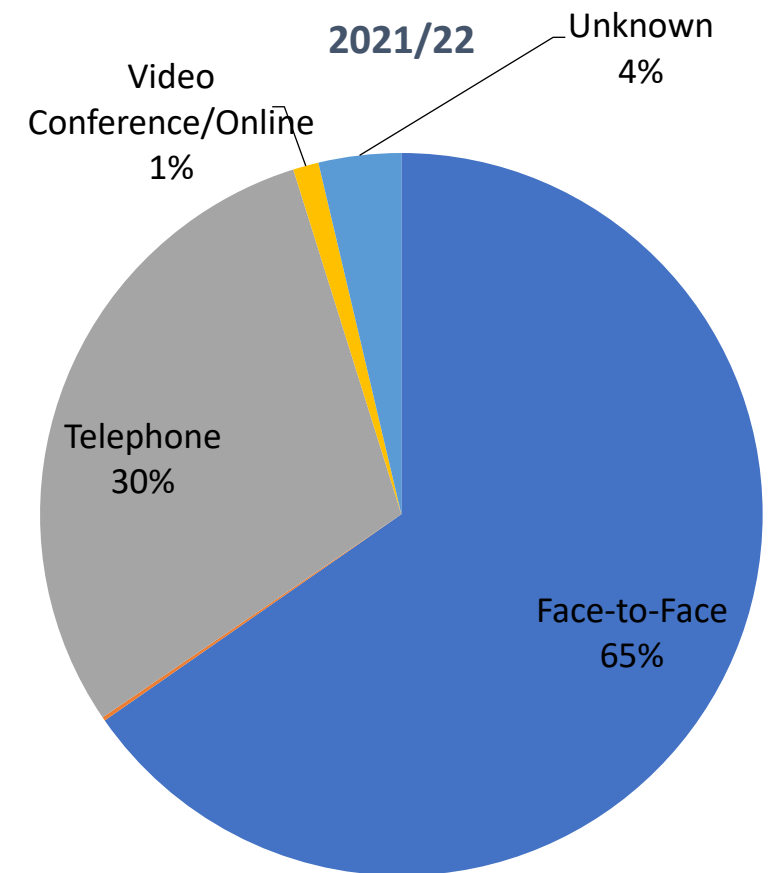
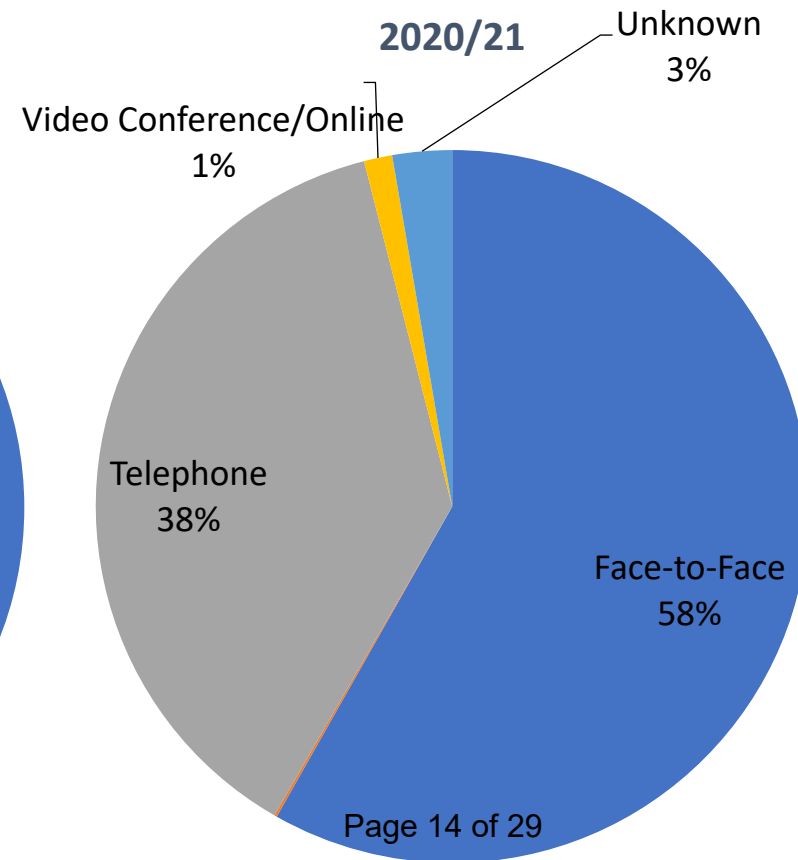
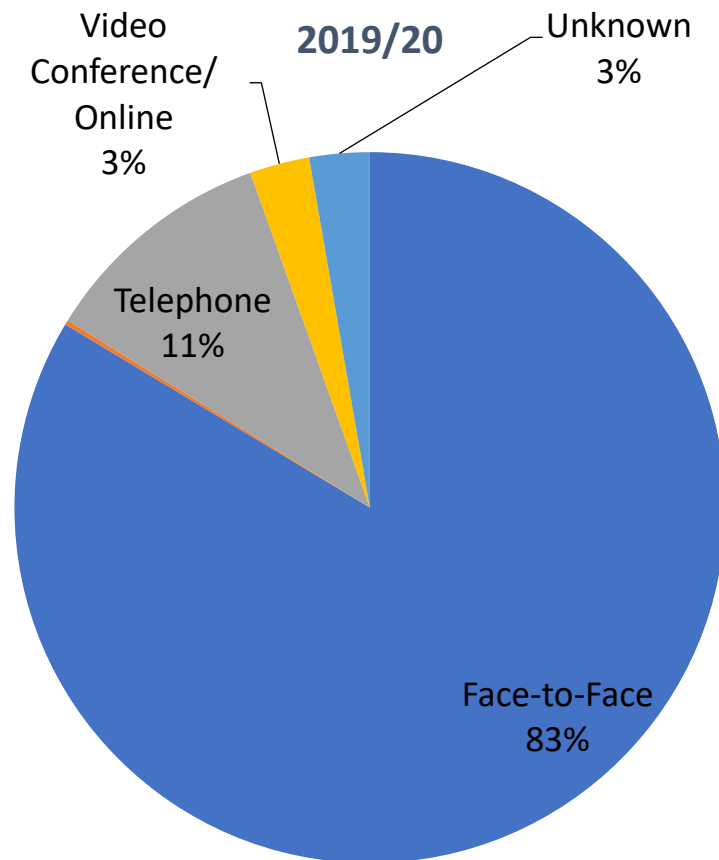
In North East Essex, an additional 83k appointments were undertaken

In West Essex, an additional 102k appointments were undertaken

Modality of Appointments

(Source Mid and South Essex CCGs only NHS Digital Data)

- The last three years has seen rapid change in the modality of appointments being undertaken



Taking residents with us

[Our Primary care communications campaign](#) was both in response to concerns linked to GP access and worrying rise in reports of abuse targeted at local staff

- The campaign sought to ensure shared understanding around why GP practices continue to work differently – given then need to triage all calls at the time this campaign ran
- We worked with both staff and patient representatives to develop an insight-led integrated communication campaign. Feedback received was incredibly valuable with the team listening to the themes and consequently reviewing our initial approach.
- This resulting in a radio campaign, newspaper advertising, a GP practice toolkit, easy read materials.
- [A summary of the campaign roll-out](#), gives an overview of the impact the campaign had locally.
- The [campaign website has a range of resources](#) that colleagues are still able to use. This includes a campaign toolkit, social media graphics, a campaign poster and an easy-read leaflet.



What are local residents saying?

"As mentioned, digital & face2face need to be offered together to ensure that those who are digitally excluded are not left behind".

"I struggle at all times of the day to get through to the GP and if you need an appointment, you won't get one unless you call at 8am on the dot"

"I would really like them to talk more slowly and clearly – there's only so many times I can say pardon! I sometimes put the phone down and think what they said"

"At 79 I don't find it very easy online and it's almost impossible to get appointment by phone"

"Telephone appointments are very helpful as I don't work near my GP"

"Telephone appointments are flexible and it is easier to get an appointment at a suitable time. There is no need to take time off work to speak to your GP"

"Need a GP appointment to get help with mental health but haven't yet as can't book online and will take ages to phone and gives me anxiety"

New Models of Primary Care and Digitalisation

- Pre-pandemic national policy and local strategy recognised that models of primary care needed to evolve to manage the challenges a changing population presents where the number of elderly patients with complex need is rising rapidly.
- Key features of the national and local approach include;
 - Collaboration between practices within “Primary Care Networks”
 - New roles within the workforce including pharmacists, physios, social prescribers
 - GP led primary care but an increasingly multidisciplinary workforce
 - Greater collaboration between primary, community, mental health, social care and voluntary sector providers to proactively support the local population
 - A differentiation of presenting need managing those with chronic and complex needs differently from those with short term, episodic need
 - A greater use of digital solutions such as online consultations, telephone and video consultations, Apps and other tools to enable people to access the right care at the right time
 - A greater use of other services to support patients that would traditionally present to their GPs e.g. community pharmacy, voluntary sector, other statutory agencies.
- In order to successfully support the implementation of these new models of care we need to improve engagement with our communities so that there is a better understanding on this new approach and that new models can be influenced by feedback from service users.
- An example of where engagement needs to improve is the use of administrative staff to support the triage and redirection process. To better support patients, it is important that reception staff ask some key questions when patients contact primary care. Through this process, there is the potential to better direct to the most appropriate solution e.g. nurse appointment, community pharmacy etc.

Addressing Digital Isolation in Colchester

To address Digital Isolation, North East Essex Alliance, led by Colchester Borough Council have introduced Fixed Digital Asset Points (FDAP). A FDAP is a locked down screen which populates 16 tiles, 5 of which are defaulted to surgery, council, seasonal, NHS and Digital Access Support Team, the other 11 are decided with discussions between support team and the surgery, so that they are all relevant and bespoke to each surgery. One example of the screens:

- Creffield: <https://kiosk.c1-cbcmanager.co.uk/creffield-medical-centre-one/>

Working in conjunction with Colchester Borough Council:

- 39 FDAPs have been installed within 25 Surgeries across NEE
- 20 surgery sites are still to receive them
- 2 FDAPs are available per site

New Roles in Primary Care

- Primary Care Networks are recruiting to new primary care posts that offer an alternative and more appropriate service for many patients. This national initiative is called the Additional Roles Reimbursement Scheme (ARRS)



New Roles in Primary Care

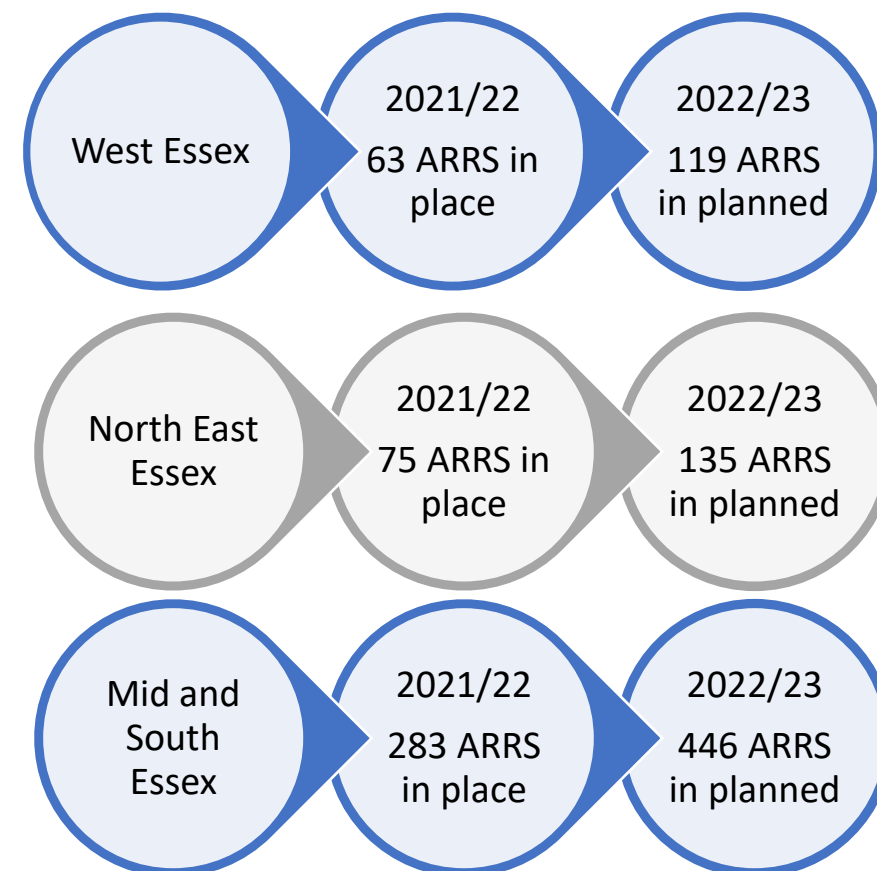
Care Navigators are members of the surgery reception team who have been trained to help patients get the right care from the right healthcare professional, as soon as possible, by asking for a little more detail from the patient when they book an appointment.

Nurse Practitioners are highly-trained professionals and can undertake complex reviews of patients, just like GPs. They can assess symptoms and build a picture of a patient's condition, treat minor health problems, infections, minor injuries and prescribe medication where necessary.

Clinical Pharmacists are becoming more commonplace in GP practices and are qualified professionals whose skills include reviewing medications for patients who have long term conditions. They can also treat minor illnesses and refer patients onto other services.

First Contact Physiotherapists - Musculoskeletal health issues such as back, muscle and joint pains are the most common cause of repeat GP appointments and account for around 1 in 5 of all GP appointments. Most of them can be dealt with effectively by a physiotherapist without any need to see the GP. They have the same high safety record as GPs and some are trained to administer steroid injections, order diagnostic tests including scans, and also prescribe medication.

Social Prescribing Link Workers also known as a Social Prescribers work in partnership with GP surgeries and can help people to access appropriate support in the community to help them make positive changes to your personal wellbeing.



Primary Care Workforce

Whole Time Equivalent Workforce By Profession		Mar-20	Mar-21	Mar-22	Change
Mid and South Essex	GP	605	611	608	0.5%
	Admin/Non Clinical	1232	1252	1307	6.1%
	Direct Patient Care	235	243	261	11.1%
	Nurses	300	288	295	-1.7%
West Essex	GP	177	171	179	1.1%
	Admin/Non Clinical	333	334	342	2.7%
	Direct Patient Care	80	79	82	2.5%
	Nurses	61	68	66	8.2%
North East Essex	GP	162	153	176	8.6%
	Admin/Non Clinical	410	440	468	14.1%
	Direct Patient Care	72	98	103	43.1%
	Nurses	133	144	136	2.3%

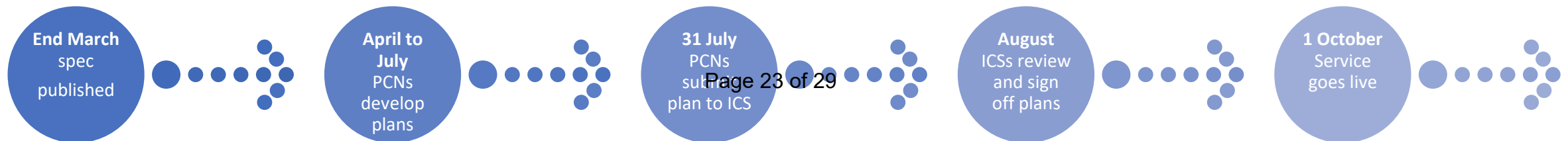
- GP workforce has remained relatively stable in numbers in West Essex and Mid and South Essex and have seen a reasonable increase in North East Essex
- Underlying the GP workforce position is a general change (mirrored nationally) with an increase in salaried GP numbers and a reduction in the number of GP partners.
- All areas are affected by an ageing primary care workforce – 36% of the primary care workforce in North East Essex is over the age of 55, 38% in Mid and South Essex and 38% in West Essex.
- There is a significant focus across all areas of Essex to increase the number of Training Practices and GP trainees working within our practices. For example in MSE there are currently 109 trainees in our practices an increase of 84 since 2015. There are a number of initiatives to try and retain these trainees within our system upon qualification.

Initiatives to improve workforce development, recruitment and retention

Training Hubs – Each system has a local training hub which aims to provide a local approach to primary care workforce development	First Five Coaching Scheme – supporting GPs in their first five years of their career establish themselves within primary care	ARRS support – ambassadors and support for the new roles in primary care e.g. pharmacists, physiotherapists etc	Academic Carer Pathways – establishing a route for a portfolio career including academic activity
Continuing Professional Development opportunities – specific training and development opportunities for the general practice workforce	Mid Career Portfolio Placements – aiming to support experienced GPs diversify their interests to retain them in primary care	Practice Manager Supporters Scheme – providing support, development and advice to practice managers	Apprentice Nursing Associate roles – new developmental roles aiming to offer alternative routes into primary care nursing careers
International recruitment schemes – supporting healthcare professionals from overseas to settle in primary care locally	Portfolio Fellowship for new GPs – providing roles that are a blend of general practice, development of a specialist interest and leadership development	Mentoring schemes – aimed at Mid Career GPs and practice managers to improve retention in the primary care workforce	PCN Training Team – supporting the embedding of new staff into clinical and non clinical roles in primary care

Extended Access – October 2022

- A key requirement of PCNs in 2022/23 is to establish a new approach to Extended Access Services
- These services have been historically commissioned by CCGs but from October 2022, the responsibility for ensuring the population has access to extended access services transfers to PCNs.
- PCNs are encouraged to tailor these services to best meet the needs of their population. However, there are a number of specified requirements that must be delivered including;
 - ✓ Provision every weekday from 6:30pm to 8:00pm
 - ✓ Provision every Saturday from 9:00am to 5:00pm
 - ✓ 60 mins of provision per 1000 registered patients per week
 - ✓ Provision of routine general practice (i.e. not urgent out of hours care)
 - ✓ GP led provision
 - ✓ There must be a consistent offer to all registered patients
- PCNs are currently considering what model would work best for their population
- PCNs are required to engage with patients as part of the design process
- Proposals will be submitted to local commissioners for approval in the summer
- PCNs will then mobilise services in early autumn to then go live from 1st October 2022.



Report title: Chairman's Report	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 9 June 2022	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@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 on 26 May 2022 to meet with William Guy, NHS Basildon and Brentwood CCG and Claire Hankey, Mid and South Essex NHS Foundation Trust to discuss the main agenda item for the HOSC's June meeting on GP Provision in Essex.
- 4.2 Officers shared the proposed slides with the Forum to ensure they met the scope that the committee initially requested.
- 4.3 Officers shared with the Forum that face-to-face appointment levels are not yet back to pre-pandemic levels, although there has been increase.
- 4.4 Snippets of feedback from patients that had been received was shared with the Forum, and there was a mix of both positive and negative.

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: 9 June 2022	For: Discussion
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@essex.gov.uk	
County Divisions affected: Not applicable	

1. Introduction

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

2. Action required

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

3. Background

- 3.1 The Chairman and Vice Chairman have requested a standard agenda item to receive updates from members (usually oral but written reports can be provided ahead of time for inclusion in the published agenda if preferred).
- 3.2 All members are encouraged to attend meetings of their local health commissioners and providers and report back any information and issues of interest and/or relevant to the Committee. In particular, HOSC members who serve as County Council representatives observing the following bodies may wish to provide an update.

4. Update and Next Steps

Oral updates to be given.

5. List of Appendices – none

Report title: Work Programme	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 9 June 2022	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager – richard.buttress3@essex.gov.uk or Freddey Ayres, Democratic Services Officer – freddey.ayres2@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

**Prove Health Overview Policy and Scrutiny Committee
Work Programme – June 2022**

Date	Topic	Theme/Focus	Approach and next steps
June 2022			
June 2022	GP Provision in Essex	<p>Committee to receive a briefing comprising of the following information:</p> <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 	
July 2022			
July 2022	East of England Ambulance Service Trust	Committee to receive an update on the progress being made against CQC recommendations	
July 2022	Mid and South Essex Community Beds programme	Committee to receive briefing following completion of engagement process	
September 2022			
September 2022	South-East Essex Community Children's Services – Lighthouse Child Development Centre	Committee to receive an update following the transfer of the Lighthouse Child Development Centre to EPUT	

September 2022	Winter Flu	Committee to receive a report on preparations for the Winter period	
October 2022			
October 2022	Maternity Services at East Suffolk and North Essex Foundation Trust (ESNEFT)	Committee to receive a further update on how ESNEFT is progressing against CQC recommendations	
October 2022	Princess Alexandra Hospital – new hospital update	Committee to receive further update on the new hospital development, including: <ul style="list-style-type: none"> - Sharing detailed plans of new hospital site - Confirmation of date for planning application submission 	
November 2022			
November 2022	A&E Seasonal Pressures	Committee to receive updates from the hospital trusts on their preparations for Winter	
December 2022			

Items to be programmed	Topic	Theme/Focus	Approach and next steps
TBC	Autism Strategy	Committee to receive an update on Autism Services following initial report in January 2021. Scope set out as below: <ul style="list-style-type: none"> ▪ Referral and diagnosis 	

		<p>times</p> <ul style="list-style-type: none"> ▪ Transitions between children and adult services ▪ 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	NHS 111 – impact of GP's directing people to that service	Further scoping required	
TBC	Section 106 monies within the NHS	Further scoping required	
TBC	Digitalisation of access to health	Further scoping required	