



Essex County Council

Health Overview Policy and Scrutiny Committee

10:30	Thursday, 04 November 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 HOSC 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 7 October 2021.	6 - 9
3	Questions from the Public	

A period of 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 last 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 3 November 2021.

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|----------|---|----------------|
| 4 | Community beds in Mid and South Essex
Committee to receive briefing on longer term future of these services on a permanent basis, to meet the needs of local residents. | 10 - 16 |
| 5 | Chairman's Report - November 2021
To note the latest update on the discussions at HOSC Chairman's Forum meetings (Chairman and Vice-Chairman). | 17 - 27 |
| 6 | Member Updates
To note any updates of the Committees. | 28 - 28 |
| 7 | Work Programme
To note the committee's current work programme. | 29 - 32 |
| 8 | Date of Next Meeting
To note that the next meeting of the committee is scheduled to take place on Thursday 2 December 2021 at 10:30am. | |
| 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: 4 November 2021	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager or Jasmine Carswell, Democratic Services Officer	
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 7 October 2021 at 10:30am**

Present

Cllr Jeff Henry (Chairman)	Cllr Lynda McWilliams (Co-opted member)
Cllr Dave Harris (Vice-Chairman)	Cllr Clive Souter (Vice-Chairman)
Cllr David Carter (Co-opted member)	Cllr Mike Steptoe
Cllr Bob Massey	Sharon Westfield-de-Cortez (Healthwatch)
Cllr Anthony McQuiggan	Cllr Holly Whitbread (substitute)

Apologies

Cllr Mark Cory	Cllr June Lumley
Cllr Martin Foley	Cllr Luke Mackenzie
Cllr Carlie Mayes (Maldon District Council)	

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 Foley, Lumley, Mackenzie and Mayes.

Cllr Whitbread substituted for Cllr Lumley.

2. Minutes of previous meeting

The minutes of the meeting held on Thursday 2 September 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. East of England Ambulance Service Trust – response to HOSC letter

The Chairman welcomed Tom Burton, Strategic Planning Director from the East of England Ambulance Service Trust (EEAST) to provide its formal response to the HOSC's letter sent to the Trust in February 2021.

The Committee received the following update:

Tom Burton, Strategic Planning Director, EEAST covered the following key issues:

- Acknowledged there are significant pressures in the health service now

- There are currently delays at certain hospital sites at particular times of the week, particularly around the night-time economy
- Partners at all hospitals in Essex have supported the EEAST well
- EEAST currently working on a number of initiatives such as hospital liaison officers
- Confirmed that the EEAST serves the Princess Alexandra Hospital
- People are accessing the EEAST for expediency and are working closely with commissioning partners to understand this further
- High sickness rate – 50% of staff unavailable at times
- EEAST lost its apprenticeship accreditation in July 2021. Existing apprenticeships are in the process of being moved to a third-party provider to ensure training is completed
- Trust is making good progress against quality performance indicators and are continuing to work with regulators
- 'Freedom to speak up' scheme being led by the Trust's Chief Executive
- Continuing to reach out to staff via a number of touch points to gain an understanding of how things are on the ground
- Pilot to trial body worn cameras commencing
- EEAST are preparing now for winter – busy six months predicated if current trajectory continues

During the discussion, the following key points were noted:

- Number of programmes being led by interim HR Director to obtain feedback from teams on how to improve conditions
- Acknowledged that as an executive the EEAST has not been visible enough. Has been difficult to visit crews in stations due to Covid-19
- New Chief Executive has encouraged the executive to 'own' an area, according to where they live
- Before re-applying for apprenticeship accreditation, EEAST will first understand what they are as a training provider and what is the best use of their resources currently
- Confirmed that EEAST covers the Uttlesford district
- The CQC report did identify some positive findings
- Advised that 111 should be access in the first instance. The 111 provision is stretched. The EEAST should only receive emergency calls
- Taking into account that reporting is a month in arrears, that is why 173 of the KPI's are still showing as amber/red
- Bullying is taken seriously and specific cases are being investigated in co-operation with HR
- Investing in HR service area to flatten the curve of reported cases of bullying
- Responses times are slower due to restrictions. Plan in place to mitigate this
- All vehicles have a core set of equipment
- Funding is available to spend on more CPR machines
- Mindful of challenges in rural areas. Volunteers to be community responders are being encouraged.

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

- i) Confirmation of whether it is still correct that a third of the 173 CQC KPI's are still amber/red?
- ii) Committee to be provided with a timescale for completion of its action plan
- iii) Committee to be provided with a full list of equipment that its rapid response vehicles carry
- iv) EEAST were invited back to a future meeting to provide an update on the cultural change progress

5. Covid-19 Update

The Chairman welcomed Mike Gogarty, Director, Wellbeing, Public Health and Communities to the meeting to provide a verbal update on the current Covid-19 situation.

Mike Gogarty, Director, Wellbeing, Public Health and Communities covered the following key issues:

- Case rates in Essex are stable at the moment and remain below regional and national level
- Rates in elderly people have not increased
- Peak in 20 – 29 age group related to festival attendance and gatherings over the Summer. High male rate during Euro 2020
- Vaccine effectiveness is good and having the vaccine will help children stay in school
- Hospital admissions remain low
- Working hard with voluntary sector to vaccinate people at home
- School age vaccinations will not be completed before half-term
- Some measures of social distancing remain and may help reduce flu.

During the discussion, the following key points were noted:

- Booster vaccine is likely to be Pfizer
- Vaccines were made to prevent people being admitted into hospital
- Vaccine data is not collected by gender. Increase in communications around the lack of risk to pregnancy and fertility from having the vaccine
- Transport deprivation is an issue. Essex Welfare Service are contacting people by phone to discuss concerns around not having the vaccine
- Uncertain supply of vaccines at GP surgeries

6. Chairman's Report

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

7. Member Updates

The following updates were provided to the Committee:

- Suffolk JHOSC – hasn't met for a while. Written to Graham Hughes for update.

8. Work Programme

The Committee noted the current work programme.

9. Date of next meeting

To note that the next committee meeting is scheduled to take place on Thursday 4 November 2021 at 10:30am.

10. Urgent business

No urgent business received.

11. Urgent exempt business

No urgent exempt business received.

The meeting closed at 11:47am.

Chairman

Report title: Community beds in Mid and South Essex	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Claire Hankey, Director of communications and engagement, Mid and South Essex Health and Care Partnership	
Date: 4 November 2021	For: Discussion and identifying any follow-up scrutiny actions
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 purpose of this paper is to (a) update the Committee on the current status of community inpatient beds across mid & south Essex, following recent changes that were implemented as a result of COVID; and (b) to advise the Committee of our plans to now commence a period of engagement on the future function and location of these beds.
- 1.2 In discussion with the Committee, we plan to commence engagement with the public, our staff and stakeholders in November 2021 in order to help shape and refine the possible future service model, with a view to commencing public consultation in early 2022.

2. Action required

- 2.1 The Committee is asked to consider this report and:
- Note the plans set out in this paper to commence engagement on the future focus and location of community inpatient beds in mid & south Essex; and
 - Agree to receive regular updates from the mid & south Essex Health and Care Partnership on this matter; and
 - Note that in future the mid & south Essex Health and Care Partnership may request that this Committee form a joint Scrutiny Committee with colleagues from Thurrock and Southend committees.

3. Background and key issues

Overview

- 3.1 Community hospital inpatient beds provide short-term rehabilitation services to care for people who are either too unwell to stay at home or who are being discharged from hospital but require additional support. Very often, these are frail older members of the community who have been admitted to one of our main acute hospitals or are people who have suffered a stroke and who, following a short stay in a main acute hospital, require specialist bed-based

rehabilitation.

3.2 Across mid and south Essex, we have historically had around 115 community beds spread across several locations. The main sites are:

- Billericay
- Brentwood
- Halstead
- Maldon
- Rochford
- Thurrock.

3.3 Over the last 18 months, an average of 200 people were admitted to these beds each month, and the average length of stay is 18 days. The most common reason for admission is rehabilitation.

Configuration of community beds – 2019

3.4 The exhibit below shows the location and number of community beds in 2019, *prior to any of the changes introduced in response to COVID*. At that point, there were two main types of beds – intermediate care (IMC), which generally provided care for people who were well enough to be discharged from a main hospital but were not yet able to return home, and stroke care beds, which provided rehabilitation for people who had suffered a stroke.

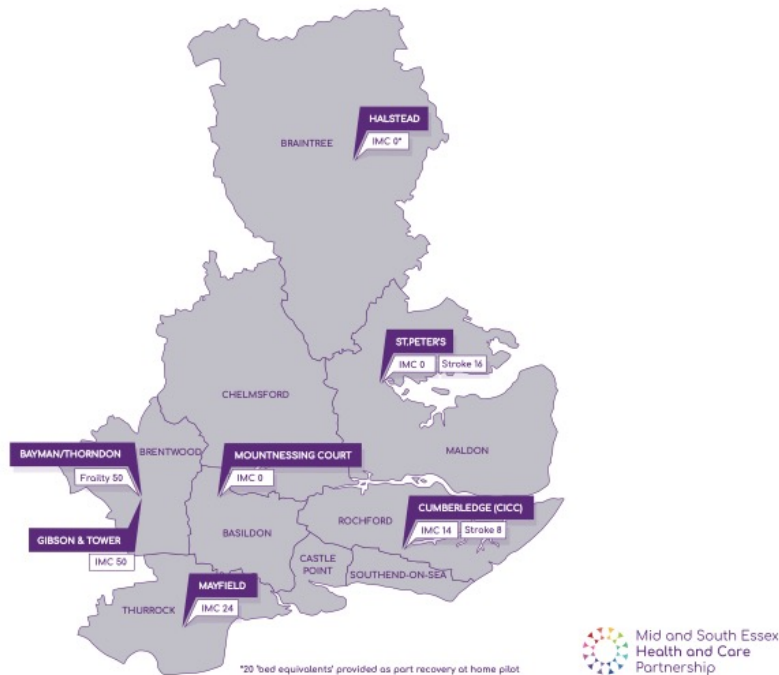
Exhibit 1: Location and number of beds (2019)



Configuration of community beds – 2021

- 3.5 One of the many urgent changes made in response to COVID was to significantly alter the location and mix of community inpatient beds. These changes resulted in the following configuration, which remain in place currently:

Exhibit 2: Location and number of beds (2021)



- 3.6 A key change that was introduced involved moving two acute wards that focus on caring for frail older people from the main Basildon Hospital site to Brentwood Community Hospital. This was driven by the need to rapidly increase capacity at the main hospital to meet the additional demands of the first and second waves of the pandemic (especially the need for more critical care beds); the importance of physically separating people with and without COVID in order to minimise the spread of infection; and the need to make best use of the available staff.
- 3.7 In addition, as part of the urgent changes intermediate care beds were relocated from both St Peter's Hospital in Maldon, and Mountnessing Court, Billericay.
- 3.8 In the north of the County (Halstead), we replaced the community beds with an intensive home recovery service, with the teams who were previously based on the ward providing intensive support to people in their own homes.

The case for change

- 3.9 Following the urgent changes made to the configuration of community beds as part of the response to COVID, in recent months a number of our clinical leaders been considering what the future configuration of community inpatient and acute frailty beds could look like. Our work has been driven by the twin

objectives of improving outcomes for patients and ensuring we make best use of the available resources and capacity.

3.10 In considering these issues, we have been looking at four main elements: overall hospital bed capacity and flow; stroke rehabilitation; intermediate care; and frailty. These four elements form the core of the emerging case for change.

Overall bed capacity and flow

3.11 One of our key considerations is how in future we use the available bed capacity – acute as well as community hospital - to support the overall ‘flow’ through the system. Getting this right is key to ensuring that we have enough capacity to both respond to emergency pressures (including any future waves of COVID) and to reduce waiting times for elective or planned care.

3.12 Alongside a wide range of services and partners, community inpatient beds play a key role in enabling people to be discharged from our main hospitals as soon as they are medically fit; without this capacity, people’s length of stay in our main hospitals would increase, making it more difficult to ensure there are beds available for emergencies.

3.13 Alongside this, as a result of COVID we now have long waiting lists for elective or planned care. We are determined to reduce these waiting times as quickly as possible, and to do so we need to ensure there is sufficient bed capacity (including in critical care).

Stroke

3.14 There are very clear national standards for optimising stroke care, including for rehabilitation following emergency treatment at a main acute hospital. Meeting these standards will be key if we are to consistently achieve the best possible outcomes for all people across mid and south Essex who suffer a stroke.

3.15 Initial work by our clinical leaders and their teams suggests that, to meet these standards and to take account of our growing, aging population, we will need to increase the total number of stroke rehabilitation beds we have and may need to consider consolidating the number of sites services are provided from. This is to ensure that the vital specialist skills that are required for successful rehabilitation are not diluted.

3.16 Our objective is to make sure that in future we improve outcomes for patients by developing a consistent approach to stroke rehabilitation across mid and south Essex.

3.17 This work builds on the 2017/18 consultation *your care in the best place*¹, which considered a wide range of issues, including how the three hospitals in mid and south Essex might in the future work together to improve outcomes by separating planned and emergency care as far as is possible, and by concentrating a small number of highly specialist services (such as stroke, complex gynaecology, respiratory and urology, as well as vascular services) on to a single site. The consultation also proposed the closure of Orsett hospital, after existing services had been appropriately located, a process which was underpinned by a Memorandum of Understanding.

Intermediate Care

¹ For more detail on the 2017/18 consultation, refer to the Decision-Making Business Case (DMBC), <http://v1.nhsmidandsouthessex.co.uk/decision-making-business-case/>

- 3.18 Intermediate care beds form one element of a much broader set of services that aim to help people remain in their own homes for as long as possible or, if they require admission to an acute hospital, support their discharge and return home.
- 3.19 Our clinicians have been considering the future role of community intermediate care beds as part of our wider work as part of our local response to the national Ageing Well programme, including getting the balance between beds and wider community resources right. Our initial assessment suggests that although we have roughly the right number of beds in total, there is some inequality of access across mid and south Essex, and there is unwarranted variation in the care model across the patch. We think that we could do more to embed a more consistent care pathway across mid and south Essex, building on the evidence base and our own experience.
- 3.20 Our objective is to ensure that in future the role of intermediate care beds is clearly and consistently defined across mid and south Essex. Within this, the engagement will enable us to ensure that any proposals for future community inpatient provision are fully aligned with emerging place-based/Alliance plans, as well as the wider pattern of services provided by other partners, including social care.

Frailty

- 3.21 As noted above, during COVID we moved two acute wards (approximately 50 beds) that focus on caring for frail older people off the main Basildon hospital site to Brentwood Community Hospital.
- 3.22 We are currently evaluating outcomes for patients in these two relocated wards. Based on this information and other information, we will need to decide whether to make this temporary change permanent; whether to move the two wards back to the main hospital site; or whether to explore alternative locations for these wards.

Timetable

- 3.23 We are keen to now discuss some of the thinking so far and possible models for the future configuration of community beds with the public, staff and wider stakeholders. This will help us to identify the full range of options, as well as the pros and cons of each. We plan to do this during November and December 2021.
- 3.24 Following this initial engagement phase, we hope to be in a position to clearly articulate the most promising options for the future number and locations of intermediate care beds, and to then use this as the basis for formal public consultation. We will work closely with this Committee on the details and timing of this, but at this point we envisage starting consultation in early 2022.
- 3.25 Depending on the results of any future consultation, we anticipate that we will be asking the relevant Boards to make decisions on the future configuration in the summer of 2022, with implementation commencing in the Autumn.

Proposed engagement process

- 3.26 The focus of our pre-consultation engagement will be on seeking the opinions of patients, carers, stakeholders and partners on the local health services to be provided in a number of community inpatient settings and to gather views on current and potential service offers.

- 3.27 Alongside this, we will also ask for views on the criteria that we are likely to use in future as we seek define and narrow down future options.
- 3.28 We will examine themes and insight from our existing engagement work, with particular reference to the conversations had around the develop of our local response to the NHS Long Term Plan.
- 3.29 The main focus of our approach will be on the patients and people who represent patients that could be directly affected by the potential changes in the provision of community beds. We plan to do this through targeted engagement, with a strong emphasis on the views of carers.
- 3.30 Will we seek to work with advocacy and support groups including Age UK Essex, The Stroke Association and Essex Carers Support to promote this dialogue.
- 3.31 Over the next few months our clinicians will continue to undertake detailed work to further develop possible service models. As part of this, we will be considering the potential to improve clinical outcomes and patient experience; the impact on staffing; the numbers and types of patients needing our services; and the financial requirements.
- 3.32 We will also be engaging with staff who currently provide services in order to gather their views and insights as we develop our thinking.
- 3.33 This period of pre-consultation engagement with the public and other stakeholders will help to inform and refine the possible service models and options. As part of this we will be engaging with Local Authorities in particular Adult Social Care colleagues on the whole system impacts.
- 3.34 This will then be incorporated into a pre-consultation business case for consideration by a range of groups across mid and south Essex, as well as by NHS England as part of the assurance process.
- 3.35 During this period, we will also be engaging with the East of England Clinical Senate, who will provide and external clinical view of emerging thinking and service models.
- 3.36 The proposals contained in the final pre consultation business case will then be subject to formal public consultation. We will work closely with colleagues from the three mid and south Essex HOSCs to agree the details of this process.
- 3.37 Both the pre-consultation and any subsequent formal consultation will be progressed based upon the following principles: -
- We will fulfil our statutory duties to inform staff, the public, patients and stakeholders about proposed changes in service delivery
 - We will be transparent and accountable in the rationale for the current situation and future proposals
 - We will consider all suggestions put forwards in the development of options
 - We will seek to maintain the reputation of the NHS as a whole; and
 - We will respond to questions raised by those with concerns in a timely and informative manner.

Joint HOSC

- 3.38 As any future consultation would span the whole of mid & south Essex, at the appropriate juncture we would be keen to discuss with the Committee the potential to form a Joint Health and Overview Scrutiny Committee (JHOSC), comprising members from Thurrock Council, Southend-on-Sea Borough

Council and Essex County Council.

4. Update and next steps

- 4.1 Subject to discussions with this Committee, and with the Overview and Scrutiny Committees in Thurrock and in Southend, we plan to start our engagement activities later in November, and to continue discussions for approximately 2 months.
- 4.2 We propose bringing back a summary of the main points from the engagement to this Committee in early 2022, together with a plan – for discussion – on how and when to move to public consultation on the main options. In general, ‘formal’ public consultations take place over a 12-week period, although naturally this varies depending on the topic and when the consultation is held.

5. List of Appendices – none

Report title: Chairman's Report	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 4 November 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 Chairman met virtually on Wednesday 13 October 2021 with:
- Claire Hankey, Mid and South Essex Health and Care Partnership
 - Andy Vowles, Cambridge Health Consulting
 - James Wilson, North East London NHS Foundation Trust
- 4.2. The purpose of the meeting was to receive an initial, informing briefing on changes to the provision of community beds and services across mid and south Essex, following several temporary changes that were made last year during the height of the Covid-19 pandemic.
- 4.3 They are now beginning to look at the longer-term future of those services and asked for the opportunity to begin early engagement with HOSC as they start to explore how things could be configured more permanently to best meet the needs of local residents.

Following discussion, the Forum **resolved** that a formal briefing would be provided to HOSC at its November 2021 meeting.

5. List of Appendices

App A: Bed Based Community Services



Mid and South Essex
Health and Care
Partnership

Essex health overview and scrutiny chair's briefing

Wednesday 13th October 2020





Welcome and introductions

- James Wilson
Transformation Director,
Mid and South Essex Community Collaborative
- 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



Purpose

- To provide an update on the temporary changes to bed based community services introduced during the COVID pandemic
- To outline the beginning of the process to determine how we care for these patients in the future



Context

- COVID-19 level four national incident
- Throughout all partner organisations across the Mid and South Essex Health and Care Partnership worked collaboratively to provide a system response to the incident.
- A number of urgent changes were made to both the locations and model of care for community bed based services to support the expansion of critical care facilities at the three hospital sites
- The primary aim was to manage a COVID-19 steady state and surge capacity as needed to provide the best possible care for both COVID-19 and non-COVID-19 patients, in the safest place for them.



What changed?

- COVID-19 required a threefold increase in critical care capacity across all three hospital sites. This was achieved by repurposing space not normally used for this and the cancellation of all routine hospital activities.
- To further support this we changed the location of some stroke rehabilitation services, set up acute frailty wards at Brentwood Community Hospital and brought together in one location intermediate care beds from Halstead, Maldon and Billericay.
- We also began a Recovery at Home initiative to care for older people directly in their own homes



What now?

- We are now evaluating and looking at the lessons learned during the height of COVID and whether some of the changes should become permanent
- This includes:
 - How and where we provide bed based community care to balance home based care and bed based provision
 - How and where we provide bed based stroke rehabilitation and ensure we meet national guidelines
 - How we support the hospitals to maximise flow and continue elective recovery
- Aim is to develop a set of options to ensure these services continue to provide the best possible care outcomes and can meet the increasing demands longer term



What we have already heard

Local people have been involved and have helped shape our longer term plans for health and care.

More specifically a series of engagement workshops were held to support the temporary changes to older people's care in November last year.

Through all of these discussions some common themes emerged:

- People don't want to have to repeatedly tell their story to different health and care professionals and they should work more closely together.
- We aren't making the most of the opportunities that new technology offers to improve people's care.
- Recruiting more people to work in health and care, and supporting our workforce must be a priority.
- People value keeping and maintaining their independence as they grow older
- We need to recognise more the role and impact of carers.
- We should work more closely with local community groups and voluntary organisations.
- It's important we consider travel and transport to and from health services and activities which keep people healthy and well.
- Communication with health and care professionals is vital to ensure people know what is happening, what they need to do and what services are available to help
- We need better integration as services don't talk to each other and this leads to inconsistencies and information being missed.



Gaining further insight

- Independent partner to deliver targeted engagement work based on initial EQIA and those most likely to be impacted. This will include workshops and focus groups and production of an independent feedback report
- Utilising our strong links with key advocacy groups including Age UK Essex, Stroke Association, Essex Carers Support and MSE VCSE network
- Use of system wide citizens' panel (Virtual Views) to “temperature check” high level principles
- Link with system engagement network to ensure insight has input and is shared across all partners



Next steps

For November:

- Start of formal engagement with scrutiny committees
- Targeted engagement work begins
- Start of the NHS England assurance process
- Initial engagement with east of England clinical senate

Report title: Member Updates	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 4 November 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 – None

Report title: Work Programme	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 4 November 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 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 – November 2021**

Date	Topic	Theme/Focus	Approach and next steps
November 2021			
November 2021	Provision of community beds and services	Committee to receive briefing on longer term future of these services on a permanent basis, to meet the needs of local residents	
December 2021			
December 2021	Health and Care Bill – Integrated Care Systems (ICS)	Committee to look at emerging issues from the organisation of Integrated Care Systems.	
December 2021	NHS Vaccination Programme	Committee to receive an initial report on the NHS vaccination programme. Further scoping required.	
December 2021	Local Dementia Services in North East Essex	Committee to receive briefing on re-design of the local dementia services in North East Essex, specifically the Bernard Ward at Clacton Hospital estates review and the associated re-allocation of resource into community services and setting up the Dementia Intensive Support Team. Delayed from July 2021.	
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.	
Items to be programmed			
TBC	Princess Alexandra Hospital	Committee to receive an update from Princess Alexandra Hospital on its redevelopment plans	
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 times ▪ 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	A&E pressures/Seasonal pressures/admissions avoidance	Relationship between ambulance performance and hospital capacity pressures.	
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	GP provision	Further scoping required.	
TBC	Digitalisation of access to health	Further scoping required.	
TBC	NHS 111 – impact of GP's directing people to that service	Further scoping required.	