

# Scrutiny Panel

## Tuesday, 21 July 2020

**Attendees:** Councillor Lewis Barber, Councillor Kevin Bentley, Councillor Tina Bourne, Councillor Paul Dundas, Councillor Chris Hayter, Councillor Mike Hogg, Councillor Sam McCarthy, Councillor Lorcan Whitehead

**Apologies:**

**Substitutes:**

### 269 Presentation by the North East Essex Health & Wellbeing Alliance

Mark Jarman-Howe, Chairman of the North East Essex Health & Wellbeing Alliance, and Pam Donnelly, Strategic Director of Customer and Relationships, presented the work of the Alliance.

Benefits had been gained from working with partners across North Essex, including local authorities, NHS organisations, the Mental Health Trust, Community360 and other charities. The main challenges being faced by the Alliance included suicide, alcohol-related conditions and violent crime.

The main causes of ill health were covered, divided into categories of socio-economic, physical environment, health behaviours and healthcare. The great majority of these causes were not within the control of the NHS. A report was to be released to show barriers to improving health levels, and ways to overcome such barriers. Scrutiny was being given to the role of community assets in increasing health in communities. Greater funding is being sought for this work, and to improve connections and reach into BAME and LGBTIQ+ communities. The work of the integrated neighbourhood teams was described, in the community model of care, working with GPs and primary and acute care providers to use community care options whenever possible.

The Alliance's response to the Covid-19 crisis was detailed, with the explanation that some work streams had to be paused, but that much existing work was hastened (such as efforts to strengthen joint working and mutual aid) to help the Alliance's partners meet the demands from Covid-19. Teams were shown to be robust and effective and had moved to put surge capacity in place. Mental health work had been done to address the effects of Covid-19 and the ensuing lockdown. NHS organisations were working with councils and charitable bodies to counteract these negative influences on mental health.

The One Colchester Partnership was held up as a very effective vehicle for stakeholder partnership and co-operation, ensuring effective communications and targeting of resources.

Care home difficulties and challenges had been targeted and mitigations worked on. A number of outbreaks had been identified and managed by a multi-disciplined cell

developed to manage such outbreaks. The pandemic response relied upon staff sharing across the Alliance's members and had stress-tested the Alliance's principles and ways of working. The organisation was applying to be the first Marmot-accredited Alliance in the UK.

The Alliance was refreshing its development approaches based on community assets, dealing with effects of lockdown and working on its key aim of population health management, with outcomes-based accountability.

The Alliance's governance arrangements and structure were described, with the CCG [Clinical Commissioning Group] being the legal authority for healthcare provision. An Alliance Committee had been formed to report to the CCG and with authority to set out plans and approve spending. There had been a change in the management office, shared between the partner organisations, and emergency pressures on the system were managed by the Alliance.

The Alliance's plans for the future were outlined. These would build upon the benefits of joint working as also seen with Alliances in Suffolk as well as in Essex, as part of the Integrated Care System (ICS). Much potential was seen in a new design and procurement approach between partners. Efforts were being made to ensure that the three Alliances in the ICS were working well, with a likelihood that the three CCGs would form clearer links.

Councillor Mark Cory, Leader of the Council, praised the work of the Alliance and the One Colchester Partnership, with work having helped to address the pressures and challenges such as outbreaks in care homes. This was vital work to keep people safe, in addition to the investments being made to reduce inequalities and increase opportunities in the Borough.

Councillor David King, Portfolio Holder for Business and Resources, echoed the Leader's praise and highlighted the crucial cultural challenge being faced regarding changing attitudes towards dying and end-of-life care as well as emphasising the need to ensure sufficient resources were committed to allow aims to be achieved. The importance of changing attitudes to death was echoed by members of the Panel, to stop it being a taboo subject and help improve experiences. The Chairman of the Alliance stressed the work to provide an integrated service, with statutory and voluntary services, and a new approach having been signed off to bring resources together for end-of-life care, pump primed by investment. The funding strands and planned efforts were outlined. The service user and family would have representation and input in this 'compassionate communities' approach.

Councillor Julie Young, Portfolio Holder for Culture and Performance and Deputy Leader of the Council, affirmed that a strong local government voice was needed in healthcare and wellbeing. The region had weathered the Covid-19 crisis well thus far but, regarding the Marmot review, cautioned that wealth inequalities had caused a widening of life expectancies over the past decade, querying how this could be addressed.

The Panel asked for an explanation of the resourcing and area splits of the integrated neighbourhood teams. The Strategic Director of Customer and Relationships

explained that much work had been done to set out the areas, trying to match these to primary care network areas where possible. Work with these teams included community nursing, occupational therapy, nutritional support and social health services. This was part of the effort to create a community model of care as a central way to provide health services. More detail was given of the partnership working with community health providers and decrease demand on acute care. Covid-19 has underlined the importance of this, along with the impact of isolation and loneliness.

It was asked how the Council could help to support work to improve wellbeing and whether this could include improving access to open green spaces and making efforts to improve the wellbeing of low-income households.

The Chairman and members welcomed the Strategic Director of Customer and Relationships' offer to brief each Council Group on the Alliance's work and related matters. The Panel praised the improvements in communications over the years and the updates provided to councillors.

The Panel raised historic issues regarding competition for resources publicity and clients in healthcare and asked about the work in the Alliance to improve co-operation between partners. This led to questions as to whether a drop in spending by local authorities would harm work to improve public health. Mark Jarman-Howe confirmed that reverse incentives to cooperation had been created under the old system, but that moves to share risks, guarantee incomes and gain benefits from partnership working had reduced the incentives for competition between organisations. The ICS was committed to the Alliance's way of working, especially where it worked across borders. The Alliance was working with the neighbouring alliance in Suffolk, with mutual learning; an example was that the Suffolk Alliance had drawn guidance from the North-East Essex Alliance's governance structure and integration. Regarding funding, there was much uncertainty. NHS funding remained a priority, but there was no certainty it would stay at the current levels. The ICS broke even in 2019-20 and efforts were being made to move the ICS to operate on a budget that ran for at least five years, to give certainty over future spending plans.

Mark Jarman-Howe was asked what inequalities are being measured that are of most concern to the Alliance. The Strategic Director of Customer and Relationships offered to brief each Council Group on the subject and assured the Panel that a strategy targeting inequality would be brought to Cabinet in Autumn. Reducing the effects of inequalities was a key Alliance and ICS priority. The partners were due to discuss this in October, with resources needing to be targeted at crucial areas of need and the factors behind the causes of ill health.

A Panel member asked for assurance that mental health services and support would receive the necessary funding, without this being reallocated. The Chairman of the Alliance gave assurance that there was a greater focus on mental health than ever before, including support work to reduce suicide rates, support for families, with less of a divide now being seen between mental and physical health. More work was still needed to offset the effects of austerity, with the ICS looking to increase funding of mental health services and charities. The Strategic Director of Customer and Relationships elaborated on this to explain befriending was used to address isolation and that mental health support services were integrated fully into service delivery as a

whole.

The Panel discussed the response to safeguard care homes, with care homes in the Borough coping well. The Alliance had commenced work with care homes at an early stage and shifted resources to where they were needed.

More information was requested on how partnership working had helped with responses to the Covid-19 situation and whether learning points from the first wave would be useful in subsequent waves. The Chairman of the Alliance confirmed that a second wave was a real possibility, however there was no indication as to specifics as there was insufficient knowledge to allow accurate forecasts to be made. A second lockdown would be much harder to manage than the first, especially if this coincided with poor weather and the influenza season.

Questions were also asked as to the biggest barriers to integration of services and what was needed for further integration. The Chairman of the Alliance noted that an example of integration was that St. Helena Hospice had taken the lead on providing non-hospital end-of-life care, leading other providers and working to provide such care at home, where possible. This also incorporated additional bereavement support and signposting to service options. Regarding barriers to integration, a change was needed in organisational behaviours, sharing of risk and in the trusting of organisations to follow others where appropriate.

On questions of structure and staffing, the Panel were informed that there were 12 organisations on the partnership board, with one or two members per organisation. 10-20 staff members worked in the Change Management Office. There was pressure across all organisations to reduce headcounts, and a positive of the Alliance is that it increases efficiency and allows for staff to be shared by organisations where possible. There were also shared roles between the CCG and Alliance.

The Panel asked whether the Alliance could work with employers and SMEs [Small and Medium-sized Enterprises] to help their staff. Mr Jarman-Howe explained that the Alliance members' workforces totalled around 15,000 and that there had been a significant improvement in resources to help staff across the organisations. This included work with mental health charities, such as MIND, to provide support and help, also rolled out to other employers.

Recent advances included a roll-out and use of remote video options for communications and consultations. Hardware and software options were being used by GP practices to adapt to the current Covid-19 restrictions. The digital engagement team continued in its work to ensure that online options could be rolled out and used by those who were not currently online.

*RESOLVED* that the Scrutiny Panel noted the presentation and the work of the North East Essex Health and Wellbeing Alliance.

Leader of the Council, introduced the Report and the performance against Key Performance Indicators (KPIs) during the last financial year. Highlights included performance in processing housing benefit and Local Council Tax Scheme claims, providing swift and effective support to the vulnerable. Success had also been recorded with the completion of 237 affordable homes in the year.

In the previous year, an increase in sickness rates had caused a dip in waste collection performance. Human Resources and the Wellbeing Strategy had worked to improve sickness rates, with mental health support, counselling and provision of physiotherapy. The target for minimising missed collections had not been met but marked improvements in performance against this measure had been shown over 2019-20.

The Deputy Leader was asked to explain why it was seen as a success to exceed the target for additional homes by over 200 new homes. Councillor Adam Fox, Portfolio Holder for Housing, elucidated that the number built depended on developers, with around 800-900 built per year, on average. The Chairman noted that it would be helpful for the Panel to also be given data as to the number of new properties for which the local authority had received applications during the year. Panel members welcomed the delivery of affordable housing but questioned the desirability of exceeding the overall KPI for new homes by around 20%, given the pressure put upon infrastructure. The reason for the exceeding of this target was questioned. The Portfolio Holder explained that, should the local target for new housing not be met, central government could step in to act and press for delivery of new housing.

The Panel discussed the Council's performance as to full homelessness duty owed. This was a new target and there was currently no data available to use for benchmarking. The form of the KPI was brand new, stemming from the Homelessness Reduction Act, and there was no national guidance as to the setting of targets. Rough sleeping was only a small part of the problem of homelessness and the Council wanted to show what it is doing to reduce the numbers in homelessness. It was cautioned that the economic impact of Covid-19 was likely to increase levels of homelessness and the Council was working with partners to plan for this. It was explained that the percentages recorded showed the percentage of the total number of individuals who had been given a housing plan, who had also then been found to have a full homelessness duty owed to them by the Council. The Panel were informed that much preliminary work is done to support households to prevent homelessness, and that this is not covered in the statistics that could be reported. A Panel member recommended that a better explanation of the KPI be provided, as the measure was causing confusion.

A Panel member noted that some targets were being significantly exceeded and queried whether they needed to be adjusted. The Deputy Leader cautioned that officers worked to give their utmost, rather than aiming to perform to targets. It was noted that the claim processing time KPI had been reset in the previous year. Councillor David King, Portfolio Holder for Business and Resources, further cautioned that new targets would need to be considered, given the fall in available funds due to Covid-19.

The Panel noted that, although the KPI for missed collections was in the red, a waste

collection task and finish group was due to meet and discuss the collection service. The Deputy Leader noted that the hot weather had increased sickness levels, which had a knock-on negative effect on performance related to collections. An investment was made in staff wellbeing and additional agency workers. The Panel expressed concern that job stress may be increasing the mental health issues experienced by staff. The Deputy Leader clarified that mental health issues were not particularly apparent in waste collection staff, with the most serious issue being musculoskeletal problems. Increased access has been given to physiotherapy and psychological support. It was acknowledged that the HR Team needed to keep an awareness of different causes of sickness, working with line managers to identify and solve problems, avoiding long-term sickness where possible.

A member of the Panel expressed hope that there would be more publicity of some of the Council's successes, to give a better view of its service provision. The Panel considered whether there were other areas of performance in which the Council is interested in monitoring performance. It was suggested that a measure be found to show the impact of the Council's work on improving levels of public health. It was also suggested that a measure could be considered to measure enforcement of planning application condition enforcement, however it was noted that the Council did not have overall control on house building and planning matters.

*RESOLVED* that Scrutiny Panel:

(a) Noted the performance levels described in the attached reports for the organisation's ability to operate effectively and achieve its strategic goals; and

(b) Thanked the Council's staff and partners for all work done to assist residents during the Covid-19 crisis.

## **271 Annual Scrutiny Report**

The Chairman suggested that future annual reports could be given to the Council's Communications Team to add professional design expertise and graphics. Caution was given that officers should not be overloaded but Richard Block, Assistant Director of Corporate and Improvement Services gave assurance that he had already asked the Communications and Marketing Team to take this on next year.

## **272 Work Programme 2020-21**

The Panel noted that there would be an additional meeting on 27 July to scrutinise the call-in received relating to the recent Council response to the Sizewell B Stage 1 consultation. There would be a further additional meeting, on 17 August, for members to discuss issues relating to NEGC Ltd. The Chairman informed the Panel that he would seek advice as to whether it would be appropriate for him to chair that meeting, or whether he would need to declare an interest and recuse himself (as Cabinet Member for Infrastructure at Essex County Council).

A general training course was being sought for Scrutiny Panel training. Owen Howell, Democratic Services Officer, explained that he would approach training providers in the near future.

*RESOLVED* that the Work Programme for 2020/21 be noted and approved.