

6 March 2019

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 6th March 2019

Present:

County Councillors

J Reeves (Chairman)	R Moore
A Brown	S Robinson
J Chandler	C Sargeant
B Egan	M McEwen
D Harris	P Channer (Substitute)

Co-opted District/Borough Councillors

T Edwards (Harlow)
V Ranger (Uttlesford)

Graham Hughes, Senior Democratic Services Officer, and Andrew Seaman, Democratic Services Officer, were also present in support throughout the meeting.

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

Apologies had been received from district councillors R Gadsby, J Lumley, B Massey (For whom Councillor Channer Substituted), P Tattersley.

The following Cllrs declared an interest:

Cllr Egan – Code interest. Her cousin is Managing Director of Basildon and Thurrock University Hospital Trust – however, she believed that this did not prejudice her consideration of the public interest and that she was able to speak and vote on the matters on the agenda.

2. Minutes

The Minutes of the meeting of the Health Overview Policy and Scrutiny Committee (HOPSC) held on 6th February 2019 were approved as a correct record and signed by the Chairman.

3. Questions from the Public

There were no questions from the public.

4. Recruitment Issues

The Chair introduced the Panel and it is noted that Patrick Higgs is currently Acting Director of Commissioning. The committee considered report HOPSC/08/19, this is for further updates following updates from the 16 January.

Present at the meeting were:

Patrick Higgs, Acting Director of Commissioning, Essex County Council (ECC)
Phil Carver, Local Director East of England, Health Education England (HEE)
Anzhelika Coffey, Head of Workforce Intelligence, Health Education England
Gareth George, Workforce Transformation Manager, Health Education England
Saffron Rolph-Wills, Workforce Transformation Manager, Health Education England

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

- (i) With a 29.7% vacancy rate the Occupational Therapist (OT) role was questioned. It was mentioned that the role does add value particularly in promoting early intervention and prevention and so the objective is to sell the role and increase recruitment.
- (ii) North Essex is struggling to get OT's whereas South Essex does not but struggles to get Social Workers. The University of Essex provides OT courses.
- (iii) It was noted that a lack of context in terms of time scale, hitting target and being able to ask, 'are we improving?' raised the concern that there needs to be more chronological data to provide evidence of progress.
- (iv) Changes in proportions has had an influence on figures. There had been some workforce restructures which made direct historical comparisons more difficult.
- (v) Currently testing models to find out which works best to recruit, and it is important to work in partnership. There was confidence that budgets are not the main challenge to recruitment.
- (vi) General practice workforce figures - research has shown that this has not provided the satisfied support required. The reduction in GP numbers is a concern and is due to the age profile of people in this role. They are currently looking at initiatives such as using paramedics to do home visits. There was a growth in other direct patient care staff (e.g. clinical pharmacists) to provide further support to, and relieve pressure on, GPs.
- (vii) It is acknowledged the increased housing is an issue and further pressure. The development of a medical school at Anglia Ruskin University was critical in preparing for this.

- (viii) It is recognised that there are more females becoming GPs and that the impact on them becoming part time to start families etc is noted. STPs use a tool to help predict the part time ratios to help plan for future workforce changes.
- (ix) It is a growing trend for GPs to work part time. Figures will be provided with a breakdown; an increasing trend was for GPs to become locums rather than partnership roles.
- (x) Mentioning what support is being provided for GPs opening as a business - They spoke about how retired GPs are continuing to give support through training and being part time.
- (xi) Overall there has been an increase in workforce numbers, but this may not be clear due to other factors.
- (xii) It was noted how do the working conditions affect retention/recruitment - though they are developing learning environments. At first it is seeing/developing the organisation holistically, that sells the roles. And only further down the line that the working conditions become a factor on a career.
- (xiii) A point was raised that there is a gap of circa 250-300 GPs in Essex, however, it was countered by the witnesses that, though this is the gap, technology advances could mean that less GPs are needed in future.
- (xiv) It was highlighted, that CCGs as well as NHS England outline the scope of their needs and it is the providers that generate the workforce plan.
- (xv) Turnover is higher than usual which is affecting vacancy numbers. The independent work force costs more money which may suggest why they are spending the budget while still having a higher vacancy rate that is above ECC 7% vacancy rate factor.
- (XVI) A 2018 organisational redesign at ECC had moved the balance of social care staff towards a 70/30 split between qualified and unqualified staff.
- xvii) ECC had also introduced senior and practitioner posts to offer more (non-manager) career progression.
- (xviii) Agency costs were being pulled down with health organisations increasingly collaborating and using only certain agencies and exerting influence on their charge rates.
- (xix) HEE had been allocated 332 trainee places to fill each year in the region and approximately a third were for Essex.

6 March 2019

Conclusion

The Chairman thanked them for their attendance and noted that it gave a good insight. From this:

- (i) A breakdown on the number of GPs working part-time. In addition to the figures as at now there will need to be trend analysis. And where possible the breakout numbers that have converted to part time from full-time as opposed to those that were appointed part-time to begin with.
- (ii) Breakdown on GP retainers – particularly in relation to impact on overall capacity, staying on and/or work continuing to work part-time and full-time.

Meeting adjourned 12:28 - Resumed 12:38

5. Chairman's Report

The report (HOPSC/09/18) was noted and there will be a meeting on the 7th of March to discuss various matters.

6. Member Updates

- There would be a Joint HOSC meeting in Colchester with Suffolk Councillors, on 13 March 2019.

Members discussed:

- What mechanism does this committee want when it comes to feedback from the Councillors serving on the CCG boards, acute trusts and other providers.
- Consulting the cabinet member on such a mechanism and criteria for appointments.

7. Work Programme

The Committee considered and noted report HOPSC/11/19.

8. Date of the Next Meeting

The committee noted that the next committee activity day was scheduled for 09:30 on Wednesday 10 April 2019.

9. Urgent Business

There being no further business the meeting closed at 12:50.

Chairman