

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 4 March 2020

County Councillors Present:

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

Graham Hughes - Senior Democratic Services Officer, was also in attendance throughout the meeting.

The meeting started at 10:20 am

1. Membership, Apologies, Substitutions and Declarations of Interest

Apologies had been received from Councillors Wood (for whom Councillor Baker substituted), Edwards (Harlow District Council representative) and Helm (Maldon District Council representative).

Councillor Egan declared a Code interest as her cousin was a Managing Director of Basildon and Thurrock University Hospital Trust but stated that she believed that the interest declared 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 5 February 2020 were approved as a correct record and signed by the Chairman.

3. Questions from the Public

There were no questions from the public.

4. Healthwatch Essex - Update

The Committee considered report HOPSC/09/20 comprising an update from Healthwatch Essex (HWE). David Sollis and Hannah Fletcher from HWE joined the meeting and at the invitation of the Chairman, introduced the item.

HWE operated within the Community and Voluntary Sector and sought to fulfil three purposes – to provide information and signposting, to undertake research, and to provide high quality engagement on patient lived experience. Key 2019 projects and upcoming reports were highlighted.

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

- (i) Members challenged how HWE performance could be evaluated. The HWE Board had independent members who should provide challenge and HWE were also willing to submit to evaluation from elsewhere citing as an example their current participation in a Kings Fund review looking at the effectiveness of Healthwatches around the country. There would also be regular feedback from the County Council as grant funder and commissioner.
- (ii) HWE did not feel there was a conflict between their roles of independent patient and service user champion and being a member of the Health and Wellbeing Board and other similar forums. Instead, HWE felt that they brought lived experience to the deliberations of those forums and that their influence was greater as a result as they could work and influence at both a strategic and local level.
- (iii) HWE had statutory powers to enter and view provider services. However, it preferred to use its 'soft power' of influence and working closely with partners instead. It was stressed that if HWE had significant concerns which were not being adequately addressed then it could ultimately escalate to the Care Quality Commission or to the Secretary of State for Health.
- (iv) HWE signpost to appropriate services and/or complaints processes. The numbers of concerns and complaints about types of services being raised by the public could vary significantly between areas and often could depend on the proximity of local health services. The Spotlight analysis provided an 'at a glance' picture of the categories of calls being received for each CCG area.
- (v) HWE did not offer advocacy services although it would try to continue to push health bodies to follow-up on complaints and issues.
- (vi) A fundamental requirement in seeking lived experience was that people needed to feel safe to be able to complain and that they should be actively encouraged to engage and get involved.
- (vii) Members challenged the impact on HWE of any further reduction in future grant funding. Grant funding was supplemented by some commissioned work by health and social care bodies. However, HWE acknowledged that they still needed to maintain a balance of commissioned and non-commissioned work to ensure that they retained their independence.

- (viii) The current health structures in Essex were challenging with three different STP/ICS footprints overlaying the county often not only with different concerns and priorities between STP/ICS footprints but also within the same footprint. In the North East of the county it was highlighted that the North East Essex Alliance was increasingly now being seen as a key forum to influence rather than the more strategic ICS structure.
- (ix) In collaboration with the Essex Safeguarding Adults Board, HWE had been exploring the challenges of protecting adults at risk in Essex. HWE were encouraged by members to look at how training on safeguarding could be further encouraged and improved.
- (x) A study of criminal gangs and County lines had looked at child exploitation. There seemed to be some disagreement about the reliability and consistency of some advisory and educational services which some schools had commissioned from voluntary organisations raising awareness of gang related issues and personal safety. HWE were encouraging a more contextual approach to safeguarding looking at every aspect of their life and not just home environment.

Conclusion:

The following actions were agreed:

- (i) That broadly six-monthly updates from HWE be scheduled into the future work programme of the Committee;
- (ii) The Spotlight data be circulated on a quarterly basis so that HOSC members can flag up any issues of concern arising from it.

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

5. Member Updates

Councillors Baker, Harris and Stephenson updated the Committee on a meeting of a Task and Finish Group established by the Joint Health Overview and Scrutiny Committee that was operating with Suffolk County Council HOSC. The Group were looking at how people currently travelled for elective care including accessibility for those in rural and/or deprived areas, the adequacy of the current transport provision and impact of future planned relocation of services. The review would also include looking at the funding of transport costs. The update was **noted** by the Committee.

6. Work Programme

The committee considered and noted report (**HOPSC/11/20**).

7. Date of next meeting

The committee noted that the next committee activity day was scheduled for 09:30 on Wednesday 1 April 2020.

8. Urgent Business

There was no urgent business and the meeting closed at 11.59am

Chairman