

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 22nd May 2019

Present:

County Councillors

Councillor Reeves (Chairman)	Councillor Robinson
Councillor Chandler	Councillor Massey
Councillor McEwen	Councillor Lumley
Councillor Brown	Councillor Egan (Vice-Chairman)
Councillor Gadsby	Councillor Sargeant

Graham Hughes - Senior Democratic Services Officer, Andrew Seaman - Democratic Services Officer and Hannah Fletcher – Health Watch were also present throughout the meeting.

1. HOPSC Membership

Changes to the membership of HOPSC arising from Full Council were agreed. 4 non-voting co-opted places would be offered to district councils as outlined in the agenda paper.

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

Apologies had been received from Councillor Harris and Councillor Moran.

The following Councillors declared an interest:

Councillor 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.

3. Minutes

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

4. Questions from the Public

There were no questions from the public

5. Appointment of Vice-Chairman

Councillor Egan was nominated by Councillor Chandler and seconded by Councillor Sargeant and by general consent her appointment was agreed. Due to not all the committee being present it was agreed to fill the second Vice-Chair position in the next meeting.

6. Recruitment Update

The Chair introduced the Panel, and the committee considered report HOPSC/12/19.

Present at the meeting were:

Peter Fairley
Director for Integration and Partnerships, Essex County Council

Kirsty Denwood
Director of Resources, North East CCG

Ian Thompkin
Associate Director Corporate Services
NHS West Essex Clinical Commissioning Group

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

- (i) Commissioners assess the needs of a local population, but it was up to providers to determine manpower levels to meet commissioning outcomes.
- (ii) Some key performance indicators might also indicate to a commissioner that staffing levels were inadequate – e.g. missed visits, missed referral targets.
- (iii) It was noted that costs remain an issue due to the minimum wage increasing.
- (iv) Technology was being investigated, how it can help deliver better care.
- (v) It was noted, that recruitment remains a challenge and that ECC have been working closely with the provider market.
- (vi) New roles have been generated as a trial, to appeal to young people, with the intention of filling the vacancy gaps.
- (vii) It was suggested that key worker accommodation should be investigated.
- (viii) It was noted that many students train abroad because it is cheaper; recruiters have recently visited students training overseas to recruit them back to the UK.
- (ix) Asked if there was a likelihood of the vacancy rate going down to 5-10%, the panel responded that they were looking abroad to recruit, creating new roles to relieve work loads and creating different career paths people could follow to help retention.
- (x) Asked where the responsibility sits to improve the vacancy rate, the panel responded that it was important to break down barriers between organisations, to create more realistic levels and to create a much more unified 'system' recruiting body with career paths being much more fluid between different organisations. There was emphasis on getting people under the NHS 'banner'.

- (xi) Occupational therapist vacancy rate is decreasing.
- (xii) It was noted all sectors needed to work towards a common goal and champion careers in health and social care, to look at what an overall package would look like and making sure there is a single universal strategy as opposed to multiple strategies. The sector needed to be prioritised through the work of the Skills Board.
- (xiii) ECC was content with the current training provision.
- (xiv) It was noted that staff issues are monitored directly and indirectly.
- (xv) Defining associates – still qualified, creating a hybrid role, just doesn't require as much training and naturally there is a professional hierarchy from that.
- (xvi) All STPs will have ICS status by 2021, there will be an integrated care trust by 2021 and over the last year Mid & South Essex have employed over 100 people into alternative roles.
- (xvii) When the issue of retiring GPs was mentioned, the panel mentioned that there was not automatically a need to replace every GP due to technological options, and rather to look how can we look at staffing alternatives, especially producing further roles to support a GP.
- (xviii) Further consideration be given as to whether any further evidence was required from Mid & South Essex STP.

Conclusion –

Councillor Robinson, in consultation with the witnesses, summed up the discussion, making the following observations:

- (i) Staff retention was as important as recruitment;
- (ii) There could be greater focus on 'soft' incentives such as better learning and working environments, such as enhanced training opportunities and for staff to be able to progress their careers;
- (iii) To improve reputations as a good employer.
- (iv)** To promote cohesion between organisations;

It was **recommended** that (i) the Health and Wellbeing Board should take on responsibility for promoting and overseeing the ongoing initiatives to improve recruitment and retention in the local health and social care system; (ii) promote and ensure closer working between all partners on the issue including all levels of local government and (iii) that the HOSC should establish a process to monitor progress being made by the HWB and system partners. (iiii) Commissioners agreed to provide further information on What percentage of people come back to the UK after training in places such as Bulgaria.

7. North East Essex CCG – care navigation systems update

Members discussed the latest update received from the CCG (HOPSC/13/19). The following was agreed:

- (i) Members were not assured that key levels of performance (particularly around accessibility) were being maintained.
- (ii) That the CCG be requested to provide further reassurance that they were closely monitoring the situation and that they were pressing the provider to further improve performance. Health Watch views would also be sought.

8. North East Essex CCG – Community Beds

It was agreed that this item be withdrawn.

9. Chairman's Report

The report (HOPSC/15/19) was noted, there were no questions.

10. Member Update

There were no updates.

11. Work Programme

The committee noted and considered report (HOPSC/17/19) It was noted that there was a clear plan for the next three meetings, with primary care being the subject for the next meeting.

12. Date of next meeting

The committee noted that the next committee activity day was scheduled for 09:30 on Wednesday 12 June 2019.

13. Urgent Business

There being no further business the meeting closed at 11:57.

Chairman