



Essex County Council

Health Overview Policy and Scrutiny Committee

09:30	Wednesday, 13 May 2020	Online Meeting
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The meeting will be open to the public via telephone or online. Details about this are on the next page. Please do not attend County Hall as no one connected with this meeting will be present.

For information about the meeting please ask for:

Graham Hughes, Senior Democratic Services Officer

Telephone: 033301 34574

Email: democratic.services@essex.gov.uk

Essex County Council and Committees Information

All Council and Committee Meetings are held in public unless the business is exempt in accordance with the requirements of the Local Government Act 1972.

In accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020, this meeting will be held via online video conferencing.

Members of the public will be able to view and listen to any items on the agenda unless the Committee has resolved to exclude the press and public from the meeting as a result of the likely disclosure of exempt information as defined by Schedule 12A to the Local Government Act 1972.

How to take part in/watch the meeting:

Participants: (Officers and Members) will have received a personal email with their login details for the meeting. Contact the Democratic Services Officer if you have not received your login.

Members of the public:

Online:

You will need the Zoom app which is available from your app store or from www.zoom.us. The details you need to join the meeting will be published as a Meeting Document, on the Meeting Details page of the Council's website (scroll to the bottom of the page) at least two days prior to the meeting date. The document will be called "Public Access Details".

By phone

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Accessing Documents

If you have a need for documents in, large print, Braille, on disk or in alternative languages and easy read please contact the Democratic Services Officer before the meeting takes place. For further information about how you can access this meeting, contact the Democratic Services Officer.

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Please note that an audio recording may be made of the meeting – at the start of the meeting the Chairman will confirm if all or part of the meeting is being recorded.

Pages

**	Private Pre-Meeting for HOPSC Members Only Members are requested to dial-in at 9.20am to ensure that all connections are in place in good time for the opening of the formal meeting at 9.30am.	
1	Membership, Apologies, Substitutions and Declarations of Interest	5 - 6
2	Questions from the Public A period of up to 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 be longer than three minutes and speakers will be timed. Please try and let us know the day before the meeting if you wish to ask a question by emailing democratic.services@essex.gov.uk .	
3	Minutes: 4 March 2020	7 - 10
4	Princess Alexandra Hospital (Harlow) update and Joint Working with Hertfordshire	11 - 21
5	Chairman's Report	22 - 22
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8	Date of Next Meeting To note that the next committee meeting is scheduled for 9.30am on Wednesday 17 June 2020. This may be a private committee session, meeting in public, briefing etc. - format and timing to be confirmed nearer the time.	
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.

10 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

Committee: Health Overview Policy and Scrutiny Committee

Enquiries to: Graham Hughes, Senior Democratic Services Officer

Membership, Apologies, Substitutions and Declarations of Interest

The Political groups have reviewed and updated their nominations for various committees including the Health Overview Policy and Scrutiny Committee (HOPSC). The following changes have been made to the HOPSC membership:

Main Membership:

Cllr Maggie McEwen and Cllr John Moran are no longer on HOPSC.

Cllr Clive Souter and Cllr Mike Steptoe have joined HOPSC.

Substitutes:

Cllr Mark Durham is a new substitute for HOPSC

HEALTH OVERVIEW POLICY AND SCRUTINY COMMITTEE (12)

(9 Con: 1 Lab: 1 LD: 1 NAG)

Anne Brown
Jenny Chandler
Beverley Egan
Ricki Gadsby
Dave Harris
Bob Massey
June Lumley
Jillian Reeves
Clive Souter
Mark Stephenson
Mike Steptoe
Andy Wood

Conservative Subs:

Alan Goggin

Mark Durham

Labour Sub:

Patricia Reid

Liberal Democrat Sub:

John Baker

NAG Sub:

Vacant

The HOSC has up to four co-opted non-voting places to offer to borough, city and district councils in Essex whose administrative areas are not represented from amongst the twelve county councillors serving on the Committee. These places offered are for the duration of the municipal year and are subject to review each year to coincide with membership changes arising from the Annual meeting of Full Council.

An analysis of the borough/district council administrative areas represented by the updated substantive HOSC membership will be undertaken soon after Full Council and appropriate invitations issued to local councils not represented. The HOSC will be further updated after the places have been offered, in the meantime the current co-opted members will stay the same:

Cllr T Edwards	Harlow District Council
Cllr M Helm	Maldon District Council
Cllr A Gordon	Basildon Borough Council

Recommendations:

To note

1. Changes to the substantive Membership as shown on the previous page.
2. The approach detailed above to offer co-opted non-voting membership to up to four borough/district councils for the 20/21 municipal year.
3. Apologies and substitutions.
4. Declarations of interest to be made by Members in accordance with the Members' Code of Conduct.

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

**Princess Alexandra Hospital (Harlow) update and
Joint Working with Hertfordshire Health Scrutiny Committee**

Reference Number: HOPSC/12/20

Report title: Princess Alexandra Hospital (Harlow) update and Joint Working with Hertfordshire Health Scrutiny Committee	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 13 May 2020	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@essex.gov.uk.	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 The Committee has previously been updated by Princess Alexandra Hospital (Harlow) (hereinafter “PAH”) on its preferred option to seek capital funding for a rebuild of the hospital at a new greenfield site near the M11 motorway.

The Committee is asked to note the update below and consider approving the suggested actions to establish a Joint Health Scrutiny Committee with Hertfordshire County Council Health Scrutiny Committee (hereinafter “Hertfordshire”).

2. Action required

The Committee is asked to consider:

- 2.1 The notes of an informal discussion between members of the Committee and representatives of PAH and West Essex CCG held on 1st April 2020 (attached as Appendix 1);
- 2.2 That one of the actions to be progressed arising from that discussion was to investigate the feasibility of joint working with Hertfordshire.

The Committee is asked to consider and agree:

- 2.3 The establishment of a Joint Health Scrutiny Committee with Hertfordshire;
- 2.4 The Committee’s representation on the proposed Joint Health Scrutiny Committee be County Councillors Jill Reeves, Beverley Egan and Ricki Gadsby and that Harlow District Councillor Tony Edwards be invited to attend as an observer and, at the discretion of the Chairman of the Joint Committee, to participate in discussion so as to provide local input into the deliberations.
- 2.5 The proposed Terms of Reference (attached as a draft in Appendix 2) to be adopted at the first meeting of the proposed Joint Health Scrutiny Committee;

Princess Alexandra Hospital (Harlow) update and Joint Working with Hertfordshire Health Scrutiny Committee

- 2.6 The non-application of political proportionality rules as set out in the Joint Committee's Terms of Reference;
- 2.7 That the proposed Joint Committee be the formal statutory consultee for the purposes of considering the PAH proposals for relocation and rebuild of the hospital and proposed public engagement strategy.

3. Background

- 3.1 The Committee has previously been updated by PAH on its preferred option to seek capital funding for a rebuild of the hospital at a new greenfield site near the M11 motorway.

There is a challenging and ambitious timetable for the capital funding application set by Government. Certain conditions have to be met as part of that application for full funding to be granted for the preferred option. Those conditions include obtaining the support of local health scrutiny committees. The funding application is to be considered by NHS England in June 2020.

PAH have been keen to consult both Essex and Hertfordshire health scrutiny committees. Due to the current Corona 19 pandemic it was not possible to hold a formal meeting of the Committee last month (April). Instead, an informal discussion was held with health representatives so that they could take some initial informal 'soundings' from committee members on the business and clinical case for their preferred option for relocation and rebuild and their proposals for public engagement. As a result of those deliberations, consultation with the Committee Chairman and Lead Members and further discussions with PAH and Hertfordshire, it is now proposed that a Joint Health Scrutiny Committee be established to formally consider and respond to the proposals.

4. Update and Next Steps

The update is incorporated into the Introduction above. Next steps are as proposed under Action Required.

5 List of Appendices

Appendix 1 - Notes of an informal discussion on 1st April 2020 between members of the Committee and representatives of PAH and West Essex CCG;

Appendix 2 - The proposed Terms of Reference of a proposed Joint Health Scrutiny Committee.

Note of discussion during a conference call between members of the Essex Health Overview and Scrutiny Committee and NHS representatives at 10:15am on Wednesday 1 April 2020**Contact for further information:** Graham Hughes (Graham.hughes@essex.gov.uk)

County Councillors present by video conference:

J Reeves (Chairman of the discussion)	J Baker (substitute member)
A Brown	J Chandler
B Egan	R Gadsby
D Harris	B Massey
J Moran	A Wood

Harlow District Councillor T Edwards, a co-opted member of the Committee, was also present.

Graham Hughes and Peter Randall, Senior Democratic Services Officers, were in attendance throughout to support the discussion.

Purpose

The discussion was to update on the latest position regarding funding a proposed rebuild of Princess Alexandra Hospital (Harlow). The following joined the conference call for the discussion and to introduce the item:

Andrew Geldard, Chief Officer, West Essex CCG
Lance McCarthy, Chief Executive, Princess Alexandra Hospital.
Michael Meredith, Princess Alexander Hospital

Introduction

1. The condition of the current PAH site and background to PAH's preferred way forward for a hospital rebuild on a Greenfield site.

2. The benefits of such a relocation and that the preferred way forward further aligned with existing local infrastructure planning and PAH continued to liaise with local stakeholder including district councils.
3. It was anticipated that the same services would be provided at the new site as currently being provided at the current site although it was possible a few services could be located in the local community.
4. There was a challenging and ambitious timetable for the capital funding application set by Government. Certain conditions had to be met as part of that application for full funding to be granted for the preferred option including delivering the rebuild by 2025. The funding application would be considered by NHS England in late June 2020.
5. PAH had already identified some actions that needed to be taken to address concerns raised during an Equality Impact Assessment (EIA) undertaken for relocation to the preferred site.
6. PAH and the CCG proposed a significantly enhanced and ongoing public engagement process throughout the development of Outline and Full Business Cases. They stressed that they were confident that such a process would be as effective and have the same reach as a full public consultation exercise. However, PAH acknowledged that the initial phase of a public engagement process may have to be more focussed on digital communications in view of the current restrictions imposed on social contact with public events to be scheduled later after restrictions were lifted. A formal public consultation exercise could not be incorporated into the current timetable set by Government.

In response to member questions:

7. It was anticipated that through better siting of services the preferred option site would improve clinical efficiencies and patient flows and pathways within the site and therefore improve patient outcomes.
8. PAH were in ongoing discussions with East of England Ambulance Service. Conveyance times generally (and particularly rural areas) were expected to improve as a result of moving to the preferred site.
9. Both County Councils were involved with the development of the proposals and sat on the steering group for the relocation. PAH were in discussion with districts re contacting hard to reach groups and maximising community participation.
10. PAH anticipated a slight increase in patient demand from Hertfordshire as a result of relocating to the preferred site. There would be flexibility to further expand at that site.

11. Hospital transport would continue to be available as at present.
12. There would be a staged process in developing the business case and the public would have the opportunity throughout that process and the ongoing public engagement activities to influence the format and access to services at the new site. PAH assured members that there would be governance arrangements in place to ensure transparency and accountability to the public feedback being received and how issues being raised are addressed. Assessing the health equality impact would continue to be a key element of the process.
13. If PAH did not meet the pre-requisite conditions for full funding for the preferred option then a reduced level of grant was expected which would fund a rebuild of approximately half the hospital or a refurbishment of three quarters of the site. However, further expansion of the current site was not possible.

The following actions would be progressed:

	Issue	Action	By
1.	Seek to provide a consistent and joint approach to future health scrutiny of the PAH proposals with Hertfordshire Health Scrutiny Committee (where appropriate and possible)	To liaise with Herts officers to identify opportunities	Senior Democratic Services Officer
2.	Further understanding the travel impact on patients of a change in location to the preferred site.	Further information to be provided on travel analysis, including those that may have longer and shorter travel times, and those that would use public transport as opposed to own transport. It was highlighted that evaluation and analysis would be limited at present due to the road infrastructures around the preferred site not yet being in place.	PAH
3.	Engagement with Healthwatch Essex and Healthwatch Hertfordshire	Increase dialogue and seek advice from Healthwatch Essex and Hertfordshire on public engagement strategy and delivery	PAH

4.	Services in the community	Build meaningful engagement with the public so that they can help shape any proposal to locate any services in the community	PAH
5.	Engaging with communities	Establish a community engagement team to specifically harness information from, and involvement with, local MPs and councillors and districts, so as to exploit their links with local communities.	PAH
6.	Essex County Council - political liaison	Ensure Cabinet Member and Deputy are sighted on HOSC views	HOSC Chairman
7.	Next steps	Members were persuaded of the benefits of the proposed new site rebuild but wanted to emphasise the importance of ensuring the right checks and balances and governance were in place. The HOSC to further consider those aspects of the PAH approach the following month.	Senior Democratic Services Officer

Princess Alexandra Hospital - Hertfordshire and West Essex

Joint Health Overview and Scrutiny Committee

Terms of Reference and Working Protocol

1.	Legislative basis
1.1	The National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Localism Act 2011 sets out the regulation-making powers of the Secretary of State in relation to health scrutiny. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 which came into force on 1st April 2013 (“the Local Health Scrutiny Regulations”).
1.2	Regulation 30 (1) states two or more local authorities may appoint a joint scrutiny committee and arrange for relevant health scrutiny functions in relation to any or all of those authorities to be exercisable by the joint committee, subject to such terms and conditions as the authorities may consider appropriate.
1.3	This joint committee has been established under the Local Health Scrutiny Regulations, on a task and finish basis, by Essex Health Overview, Policy and Scrutiny Committee and Hertfordshire Health Overview and Scrutiny Committee (“the PAH Joint Scrutiny Committee”).
2.	Purpose
2.1	The purpose of the PAH Joint Scrutiny Committee is to scrutinise the initial planning and governance arrangements for a proposed re-build and relocation of Princess Alexandra Hospital (PAH) to a new greenfield site adjacent to the M11 motorway and focus on proposed governance processes, public engagement and those matters which may impact upon services provided to patients in both counties.
2.2	The PAH Joint Scrutiny Committee is established to be formally consulted during May 2020 in accordance with the Health Scrutiny Regulations by PAH on the proposed re-build and relocation. It is anticipated that the PAH Joint Scrutiny Committee will only meet once for the above purpose in order to provide PAH with a consolidated health scrutiny view from both authorities to assist PAH prior to formal consideration of their proposal by NHS England. However, further meetings may be held if both participating local authorities so decide.
2.3	<p>In considering the proposals for re-build and relocation of Princess Alexandra Hospital (PAH) the PAH Joint Scrutiny Committee will consider:</p> <ul style="list-style-type: none"> the extent to which the proposals are in the interests of the health service in Essex and Hertfordshire;

	<ul style="list-style-type: none"> the impact of the proposals on patient and carer experience and outcomes and on their health and well-being; the quality of the clinical evidence underlying the proposals; the extent to which the proposals are financially sustainable <p>in determining its support and whether the proposals constitute a substantial variation of service. The PAH Joint Scrutiny Committee will consider and may comment on the extent to which patients and the public have been, and will be, involved in the development of the proposals and the extent to which their views have been, and will be, taken into account as well as the adequacy of any public and stakeholder engagement already undertaken and/or proposed.</p>
3.	<p>Working Protocol</p> <p>This Protocol provides a framework for scrutiny to take place.</p> <p>The PAH Joint Scrutiny Committee will be positive, objective and constructive. It will concentrate on service outcomes and seek to add value.</p> <p>The success of the PAH Joint Scrutiny Committee will rely on key organisations working together in an atmosphere of mutual trust and respect with an agreed understanding and commitment to its aims. The key organisations involved in this health scrutiny exercise must be willing to share information, knowledge and reports which relate to the delivery and success of the scrutiny.</p> <p>At all times councillors, officers and members of the organisations involved in the scrutiny will be treated with respect and courtesy. Matters of confidentiality will be observed.</p> <p>Whilst working in partnership with the NHS, the PAH Joint Scrutiny Committee will retain its independence from the NHS.</p>
4.	<p>Membership/chairing</p> <p>4.1 The PAH Joint Scrutiny Committee will consist of three members representing Essex and two members representing Hertfordshire, as nominated by the respective health scrutiny committees at those authorities.</p> <p>4.2 Members of the PAH Joint Scrutiny Committee cannot be an executive or cabinet member of their authority. An authority may appoint a substitute to attend in the place of the named member on the PAH Joint Scrutiny Committee provided they are not an executive or cabinet member of the authority.</p> <p>4.3 The proportionality requirement will not apply to the PAH Joint Scrutiny Committee, provided that each authority participating in the PAH Joint</p>

	Scrutiny Committee agrees to waive that requirement, in accordance with legal requirements and their own constitutional arrangements.
4.4	Each authority will decide whether or not to apply political proportionality to their own members.
4.5	The PAH Joint Scrutiny Committee will elect a Chairman and Vice-Chairman.
4.6	The PAH Joint Scrutiny Committee will be asked to agree its Terms of Reference at its first meeting.
4.7	Each member of the PAH Joint Scrutiny Committee will have one vote should any matter be voted upon although broad general consent will be sought wherever possible instead. Voting will be made by a simple majority and the Chairman will have the casting vote if necessary.
4.8	The quorum will be a minimum of three members provided both participating authorities are represented in that calculation.
4.9	The PAH Joint Scrutiny Committee will be open and transparent. Any person involved in the PAH Joint Scrutiny Committee will declare any personal or other pecuniary interest that they have in accordance with their own authority's Code of Conduct relating to standards of conduct and ethics.
5.	Co-option
5.1	By a simple majority vote, the PAH Joint Scrutiny Committee may agree to co-opt representatives of organisations with an interest or expertise in the issue being scrutinised as non-voting members, but with all other member rights. This may be for a specific subject area or specified duration.
6.	Supporting the Joint HOSC
6.1	Officers from Essex and Hertfordshire County Councils will jointly provide advice and administrative support to the PAH Joint Scrutiny Committee. Any further costs incurred will be apportioned between the authorities. Further discussion on support may be necessary if the PAH Joint Scrutiny Committee resolves to further meet beyond the currently anticipated one meeting.
7.	Powers and expectations upon relevant bodies
7.1	The PAH Joint Scrutiny Committee is responsible for setting its own agenda.
7.2	In carrying out its function the joint committee may:

	<ul style="list-style-type: none"> • require officers of appropriate local NHS bodies to attend and answer questions; • require appropriate local NHS bodies to provide information; • obtain and consider information and evidence from other sources, such as local Healthwatch organisations, patient groups, members of the public, expert advisers, local authorities and other agencies; • make reports and recommendations to the appropriate NHS bodies and other bodies that it determines, including the local authorities which have appointed the PAH Joint Scrutiny Committee; • consider the NHS bodies' response to its recommendations;
8.	Power of Referral
8.1	The power to make a referral to the Secretary of State is not delegated to the PAH Joint Scrutiny Committee.
9.	Public involvement
9.1	Meetings will be accessible for the public and press to attend either in person or virtually using appropriate conference call software.
9.2	Papers will be available at least five clear working days before the meeting. The participating authorities will arrange for papers relating to the work of the joint committee to be published on their websites.
10.	Press strategy
10.1	Any press releases made on behalf of the Joint Committee will be agreed by both the Chairman and Vice-Chairman of the Joint Committee. All members of the PAH Joint Committee will be informed of any press releases being issued.
10.2	These arrangements do not preclude participating local authorities from issuing individual statements to the media provided that it is made clear that these are not made on behalf of the PAH Joint Scrutiny Committee.
11.	Report and recommendations
11.1	Once it has formed conclusions and recommendations on the PAH proposals for the rebuild and relocation, the PAH Joint Committee will prepare a formal report. All members of the PAH Joint Committee will be consulted on the draft report before it is published with the final versions of report(s) to be agreed by the Chairman and Vice Chairman.
11.2	Such report(s) will include whether any conclusions and/or recommendations contained within it are based on a majority decision of the committee or are unanimous.

11.3	In reaching its conclusions and recommendations, the PAH Joint Committee should aim to achieve consensus. If consensus cannot be achieved, minority reports may be attached as an appendix to the main report. The minority report/s shall be drafted by the appropriate member(s) or authority concerned.
11.4	The final report will be presented to PAH, local health commissioners and other bodies as appropriate and will be published on organisational websites and circulated in accordance with the regulations on health scrutiny.

Chairman's Report

Reference Number: HOPSC/13/20

Report title: Chairman's Report	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 13 May 2020	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@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 Forum met virtually on 30 April 2020 and the main issues discussed were:

Princess Alexandra Hospital (PAH) - Reflected on notes from informal discussion with PAH on 1 April 2020 and subsequent discussions with Hertfordshire County Council and PAH to establish joint working. Agreed: (i) agenda for next HOSC meeting, (ii) draft documentation to establish a Joint Committee and (iii) proposed HOSC nominees to serve on the Joint Committee

Work Programme - Other items had been deferred due to the current virus pandemic. The timing to re-commence planning for them to be further considered in consultation with Cabinet Member and senior officers.

5. List of Appendices

None

Member Updates

Reference Number: HOPSC/14/20

Report title: Member Updates	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 13 May 2020	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@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:
- Castle Point and Rochford CCG (Cllr Egan)
 - Essex Partnership Trust (Cllr Wood)
 - North East Essex CCG (Cllr Brown)

4. Update and Next Steps

Oral updates to be given.

5. List of Appendices – None

Work Programme

Reference Number: HOPSC/15/20

Report title: Work Programme	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Graham Hughes, Senior Democratic Services Officer	
Date: 13 May 2020	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Graham Hughes, Senior Democratic Services Officer at graham.hughes@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.

Joint Committees/Task and Finish Group activity

There is a long-standing participation in a Joint Committee with Suffolk County Council. A further issue-specific Joint Committee with Hertfordshire County Council is about to commence (both listed on the second page of the Appendix to this report). There is no Task and Finish Group activity at present.

4. Update and Next Steps

See Appendix.

5. List of Appendices – Work Programme overleaf.

Essex Health Overview, Policy and Scrutiny Committee

Work Programme as at 30 April 2020

Date	Theme (s)	Topic	Theme/Focus	Approach and Next steps
13 May 2020	Capacity and financial sustainability	Princess Alexandra Hospital sustainability – <i>follow up</i>	Initial session in September 2018 looking at plans for capital funding of potential re-build. Informal discussion on 1 st April 2020 with hospital and West Essex CCG	To establish a Joint Committee with the health scrutiny committee at Hertfordshire County Council to give formal consideration to proposals for relocation and public engagement.
Summer 2020	Capacity and financial sustainability	Autism services	Look at referral and diagnosis times and transitions between services. Now to also have post virus pandemic context.	TBC - currently on hold
Summer 2020	Quality and Transformation of Services/Capacity and financial sustainability	Mental Health	Partnership working, service changes, access to changes. Now to also have post virus pandemic context.	TBC – currently on hold
Summer 2020	Quality and Transformation of Services/Community healthcare (prevention and early intervention)	Primary Care – <i>further follow up</i>	Contribution to wider system and the STP plans. To review locality changes from finalised CCG plans and impact of NHS England Long Term Plan. Could include further consideration of urgent care provision, NHS 111 and out-of-hours arrangements. Now to also have post virus pandemic context.	To review locality changes from finalised CCG plans and impact of NHSE Long Term Plan. TBC – currently on hold.
Summer 2020	Quality and Transformation of Services/Community Healthcare (prevention and early intervention)	Primary Care	Dentistry/Opticians/Pharmacist update from NHS England.	Introductory informal session. Session planned for 22 April 2020 was cancelled due to current virus pandemic – currently on hold and to be rescheduled.
Summer 2020	Capacity and financial sustainability	Relocation of cardiology beds	Consultation on proposed service variation to relocate cardiology beds from Broomfield to Basildon Hospitals	Follow-up and feedback on temporary changes made over the winter period.
Autumn 2020	Capacity and financial sustainability	A&E pressures/ seasonal pressures/admissions avoidance – <i>further follow up</i>	Relationship between ambulance performance and hospital capacity pressures.	Follow up to previous sessions/review of winter performance. Now may also have post virus pandemic context.
Ongoing	Quality and Transformation of Services	Service changes in strategic footprint areas	Seek evidence of partnership working across footprints	High level governance and strategic oversight role across all three footprints

Essex Health Overview, Policy and Scrutiny Committee Work Programme as at 30 April 2020

Other issues for further consideration:

Date	Theme	Topic	Theme/Focus	Approach and Next steps
TBC	Community healthcare (prevention and early intervention)	North East CCG – community beds	Further update on proposals impacting on Clacton and Harwich Hospitals	TBC
TBC	Community healthcare (prevention and early intervention)	Community providers – <i>follow up</i>	Previously looked at the broader role and contribution to wider system. Agreed to review local performance	May link with other items on work programme
TBC	Quality and Transformation of Services	Sensory care pathways	Review accessibility to services and system working	May link with other items on work programme.

Work with the People and Families Policy and Scrutiny Committee (PAF)

Led/hosted by PAF	Community healthcare (prevention and early intervention)	Virgin Care 0-19 contract – <i>follow-up</i>	Two sessions held with HOSC representatives also present.	Further follow-up session summer/autumn 2020.
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Current Joint Health Overview and Scrutiny Committees (JHOSCs)

1. JHOSC looking at the Suffolk and North East Essex Sustainability and Transformation Partnership/Integrated Care System proposals (Joint Committee with Suffolk County Council)

This Joint Committee was established in anticipation of a formal consultation being launched by the STP for various service changes. A number of public and private briefings have been held. The Joint Committee will be the formal consultee for a number of proposals being finalised by the STP/ICS. [Joint HOSC Agenda papers](#)

2. JHOSC looking at relocation and rebuild of Princess Alexandra Hospital (Harlow) (Joint Committee with Hertfordshire County Council)
To start.