



Essex County Council

Health Overview Policy and Scrutiny Committee

10:15	Wednesday, 06 March 2019	Committee Room 1, County Hall, Chelmsford, CM1 1QH
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For information about the meeting please ask for:

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| 9 | Date of Next Meeting
To note that the next committee activity day is scheduled for 9.30am on Wednesday 10 April 2019, in Committee Room 1, County Hall. Scheduled activity dates may be a private committee session, meeting in public, briefing, site visit, etc.
- format and timing to be confirmed nearer the time. | |
| 10 | 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.

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| 11 | 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. |
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Committee: Health Overview Policy and Scrutiny Committee

Enquiries to: Graham Hughes, Senior Democratic Services Officer

Membership, Apologies, Substitutions and Declarations of Interest

Recommendations:

To note

1. Membership as shown below
2. Apologies and substitutions
3. Declarations of interest to be made by Members in accordance with the Members' Code of Conduct

Membership

(Quorum: 4)

Councillor J Reeves	Chairman
Councillor A Brown	
Councillor J Chandler	
Councillor B Egan	Vice-Chairman
Councillor R Gadsby	
Councillor D Harris	Vice-Chairman
Councillor J Lumley	
Councillor B Massey	
Councillor M McEwen	
Councillor R Moore	
Councillor S Robinson	
Councillor C Sargeant	

Co-opted Non-voting members

(max 4):

Councillor P Tattersley (Braintree)
Councillor T Edwards (Harlow)
Councillor N Pudney (Maldon)
Councillor V Ranger (Uttlesford)

Minutes of the meeting of the Health Overview Policy and Scrutiny Committee held in Committee Room 1, County Hall, Chelmsford, CM1 1QH at 10.30am on Wednesday 6th February 2019

Present:

County Councillors

J Reeves (Chairman)	J Lumley
J Chandler	M McEwen
B Egan	B Massey
D Harris	R Moore
P Channer (substitute)	S Robinson
	C Sargeant

Co-opted District/Borough Councillors

P Tattersley (Braintree),
N Pudney (Maldon)

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 County Councillors R Gadsby and A Brown and District Councillors T Edwards (Harlow) and V Ranger (Uttlesford).

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.

2. Minutes

The Minutes of the meeting of the Health Overview Policy and Scrutiny Committee (HOPSC) held on 16th January 2018 were approved as a correct record and signed by the Chairman.

3. Questions from the Public

There was one question from Jan Plummer of Colchester's People's Assembly, who she advised was an anti-austerity group. (Please see question reproduced in full in Appendix)

4. North East Essex CCG - Update

The Committee considered report HOPSC/05/19 providing an update on the following:

- Development of urgent treatment service – progress update (HOSC/05/19(i))
- Community Beds – status report (HOSC/05/19(ii))
- Use of Care Navigation Systems (HOSC/05/19(iii))

Present at the meeting were:

- Ed Garrett, Interim Accountable Officer, North East Essex CCG
- Morag Kirkpatrick, Interim Head of Urgent Care, North East Essex CCG.
- Chris Howlett, Programme Director, North East Essex CCG
- Jayne Hiley - Director of Operations and Quality, Anglian Community Enterprise.
- Dr Vaiyapuri Raja, Anglian Community Enterprise and practicing GP.

At the invitation of the Chairman, Councillor Harris led the member discussion on items 4(i) and 4(ii) below and Councillor Sargeant for item 4(c) below.

(i) Development of urgent treatment service – Progress update

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

- (i) The Urgent Treatment Service (UTS) should be considered as one service rather than three services at different sites. As a joined-up service, there would be 'virtual access' to other sites and GPs if needed.
- (ii) There would be further work to promote more self-care and resilience in the community.
- (iii) A communication strategy would be prepared within the next six weeks.
- (iv) IT records will be accessible cross-border. A summary care record that can be accessed more widely than just NECCG.
- (v) The NHS 111 service would continue to be promoted as the urgent care first point of contact.
- (vi) Whilst the UTC would focus on minor injuries, commissioners were also looking to extend the range of treatments that could be done at the UTC in future.

- (vii) Commissioners were aiming to maximise attendance at consultation events and engage with local members as part of that. It was anticipated that some scenario planning would also be undertaken.
- (viii) Assessment of staff skill sets was underway and some further training needs identified.

Conclusion:

That the Communication Strategy should be shared with the HOSC. The CCG were encouraged to involve and consult local members during the formal communication and engagement process.

(ii) Community Beds – Status Report

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

- (i) The rationale for the relocation of beds is that they cannot convert existing wards to meet current standards. The community beds being relocated are currently at Clacton and will be relocated to Harwich.
- (ii) 400 responses had been received to the public consultation. Publication of a detailed analysis of the feedback was expected later in the month.
- (iii) Proposals to re-site community beds to Harwich would utilise currently unused capacity
- (iv) It was highlighted that the community's understanding about the reasoning for change was low. Therefore, it should be clearer in the engagement report.
- (v) significant numbers of agency staff were being used at present. The CCG were reviewing shift patterns as part of looking to reduce such reliance on agency staff in future.
- (vi) The planned implementation period for changes had been extended to minimise service disruption.

Conclusion:

It was requested that HOPSC received the engagement report prior to its publication. The CCG were encouraged to work with community and public transport providers to assist family and carers visiting patients. Overall the report has highlighted that issues still stand in terms of recruitment of staff and the operational models used.

(iii) Use of Care Navigation Systems

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

- (i) There were significant challenges facing Primary Care in the north east of the county with significant increases in demand exacerbated by recruitment issues.
- (ii) The CCG was keen to focus on improving the signposting of services to further manage the demand pressures on GPs in particular.
- (iii) The CCG was in discussions with the Local Medical Committee to look at extending GP appointment times
- (iv) A care navigation system had been introduced for four GP practices in Clacton to try and improve signposting people to the most appropriate service to address their need. Care algorithms were used by call handlers to assist signposting supplemented by on-site access to a GP, advanced clinical practitioner or off-site duty doctor.
- (v) The care navigation system in Clacton was taking approximately 750 calls a day through 30 telephone lines as opposed to the typical 2-3 at individual GP practices elsewhere. A significant number of calls were prescription-related.
- (vi) The CCG and provider were in the early stages of fully evaluating the care navigation system in Clacton although early evidence suggested it had assisted better signposting to services. Overall 90% of calls had been answered within 20 minutes and that situation had further improved in recent weeks. Early indications also suggested some GP time had been freed-up to allow for longer individual consultation times.
- (vii) The CCG would continue to encourage further collaboration between different GP practices.
- (viii) Local members suggested that there could be further improvements made to dispensing prescriptions and repeat prescriptions and further raise awareness about the importance of cancelling no longer needed appointments and how to do it. The provider was considering the introduction of text reminders for appointments.
- (ix) It was mentioned that ACE was given a 10-year contract as this promotes stability for the provider to deliver effective change.

Conclusion:

The Chairman thanked those in attendance. The CCG was requested to provide written answers to the following questions raised by local members in connection with the care navigation system:

- Why was ACE the only bidder for the service?
- Had the CCG considered briefing the HOPSC any earlier regarding some of the issues with the introduction of the care navigation system?
- What would the CCG do differently if introducing similar care navigation systems elsewhere in future?
- What targets are being set for ACE?

5. Member updates

Councillor Egan advised that Castle point & Rochford CCG are about to appoint a new Accountable Officer. Also, they will continue to work on their primary care strategy.

6. Work Programme

(HOSC/07/19) was considered and noted.

7. Date of the Next Meeting

The committee noted that the next Committee activity day was scheduled for 9.30am on Wednesday 6 March 2019.

8. Urgent Business

There being no further business the meeting closed at 12:05pm.

Chairman

APPENDIX:**Public Question**

Name: Jan Plummer, Colchester People's Assembly.

RE: NE Essex & Suffolk STP

I understand that facilities are going to be moved around, between the two hospitals as well as within the STP area. I rely on public transport to get to appointments and treatments. I have a bus pass which I can use after 9am, others who rely on public transport may be on a low income or benefits. Without a bus pass, public transport, especially buses can prove expensive for patients and families.

1a) How is ECC going to ensure that all those on low income or benefits can afford the travel costs?

1b) What will be put in place to ensure travel time is considered – especially when some appointments can be as early as 08:30 or 09:00?

Thank you.

HOPSC/08/19

Committee Health Overview Policy and Scrutiny

Date 6 March 2019

RECRUITMENT ISSUES AND WORKFORCE TRANSFORMATION IN HEALTH AND SOCIAL CARE – FOLLOW UP

Report by Graham Hughes, Senior Democratic Services Officer

Contact details: graham.hughes@essex.gov.uk Tel: 03301 34574

Recommendation:

- (i) To consider the further data presented on recruitment and vacancies;
- (ii) To consider the structure of any follow-up session that could focus on specific sectors, providers, job roles or other aspects.

Background

On 16 January 2019 the Committee discussed recruitment issues with representatives from each the three Local Workforce Action Boards (that oversee each of the three STP footprints in Essex), Health Education England and Essex County Council Boards and an extract of the minutes of that discussion is attached as **Appendix A**.

The session on 16 January aimed to understand the scale of the problem and specific challenges and the structures and partnerships that have oversight of the issues. The immediate actions arising from that discussion was to seek more data to breakdown vacancies (through stating number of posts that should be filled and how many are actually filled) by sector, type of provider, and type of job designation. To show context, there should also be some trend analysis.

Further information has now been received by Essex County Council (**Appendix B**) and Health Education England (**Appendix C**) who will both be represented at the meeting on 6 March to present this updated data.

In considering and seeking further clarification of the attached further data the HOSC may wish to consider any further investigation that it feels is necessary and which could include:

- (i) Specific solutions being pursued locally and regionally including training and workforce initiatives;
- (ii) Further type of provider, sector or STP level analysis;

- (iii) the level and effectiveness of joint/partnership working possible in pursuing actions.

It is acknowledged that some of the above may be undertaken by one or more the Joint HOSCs established with neighbouring authorities to scrutinise plans for specific STP footprints.

The original suggested HOPSC rationale for session and outcomes required

Seek assurance that the challenges and issues have been recognised and defined at both local, sector and more strategic levels (STP/ICS footprints).

Seek reassurance that there is adequate planning in place to address current shortages (recognising that it may not be possible to resolve solely by recruitment actions).

To seek reassurance from, and understanding of, the different levels of planning and actions being taken.

To understand if there remains certain issues and challenges that cannot be resolved and understand why.

To decide if, as a HOPSC, there is any influence or actions that the HOPSC can have/take to facilitate actions being taken.

To understand if, as local representatives, there a role for HOPSC members to promote careers in Health and how can this be done.

Further reading:

In February 2019 the Health Foundation published its annual assessment of the profile and trends in NHS staffing in England – “A Critical moment: NHS staffing trends, retention and attrition” – a link to that report is below.

<http://reader.health.org.uk/a-critical-moment>

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 16th January 2019

5. Recruitment issues update

The Committee considered report HOPSC/02/19 providing an update on recruitment issues in Essex.

The following joined the meeting:

Phil Carver, Local Director East of England, for Health Education England, mid and south Essex STP Executive Sponsor Workforce Transformation, Co-Chair of mid and south Essex Local Workforce Action Board (LWAB)

Tricia D'Orsi Chief Nurse, Castle Point & Rochford CCG and Southend CCG, mid and south Essex LWAB

Paul Roche, Programme Director, Workforce, Herts and West Essex LWAB/STP

Lisa Llewellyn, Director of Nursing and Clinical Quality, North East Essex CCG, north east Essex LWAB/STP

Peter Fairley, Director, Strategy, Policy & Integration (People), Essex County Council.

Alexandra Green, Director for Local Delivery – West, Essex County Council and Deputy Director of Health and Care Delivery, Essex Partnership University Trust.

In turn each of the above witnesses was invited to briefly introduce the challenges around recruitment and retention in their respective areas.

During those overviews and subsequent discussion the following was highlighted, acknowledged or noted:

- (i) There was increasing demand for services and an ageing demographic – for example there was an anticipated 7% and 10% growth in demand for adult social care and for those with Learning Disabilities respectively over the next three years;
- (ii) There were difficulties in recruiting staff – shortages in GPs, nurses, social workers and occupational therapists were particularly highlighted;

- (iii) Essex County Council had created an extra 50 occupational therapist posts - They currently had 35 occupational therapist vacancies in Essex;
- (iv) Currently there was an oversupply of physiotherapists. There was an ongoing challenge to work differently with Higher and Further Education Colleges to encourage better balance of their course offers;
- (v) High agency spends were incurred to cover vacancies and there was a broad system intention to reduce the use of locums and agency staff;
- (vi) The need to improve staff retention within the wider health system;
- (vii) The intention to upskill the workforce as part of career progression (e.g. investing in Healthcare Assistants to become nurses).
- (viii) The new course being run at the Anglia Ruskin medical school would take time to 'bear fruit' due to the time required to complete the qualification. They had, however, achieved their target of recruiting 30% of the course complement from the local area.
- (ix) Overall, there were approximately 4,500 medical trainees in the regional health system and their actual placements depended on medical specialism, and other local factors such as addressing health inequalities and the quality of the local learning environment and having suitable levels of supervision.
- (x) Mid Essex Commissioners were encouraging GPs set to retire to continue practising. Commissioners were also moving towards 15 minute GP consultations as they felt many issues could be dealt with more effectively by having a longer initial consultation period.
- (xi) All three STP areas were looking at investing in and trialling more care navigation initiatives and using different ways to re-signpost to alleviate pressure on GP surgeries.
- (xii) The overall 12% vacancy rate in Essex was not significantly out of alignment with the East of England average of 11%. The East of England vacancy rate broadly tended to trend between 11.5%-12.5%. The total number of overall vacancies was growing in Essex as the total establishment (i.e. number of posts) had grown.
- (xiii) Essex County Council was aspiring to reducing social care vacancies to 10% and the trend was moving in the right direction to meet that target. At the same time as reducing vacancies the County Council had expanded its workforce as well.
- (xiv) The Essex Employment and Skills Board had identified the care sector for attention and identified some work streams to help improve recruitment.

- (xv) Recruits from the European economic area were a significant contribution to the nursing workforce in particular.
- (xvi) There were a number of ongoing initiatives with schools to promote careers in health and social care. E.g. work experience for 14-15 year olds at Harlow Hospital.
- (xvii) The Local Workforce Action Boards were looking at developing more formalised arrangements for 'rotational' posts where staff could transition their careers through a framework of multidisciplinary work moving around different employers but staying within the local health system i.e. developing an 'Essex offer'. Similarly, the County Council and Health were looking at opportunities for more joint roles across health and social care.

Conclusion

The Chairman thanked the witnesses for their attendance to support the discussion. It was agreed:

- (i) That more data be provided to breakdown vacancies (through stating number of posts that should be filled and how many are actually filled) by sector, type of provider, and type of job designation. To show context, there should also be some trend analysis.
- (ii) That a breakdown be provided of the destination of the 200 GPs who completed training each year. i.e. whether they remained in primary care and whether it was within Essex.

Adult social care: workforce data

March 2019

Purpose

To respond to HOSC queries at the initial January 2019 meeting about workforce pressures in adult social care, a) within ECC and b) within the care market

The following tables set out some information for HOSC members

ECC adult social care data: by role type

The table below sets out the data for ASC overall and then by main role type. We have not listed all roles so the numbers do not sum to the ASC total

Roles	FTE	Vacancies	Vacancy rate	Voluntary turnover	Involuntary turnover	Overall turnover
All ASC	1,201.5	191	13.2%	11.9%	6.4%	18.3%
Team Manager	57.2	6	9.5%	3.7%	20.4%	24.1%
Deputy	43.6	8	15.7%	9.1%	4.5%	13.6%
Senior Prac	102.1	4	3.7%	17.0%	2.1%	19.1%
Social Worker	375.7	83	18.1%	17.1%	1.2%	18.3%
OT	82.9	-1	-1.1%	12.7%	3.7%	16.4%
Community Support etc	182.3	46	18.9%	9.2%	2.1%	11.3%

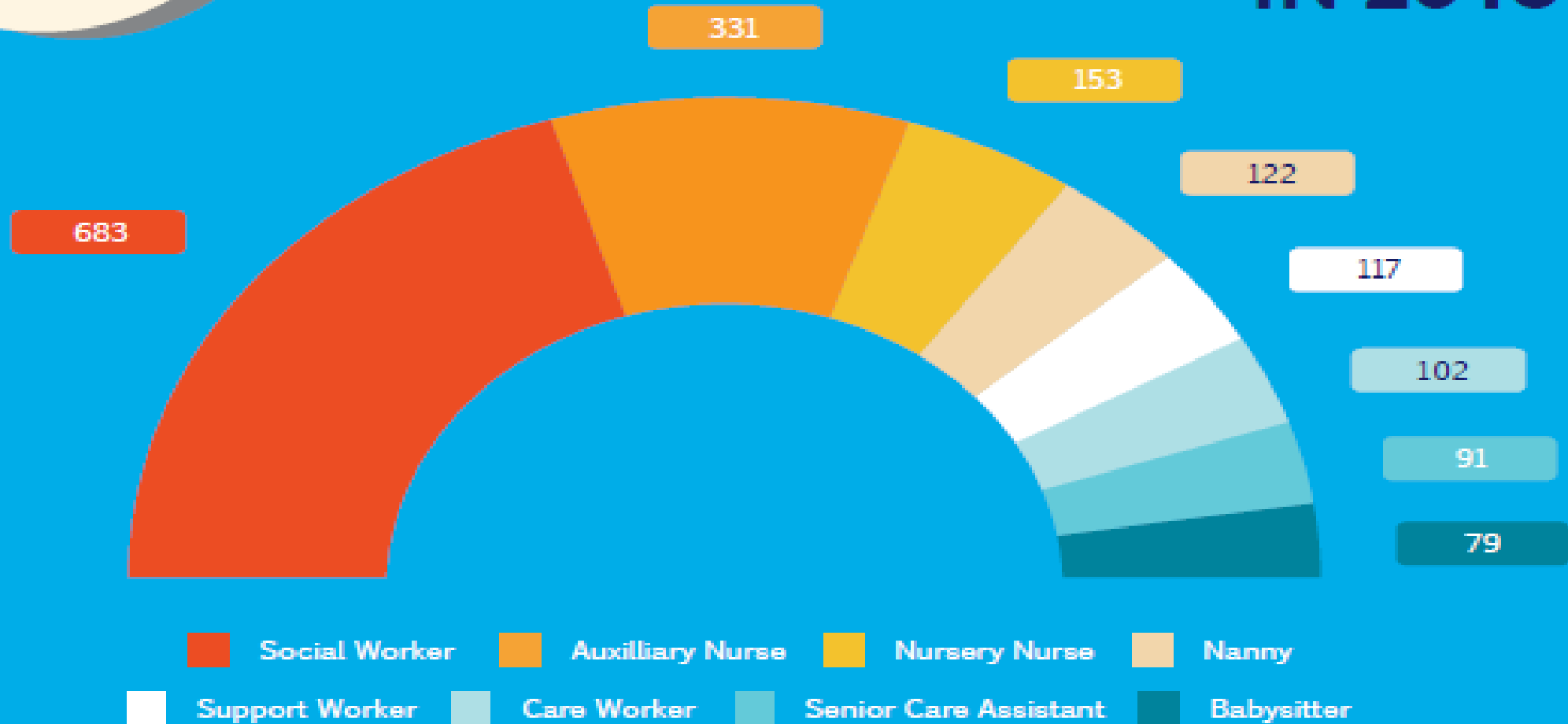
ECC adult social care data: by quadrant/team

Roles	Mid	North	South	West
Team Manager	20.0%	5.6%	0.0%	10.0%
Deputy	27.8%	10.0%	0.0%	10.0%
Senior Prac	4.3%	-30.0%	16.7%	-5.0%
Social Worker	19.8%	-16.7%	13.2%	13.6%
OT	42.9%	-100.0%	46.2%	42.9%
Community Support etc	19.0%	-23.5%	16.4%	16.3%



Essex Skills Board data for care sector

5,500+ ESSEX JOB VACANCIES IN 2015-16



- Social Worker
- Auxilliary Nurse
- Nursery Nurse
- Nanny
- Support Worker
- Care Worker
- Senior Care Assistant
- Babysitter

Less competitive



More competitive

Committee Health Overview Policy and Scrutiny**Date** 6th March 2019**Report from:** Health Education England (HEE)**Report Sponsors**

-Anzhelika Coffey, Head of Workforce Intelligence, Midlands and East, HEE

-Saffron Rolph-Wills, Workforce Transformation Manager working across Mid & South Essex and Suffolk & North East Essex, HEE

-Gareth George, Workforce Transformation Manager working across Hertfordshire and West Essex and Bedfordshire, Luton and Milton Keynes, HEE

Context

In January 2019 HEE and colleagues from Essex STPs attended the Essex Health Overview Policy and Scrutiny Committee to present data and discuss current workforce plans and initiatives around Workforce recruitment. To support this further, HEE offered to return and present and discuss a more detailed breakdown on workforce figures across health.

Presentation Overview

The attached PowerPoint slide pack provides members with a more comprehensive overview of the health workforce. The report sponsors will be present at the March meeting to talk through the slides with further detail given verbally; an overview is below for members to review ahead of the meeting and any questions or points of clarification are welcomed in advance of the meeting.

1.) Cover slide**2.) Overview of NHS Workforce in Essex**

This table shows the Staff in Post (SIP) and annual change from March 2016 to our most recent data (September 2018). As we will discuss there have been a number of trust mergers and changes to commissioned services i.e. Mental Health and community nursing across Essex. NHS organisations with Head Quarters in Essex have been included in this data set.

3.) NHS Workforce Vacancies in Essex

This table shows the estimated vacancies filled by temporary staff (i.e. Bank and Agency) per staff group as requested by members. It also shows how this correlates to the overall workforce percentage.

4.) General Practice Workforce in Essex

This data set shows the total General Practice workforce trends from Sept'15 to Sept'18 and percentage changes resulting in 3.7% increase in general practice workforce. This demonstrates the shift within primary care and increase in direct patient care roles i.e. health care workers and practice based pharmacists to support GP practitioners.

5.) Trainee General Practitioners

This concluding slide provides detail from Dec'16 to Dec'18 on Trainee GP locations and out-turn. Challenges on destination data will be discussed as part of this.

Essex NHS and General Practice Workforce

Developing people
for health and
healthcare

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NHS Workforce in Essex

Staff in Post (SIP), Full Time Equivalent							Annual Change (SIP), %		
Broad Group	Professional Group	Mar-16	Mar-17	Mar-18	Sep-18		Mar-17	Mar-18	Sep-18
Professionally Qualified Clinical Staff	Doctors	2,575	2,595	2,695	2,695		1%	4%	0%
	Qualified nursing, midwifery & health visiting staff	7,570	7,565	7,430	7,040		0%	-2%	-5%
	Qualified scientific, therapeutic & technical staff	2,645	2,700	2,905	2,820		2%	8%	-3%
Support to clinical staff	Support to doctors & nursing staff	6,315	6,480	6,380	6,295		3%	-2%	-1%
	Support to ST&T staff	1,365	1,390	1,550	1,500		2%	12%	-3%
NHS infrastructure	NHS infrastructure support	4,040	4,195	4,210	4,105		4%	0%	-2%
	Total (including other staff)	24,510	24,925	25,170	24,455		2%	1%	-3%

Note:

Organisations included are Anglian Community Enterprise CIC, Basildon and Thurrock University Hospitals NHS Foundation Trust, Colchester Hospital University NHS Foundation Trust, Essex Partnership University NHS Foundation Trust, Mid Essex Hospital Services NHS Trust, Princess Alexandra Hospital NHS Trust, Provide, Southend University Hospital NHS Foundation Trust. Source: ESR DW

NHS Workforce Vacancies in Essex

Vacancies Filled with Temporary Staff, forecast outturn as at March 2019,
NHSI/HEE Workforce Plans Collection

Staff group	Bank and Agency Use, Full Time Equivalent	% of All Staff
Doctors	348	13%
Qualified nursing, midwifery & health visiting staff	1,154	17%
Qualified scientific, therapeutic & technical staff	128	6%
Support to clinical staff	1,043	15%
NHS infrastructure support	343	9%
Total (including other staff)	3,016	13%

Note: Vacancies data includes 5 organisations: Basildon and Thurrock University Hospitals NHS Foundation Trust, Mid Essex Hospital Services NHS Trust, Essex Partnership University NHS Foundation Trust, Princess Alexandra Hospital NHS Trust, Southend University Hospital NHS Foundation Trust.

General Practice Workforce in Essex (data includes 7 CCGs in Essex)

Staff group	Sep-15	Sep-16	Sep-17	Sep-18	Change % during period Sep-15 to Sep-18
All Admin Non Clinical	1,914	1,940	1,881	1,959	2.3%
All Direct Patient Care	267	289	363	405	51.5%
All Nurses	470	489	482	493	4.9%
GP practitioners	906	866	841	833	-8.1%
Total General Practice Workforce	3,558	3,584	3,567	3,690	3.7%

Note:

Source: NHS Digital collection of GP workforce;
numbers include 7 CCGs in Essex

GP Practitioners group includes GP providers, Salaried GPs, GP Retainers and GP Locums, excludes GP Registrars

Trainee General Practitioners

GP Trainees ST1-ST3, HC			
Date of Census	Dec-16	Dec-17	Dec-18
General Practice - Basildon	40	32	36
General Practice - Chelmsford	61	68	73
General Practice - Colchester	55	38	26
General Practice - Colchester and Ipswich	n/a	20	56
General Practice - Harlow	62	70	73
General Practice - Southend	63	60	61
Total	281	288	325
Source: HEE TIS database			

Forecast output of GP CCTs			
Calendar Year	Year 2019	Year 2020	Year 2021
GP CCTs	107	106	104

Note: year of output is based on Program Completion Date, does not take into account attrition during training

HOPSC/09/18

Committee Health Overview Policy and Scrutiny

Date 6 March 2019

CHAIRMAN'S REPORT

Report by Graham Hughes, Senior Democratic Services Officer

Contact details: graham.hughes@essex.gov.uk Tel: 03301 34574

Recommendation: To note the update (below).

The Chairman and Vice Chairmen usually meet monthly in between scheduled meetings of the full Committee to discuss work planning and this often entails talking to ECC and external health officers. This is the latest regular short report of these meetings. In addition, the Chairman and Vice Chairmen also meet the Cabinet Member for Health and Adult Social Care on a bi-monthly basis.

Meeting held on 19 February 2019

Present: Cllrs Reeves (HOSC Chairman), Egan, Maddocks (Chairman - People and Families Policy and Scrutiny Committee) and Harris (by telephone)

1. *Public Questions:*
reconfirmed that will continue to strictly observe the Council's public speaking protocol.
2. *Discussed issues to raise in future relationship meeting with the Director Adult Social Care.*
3. *Autism review*
Issues had been raised both through recent HOSC and PAF sessions
Agreed: that should start as a joint committee briefing from ECC officers to understand structures, relationships and responsibilities. Then to decide if further joint work or follow-up on specific issues individually. Timing tbc.
4. *Work programme*
Discussed March HOSC agenda and upcoming issues.
April HOSC - Action: to check on timing for Princess Alexandra Hospital update and investigate if can hold formal HOSC meeting offsite at PAH.
5. *Future Catch-up format*
It was acknowledged that being able to have HOSC and PAF conversations at the meeting had been beneficial. Action: that HOSC and PAF Chairman have optional invites to attend each other's catch-up meetings in future.

HOPSC/10/19

Committee Health Overview Policy and Scrutiny

Date 6 March 2019

MEMBER UPDATES

Report by Graham Hughes, Senior Democratic Services Officer

Contact details: graham.hughes@essex.gov.uk Tel: 03301 34574

Recommendation:

To discuss and note updates given by members.

The HOSC Chairman and Vice Chairmen have requested that there be a standard agenda item to receive member updates (usually orally but advance briefing papers can be included in agenda packs if preferred)

Members are encouraged to attend Board and other public meetings of their local health commissioner and providers and report back to the HOSC any issues of interest and/or relevance to the committee.

In particular, there are two HOSC members who serve as ECC representatives observing the following bodies who may wish to update on their attendance at any recent meetings:

Councillor Anne Brown (North East Essex CCG)

Councillor Beverley Egan (Castle Point & Rochford CCG);

In addition, issues arising from the work of the Joint HOSCs established with (i) Suffolk and (ii) Southend and Thurrock respectively, should also be highlighted.

	AGENDA ITEM 8
	HOPSC/11/19
Committee:	Health Overview Policy and Scrutiny Committee
Date:	6 March 2019
Enquiries to:	Name: Graham Hughes Designation: Senior Democratic Services Officer Contact details: 033301 34574 Graham.hughes@essex.gov.uk

WORK PROGRAMME

Briefings and training

Further briefings and discussion days will continue to be scheduled on an ongoing basis as identified and required.

Formal committee activity

The current work programme, developed as a result of work planning sessions and subsequent discussions between the Chairman and Vice Chairmen, is attached (Appendix A). The most recent work planning discussion was undertaken in private session in December 2018 as part of an annual review exercise.

Joint Committees/Task and Finish Group activity

The Committee participates in two Joint Committees with neighbouring authorities as detailed on the second page of the Appendix to this report.

There is no Task and Finish Group activity at present.

Action required by Members at this meeting:

- (i) **To consider this report and work programme in the Appendix and any further development or amendments;**
- (ii) **To discuss further suggestions for briefings/scrutiny work**

Essex Health Overview, Policy and Scrutiny Committee

Work Programme as at 26 February 2019

Date	Theme	Topic	Focus	Approach (full committee unless indicated otherwise)	Next steps
Ongoing	Quality and Transformation of Services	Sustainability and Transformation Partnerships	Review the restructure and reorganisation of services being proposed	Ongoing work in Joint HOSCs. High level governance role for Essex HOSC	
6 March 2019	Capacity and financial sustainability	Recruitment and retention in the local health economy – <i>follow up</i>	Initial session in January 2019 on the scale of the vacancies and challenges	Further breakdown of vacancies by sector, type of provider, and type of job designation requested.	Health Education England/ECC reps to return to present more detailed figures.
10 April 2019	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.	Consider Pre-consultation Business case (March 2019)	Investigating site visit prior to or on day of meeting.
May/June 2019	Capacity and financial sustainability	Ambulance Service	Corporate/strategic update	Opportunity to meet new Chief Executive and challenge strategic priorities	
May/June 2019	Capacity and financial sustainability	A&E pressures and winter and seasonal pressures/bed management – <i>follow up</i>	Relationship between ambulance performance and hospital capacity pressures.	Operational representatives from Ambulance Trust and hospitals to be present	Follow up to November 2018 session/review of winter performance
TBC	Community healthcare (prevention and early intervention)	Community providers – <i>follow up</i>	In September 2018 looked at the broader role and contribution to wider system.	Follow-up session looking at local performance and local variations	
TBC	Quality and Transformation of Services/Community healthcare (prevention and early intervention)	Primary Care	Urgent care services update. Consider NHS111 arrangements and other out of hours arrangements	Introductory formal session on primary care held with commissioners and provider representative in October 2018	
TBC	Quality and Transformation of Services/Community healthcare (prevention and early intervention)	Primary Care – <i>follow up</i>	Contribution to wider system and the STP plans.	Introductory session with commissioner/provider reps in October 2018. Now review more detailed locality changes arising from finalised CCG plans.	Commissioner/CCG representation.
TBC	Quality and Transformation of Services	Sustainability and Transformation Partnerships – <i>follow-up</i>	Review the structure and reorganisation of services. Follow up previous HOSC strategic sessions with all three footprints	Strategic overview across footprints. Seek evidence of joint working across footprints. Development of Integrated Care Systems.	NHS England to be invited to detail how they maintain oversight and direction of STPs.

Essex Health Overview, Policy and Scrutiny Committee

Work Programme as at 26 February 2019

To be programmed:

TBC	Quality and Transformation of Services/Community healthcare (prevention and early intervention)	Primary Care	Dentistry/Opticians/Pharmacist update from NHS England	Introductory formal session – as agreed during December 2019 work planning discussions	
TBC	Capacity and financial sustainability	Temporary move of mental health wards in South Essex; creation of additional inpatient beds and associated temporary ward moves – <i>follow up</i>	HOSC formally consulted in October 2018. Endorsed the view that urgent patient safety concerns required urgent temporary action to be taken	Work on future permanent service model expected to finish by April 2019. Formal consultation to be scheduled after that.	HOSC to be consulted as part of a full engagement process on the future permanent model for older people's dementia services.
TBC	Capacity and financial sustainability	Temp relocation of CICC to Maple Ward, Rochford Hospital to facilitate St Lukes Primary care development – <i>follow up</i>	HOSC formally consulted in October 2018. Endorsed the temporary measures proposed.	Work on future permanent service model expected to finish by August 2019. Formal consultation to be scheduled after that.	HOSC to be consulted as part of a full engagement process regarding the future permanent model
TBC	Quality and Transformation of Services	Hospital mergers	(i) Legal merger process. (ii) clinical services integration	Work may be undertaken in Joint HOSCs.	(i) Joint HOSC reviews (ii) TBC
TBC	Quality and Transformation of Services/Equity	Mental health – <i>follow up</i>	Partnership working, service changes, access to services	Full Committee reviews: Sept 2017 and April 2018.	Next steps tbc
TBC	Community healthcare (prevention and early intervention)	Hip fractures/Falls Task and Finish Group – <i>follow up</i>	Actions and recommendations arising		
TBC	Quality and Transformation of Services	Patient feedback and concerns	Possibly including analysing some complaints data and speaking with patient forums and service user groups.	Suggested during work planning discussions as part of Annual review exercise in December 2019 - TBC	TBC
TBC	Community healthcare (prevention and early intervention)	Virgin Care 0-19 contract	Raised in December 2019 during discussions on work planning as part of an Annual Review exercise,	Review is being led by the People and Families Policy and Scrutiny Committee (PAF). HOPSC members to be invited to join site visits of Family Hubs and follow-up session with commissioners and Virgin Care	Family Hub visits being planned for March 2019. Formal PAF session being planned for May 2019.

Essex Health Overview, Policy and Scrutiny Committee Work Programme as at 26 February 2019

Joint Health Overview and Scrutiny Committees (JHOSCs) looking at plans from Sustainability and Transformation Partnerships (STPs)

1. JHOSC looking at the Mid and South Essex STP (Joint Committee with Southend-on-Sea Borough Council and Thurrock Council)

This Joint Committee was established to be the scrutiny consultee for a formal public consultation launched by the STP for various proposed service changes. At the time of this report being written the JHOSC had held four meetings in public and a number of private briefings. Link to [Joint HOSC agenda papers](#)

The Joint Committee had been intending to continue beyond the formal consultation process and look at issues around clinical transfers, family and carer transport arrangements when patients are transferred away from their local hospital for specialist treatment, specialist clinical care pathways and the financial sustainability of the plans. However, the STP plans have now been referred to the Secretary of State by Southend-on-Sea Borough Council and Thurrock Council, and as a consequence, the JHOSC's work has been paused.

Essex HOSC nominated JHOSC members: Cllrs Egan (Lead Member), Lumley, Moore, Robinson (substitutes: Cllrs Chandler, Reeves and Reid).

2. JHOSC looking at the Suffolk and North East Essex STP (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. It has held two meetings in public and number of private briefings whilst formal proposals are being developed by the STP and the new combined acute trust (previously Colchester and Ipswich Hospitals). The most recent 'in public' meeting of the JHOSC was on 30 November 2018 when it discussed governance issues and the development of an Integrated Care System. A further meeting is scheduled for the morning of 13 March 2019 at Colchester Town Hall. Link to [Joint HOSC Agenda papers](#)

Essex HOSC nominated JHOSC members: Cllrs Brown (Lead Member), Harris, Sargeant, Wood (substitute: Cllr Erskine).

Task and Finish Group reviews - None at present