

**MINUTES of the meeting of the Health and Well-being Overview and Scrutiny Committee held on 11 January 2011**

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- Present:** Cllr B Rice (Chair); Cllr W Herd, Cllr J Halden, Cllr A Arnold; Cllr A Gaywood (substitute only 11/1)
- Cllr W Curtis was present for the reconvened meeting on 31.1.2011
- Apologies:** Cllr W Curtis (for 11.1.2011); Cllr S St. Clair-Haslam (was present between 7.10 pm and 8.00 pm on 11.1.2011).
- Cllr A Arnold submitted apologies for the reconvened meeting on 31.1.2011
- Cllr S St. Clair-Haslam submitted apologies for the reconvened meeting on 31.1.2011
- In attendance:** Ms L. Payne – Corporate Director, Community Well-being  
Mr R. Harris – Head of Strategic Commissioning and Resources, CWB  
Ms C Armstrong – Strategy Officer CWB  
Ms J. Mayer – Democratic Services Officer  
Mr A Whittle – Chief Executive, Basildon and Thurrock University Hospital (BTUH) 11.1.2011  
Mr M Large – Chairman, BTUH 11.1.2011  
Ms D Sarkar – Director of Nursing, BTUH 11.1.2011  
Mr A Pike – Chief Executive, SW Essex PCT 11.1.2011  
Ms B Stuttle – SW Essex PCT (for 31.1.2011 only)  
Ms Frances Carey – Regional Director, CQC 11.1.2011  
Ms Janet Ortega – Compliance Manager, CQC 11.1.2011  
Ms A Nicholls – Carers’ Strategy Officer, CWB 11.1.2011  
Mr R Rowlands – Service Manager, Performance, Quality and Information, CWB 11.1.2011  
Ms S Miller – Transformation Service Manager 11.1.2011  
Mr F Jones – Tenant Representative 11.1.2011  
Ms D Scrafield – Interim Director of Finance PCT 31.1.2011
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**13. MINUTES**

The Minutes of the Health and Well-being Overview and Scrutiny Committee Meeting of 25 November 2010 were approved as a correct record.

#### **14. DECLARATIONS OF INTEREST**

Cllr A Gaywood declared a personal interest in respect of Item 8 on the Agenda (Carers Strategy) as she has a child with an allocated social worker and in receipt of direct payments. Item 8 sought to agree a formal consultation on the Strategy and therefore the interest was not prejudicial.

Cllr W Curtis declared a personal interest as her daughter works for Adult Social Care.

#### **15. CQC REVIEW OF COMPLIANCE REPORT (DECEMBER 2010) INTO BASILDON AND THURROCK UNIVERSITY HOSPITAL (BTUH)**

At this point in the agenda, the Chair agreed to change the running order so that item 8 (Thurrock Carers' Strategy) could be taken next.

Mr Large (BTUH) introduced the CQC Compliance Review, which had been circulated to all members of the Health and Well-being Overview and Scrutiny Committee in December.

Members were made aware that the Standardised Mortality Rate (HMSR) was currently the lowest in Essex and the Hospital had been hygiene compliant since 2009. Children's Services had a dedicated A&E Unit and the first phase of the £17m A&E refurbishment was complete, with final completion expected in March 2012. When questioned about the suspension of the A&E improvement project, Mr Whittle explained that this had enabled all the projects for emergency care to be amalgamated.

All patients with a learning disability received a specific assessment with a nursing advisor. A new Director of Nursing (Ms Diane Sarkar) had been appointed in November, with a new Director of Operations due to take up post this week. Finally, members noted that the Hospital's Maternity Services had received national recognition.

Mr Whittle explained that the CQC Review of Compliance had assessed, amongst other things, how the Trust managed and learnt from serious incidents (SUIs), as defined by East of England Regional Policy. Members noted how the volume of serious incidents was currently around 30 per year but expected to rise as the definition of a 'serious incident' had altered.

Mr Whittle further explained how the CQC Compliance Review in September had resulted in 2 compliance actions; (1) – A review of the way in which results from histopathology were processed and communicated; and (2) – A review of serious incident reporting and its exposure to external review and challenge; in accordance with East of England Regional Policy.

Ms Sarkar, the newly appointed Director of Nursing, set out how she was seeking to address these weaknesses through an honest and open culture and new processes and procedures. These included; standardisation of forms (which are audited and scrutinised), compliance with timescales, immediate meetings after serious incidents and final reporting to the PCT. Such incidents would only be closed off after a final sign off meeting and all reports would be in the public domain. Teaching sessions were being held regularly with staff, on which they were regularly tested. Finally, the hospital would be purchasing a new on-line system for recording serious incidents (later this month), which would eliminate the risk of any disparity with closed incidents.

In responding to questions, Ms Sarkar explained that she regularly undertook a clinical shift and walkarounds, challenging staff where necessary. These visits were also undertaken by the senior management team and ensured a constant reinforcement of expectations and actions learnt. Regular meetings were held with Matrons and minutes taken. Mr Large advised how a recent incident with a faulty potassium pump at BTUH had been swiftly cascaded to all hospitals in the UK. Despite these improvements, Ms Sarkar acknowledged that the Hospital was on an improvement journey; which included educating staff.

In concluding, Mr Whittle advised that the Hospital had a presence at the Orsett and Essex shows last year. The Board were open to further suggestions and invitations that might raise the Hospital's profile.

The Chair then asked the CQC to give a perspective on the Compliance Report.

Ms Carey advised that an Initial Inspection in April 2009 had imposed 5 conditions, all of which had now been removed. The Trust was commended for this improvement. The further compliance issues raised, following September's review of compliance, had some governance links with earlier areas of concern. Since then, a further review had taken place in December. The Trust now had a window for challenge and response and the final report would be presented to the BTUH Board and be in the public domain at the end of January. Members noted that 22 Trusts had conditions applied, following CQC Inspections.

## **RESOLVED**

- 1. That CQC and BTUH be invited back to the March Meeting of the Health and Wellbeing Overview and Scrutiny Committee to provide an update on the December review.**

2. **That a visit to BTUH, for all members of the Health and Well-being Overview and Scrutiny Committee, be arranged before the March meeting.**
3. **That the Chair write to Andrew Landsley, further to the initial letter sent in October 2010, seeking his views on the Health and Wellbeing Overview and Scrutiny's Review into BTUH.**

## **16. THURROCK CARERS' STRATEGY**

Ms Nichols presented this report along with a Thurrock Carer, Mr Douglas Isles. The report sought agreement from Members of Health and Well-being Overview and Scrutiny to start the formal consultation process.

Mr Isles was very insightful about his experience as carer to his wife. He felt that Thurrock had provided him with a caring and stable environment, which had grown with his wife's changing needs. He was keen for other carers to be fully aware of the range of services available to them. Ms Nicholls advised members of their work with GP surgeries, surveys, databases and the National Carers' week.

*A copy of Ms Nicholls slides is available at Appendix 1 to these minutes.*

### **RESOLVED**

1. **That the Health and Well-being Overview and Scrutiny Committee agree to the formal consultation on the Draft Carers' Strategy.**
2. **That any further comments and suggestions be fed back to Alison Nicholls, Carers' Strategy Officer, CWB.**

## **17. HEALTH TRANSITIONS UPDATE**

This item was deferred to a reconvened meeting of the Health and Well-being Overview and Scrutiny Committee on 31 January 2011

## **18. QUALITY AND OUTCOMES FRAMEWORK AND PUTTING PEOPLE FIRST – MILESTONES UPDATE**

This presentation set the context of the changing relationship between national and local government and local people. Members were invited to comment on the consultation proposals by 1 February 2011. Mr Rowlands advised that he would circulate the draft response to members later in the week and the Department of Health would publish their formal response in March 2011. *A copy of Mr Rowlands slides is available at Appendix 2 to these minutes.*

## **RESOLVED**

**That the Health and Well-being Overview and Scrutiny Committee submit their comments to Mr Rowlands by 1 February 2011.**

### **19. DILNOT REVIEW INTO THE FUNDING OF LONG TERM CARE AND SUPPORT**

The Dilnot Review had been established in July 2010 by the new Coalition Government. Its brief had been; *'to make recommendations on how to achieve an affordable and sustainable funding system or systems for care and support for all adults in England'*. Members noted that the Local Authority were not leading the consultation but there might be a further opportunity to consult. The report was due in July 2011 and a White Paper on Adult Social Care due in the Autumn of 2011.

The item was deferred to a reconvened meeting on 31 January 2011.

### **20. OTHER ITEMS OF BUSINESS**

Councillor Herd asked for it to be minuted that Health and Wellbeing Overview and Scrutiny Committees should take place every month. The workplan would be reviewed at the reconvened meeting on 31 January 2011.

The Committee apologised to Mr Pike, the Chief Executive of SE and SW Essex PCT as his item had to be deferred due to time pressure on the agenda.

**The meeting finished at 9.40 pm and would reconvene at 7pm on 31 January 2011**

## **31 January 2011**

### **21. HEALTH TRANSITIONS UPDATE**

The Community Well-Being Strategy Officer delivered this presentation; further to the Coalition Government's publication of 'Liberating the NHS: Legislative Framework and next steps' and Public Health White Paper 'Healthy Lives, Healthy People'. *A copy of Ms Armstrong's slides is available at Appendix 3 to these Minutes.*

The presentation shared the latest information with regard to Health Service Transformation (including implications from the Public Health White Paper); gave members the opportunity to input and shape the Council's Consultation response and informed them of the steps being taken locally to manage the transition and the implications for the Council. Members noted that they would have a further opportunity to

review and input to the Council's consultation response, prior to it being signed off, at its meeting on 3 March 2011.

During questions, members noted that a Head of Service from Community Well-being (Mr Harris) had been representing Thurrock on one of the Consortia. Ms Stuttle from the PCT confirmed that they had been working with GPs to support the transition. The Commissioning Board would hold the contracts for GPs; currently the responsibility of the PCT. Members finally noted that there would be a role for the local Health and Wellbeing Overview and Scrutiny Committees in scrutinising provision.

### **RESOLVED**

- 1. That the contents of the briefing and presentation be noted.**
- 2. That the input to the Council's consultation response be considered; i.e. for the Public Health White Paper (8 March 2011) and the Outcomes Framework and Funding and Commissioning routes for Public Health (31 March 2011)**

### **22. DILNOT REVIEW INTO THE FUNDING OF LONG TERM CARE AND SUPPORT**

The Head of Strategic Commissioning and Resources delivered this presentation and advised members that, although the closing date for responses was 28 January, they would be accepted until the end of this week. Therefore, feedback from this meeting would be taken into account. Members noted that a draft set of options would be available in the Spring. *(A copy of Mr Harris' slides are available at Appendix 4 to these Minutes).*

In summary, members felt that the current system and financial thresholds were generally unfair. The statistics for carers were understated and due regard should be given to Thurrock's rapidly changing demographics.

### **RESOLVED**

**That the Health and Wellbeing Overview and Scrutiny Committee recommend the following:**

- 1. A hybrid system, to include a mixture of state benefit and private health insurance.**
- 2. The current threshold of £23,250 is outdated and unfair**
- 3. There should be one set of criteria and not three; as set out under the current system.**

**23. UPDATE ON THE VISIT TO BASILDON AND THURROCK UNIVERSITY HOSPITAL (BTUH) – 24 January 2011**

Councillor Herd provided feedback following her recent visit to BTUH; accompanied by Daniel Toohey (Legal Services) and Ceri Armstrong (Community Well-Being). The meeting had been positive and Councillor Herd and the officers spent an adequate amount of time looking at the Governance Report, carried out by Price Waterhouse Cooper last year. A senior representative from PWC attended in addition to Michael Large and Alan Whittle.

The report focused purely on the Hospital's governance arrangements and identified areas for improvement to the existing processes, particularly at Board level. Members noted that the recommendations in the report had not suggested a substantial variation.

From a legal perspective, the Council (and Scrutiny Committee) would not normally be consulted on internal governance matters, and would therefore not have grounds to demand a copy of the report.

Although the report itself is the intellectual property of the Hospital, a number of areas covered by the report, as being key to robust governance, were in the public domain and feature regularly in the Hospital's Board papers; i.e. risk management arrangements and accountabilities.

In order to move forward and to brief the Committee on the purpose of the report, Cllr Herd and officers agreed that the Hospital would produce a short summary that could be circulated. In addition, the Hospital would continue to consult with the Health and Well-being Overview and Scrutiny Committee on any significant structural and financial changes.

Members would be visiting the Hospital again on 17 February, hosted by Ms Diane Sarkar, the new Director of Nursing. Members paid tribute to the systems and procedures in place since Ms Sarkar's arrival and noted the general improvements following the CQC visit. Members felt that regular visits to the Hospital should be included in the Committee's work programme and that the Director of Operations and Medical Director be invited to future meetings.

**24. HEALTH AND WELLBEING WORK PROGRAMME**

The Agenda items for the March meeting were noted and agreed. However, members were mindful that the Basildon Hospital item (i.e. the responses to the CQC Review and Overview and Scrutiny's Review) were likely to take up a lot of agenda time. Members therefore agreed to schedule a further meeting, towards the end of March, in order to manage business more effectively.

The meeting finished at 8.55 pm

Approved as a true and correct record

**CHAIRMAN**

**DATE**

**Any queries regarding these Minutes, please contact  
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