

**MINUTES of the meeting of the Health and Well-being Overview and Scrutiny Committee held on 3 March 2011**

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- Present:** Cllr S St. Clair-Haslam (Chair); Cllr B Rice (Deputy Chair); Cllr W Curtis, Cllr J Halden, Cllr B Johnson; Cllr R Gledhill) (*substituting for Cllr Prevost*)
- Apologies:** Councillor S Clair-Haslam for lateness – *Cllr Rice took the Chair until 8.30 pm;*  
Cllr A Prevost
- 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 Hospitals Foundation Trust (BTUH)  
Mr M Large – Chairman, BTUH  
Ms H Coffey – Director of Operations, BTUH  
Mr A Pike – Chief Executive, South West and South East Essex PCTs (PCT)  
Ms J Ortega – Compliance Manager, Care Quality Commission (CQC)  
Ms S Fraser Betts - Compliance Inspector, CQC  
Ms K O’Connell – Thurrock LINKs  
S Dawe – Chief Nurse and Executive Director (for) Mental Health, Barking and Dagenham Community Services, North East London Foundation Trust (NELFT)  
Ms A Cowie – Director of Public Health, SW Essex  
Mr F Jones – Tenant (Representative)

Comment [c]: Do we need to say that he was deputising?

Comment [c]: I think there were two others from NELFT too?

Comment [c]: Should Frank be shown separately as a co-opted member rather than just an attendee?

**25. MINUTES**

The Minutes of the Health and Well-being Overview and Scrutiny Committee Meeting of 11 January (reconvened on 31 January) were approved as a correct record.

An additional comment was added to record the Committee’s formal apology to Mr Pike, whose item was deferred as a result of time pressures on the agenda for 11.1.2011.

## **26. DECLARATIONS OF INTEREST**

Cllr B Johnson declared a personal interest as he has family members under the care of BTUH.

Cllr J Halden declared a personal interest as a family member works at Orsett Hospital.

## **27. BASILDON AND THURROCK UNIVERSITY HOSPITAL – verbal update on the CQC review into BTUH**

Mr Whittle introduced this item and advised members that the full CQC report was available on their website. Members also noted the imminent publication of the recent CQC Inspection of Orsett Hospital.

Mr Whittle further advised that 12 out of 16 standards at BTUH were now compliant. CQC's review published in December had identified minor and moderate concern with 12 out of the 16: 7 of the standards required some improvement activity but were compliant, and 5 of the standards required action in order to become compliant. Members noted that Mr Whittle had arranged a meeting with CQC, in order to discuss the judgement framework in detail and the Hospital's obligations. Action plans were in place for all areas of minor and major concern and the balance of activities largely completed.

Both risk management and prompt delivery of infection control had been corrected, registration conditions lifted and both cleanliness and mortality were now compliant. In respect of clinical staff's documentation of patient records; Mr Whittle explained that the hospital would continue to learn from best practice but members noted that this was a common failing for many hospitals.

Ms Ortega from the CQC confirmed Mr Whittle's comments and acknowledged the evident improvements.

The Deputy Chair; Cllr B Rice, briefly summarised findings from the members' visit to the hospital on 17 February. The Deputy Chair advised that, following consultation with Ms D Sarkar (the Director of Nursing), a formal report and feedback would be presented to the Committee on 23 March 2011. In summary, members had been very impressed with Ms Sarkar's honest and open approach; she was clearly proud of her change management programme but had realistic expectations.

Members visited wards at random and found them to be clean and well staffed. Staff were confident that they could effectively deal with any emergency situation.

There was some concern at the food provided to elderly people; i.e. a perceived lack of choice of soft food (members had seen patients being given apples rather than bananas) and the provision of low fat dishes, when most elderly patients generally need sustenance.

Mr Whittle acknowledged some teething problems when the contract had switched over to 'steam cuisine' but these had been minor in comparison to the advantages of extensive choice, flexibility of meal times (particularly on surgical wards) and that fact that there had been no job losses.

Extensive consultation had taken place, led by the catering management team, which had included visits to other hospitals. Steam cuisine had been piloted in the Horndon Ward (for relatively fit elderly patients awaiting discharge). Having received 90% satisfaction rates, the pilot had been rolled out and continues to receive good feedback. The Hospital Board had received a paper on the consultation and outcomes and Mr Whittle agreed to circulate this to the Committee.

Mr Whittle was also questioned about the Hospital's Code of Competence and advised members that all staff receive regular performance appraisals.

In response to a query raised by the LINKs representative – that there was nothing to say that current arrangements for A&E were temporary, and not the 'new' A&E, Mr Whittle advised the A&E unit was currently half the size it would be. New signage would be erected on 4 March, with floor plans depicting how the finished unit would look and to ensure that people visiting A&E were aware that arrangements were in fact only temporary.

Mr Pike spoke in support of the spirit of partnership between Thurrock and the BTUH and advised that the PCT would continue their programme of monthly quality monitoring.

The Committee agreed to add the following items to their workplan: (1) a report exploring the nutritional value of hospital menus and (2) monitoring complaints.

## **28. NORTH EAST LONDON FOUNDATION TRUST (NELFT) – a presentation from the new provider arm of NELFT**

Ms Dawe delivered a presentation about the transfer of South West Essex PCT's health improvement provider services to NELFT. A copy of the slides can be viewed at Appendix A to these minutes.

Thurrock's Interim Director of Public Health had seen the service specifications and was keen to ensure that they were outcome-focused

and based on Thurrock needs. They were now under review, in consultation with the Public Health Team at the PCT. Ms Dawe confirmed that NELFT were happy to continue to work in partnership with Thurrock.

## **29. PRIMARY CARE TRUST**

### **29.1 A verbal update on the PCT's Financial Situation**

Members noted that the turnaround reports from the Public Board Meetings were available on the PCT's web site and Mr Pike provided his regular verbal update.

Members noted good progress on the overspend position; i.e. £3.4m as opposed to £40 at the start of the financial year. Mr Pike advised that some further £13 of savings would need to be made this year; bank reserves of £7m had been drawn down and a further £9m contingency would be used. The PCT Board would receive the 2011/12 savings proposals for sign off at their meeting on 31 March 2011. Mr Pike was confident of a good financial balance by the end of the next financial year, with no debt left over to the new GP Consortium. Members also noted that the Government required PCTs to set aside 2% against the risks associated with re-organising the Health Service.

In order to further stabilise the financial position, waiting lists were currently at 14 weeks, up from 3-4 weeks at the same time last year. However, members noted that urgent treatments would still be available on short timescales. There had been 200 job losses at the PCT but 80% were from back office staff and 20% from support staff. There had been no loss of doctors or nursing staff.

A new protocol on referrals had been introduced, as SW Essex's referral rate had been relatively high. Assessments were undertaken by 2GP's, representing all areas and independent of the patient's own GP. Guidance was assessed constantly and if a patient disagreed with an outcome, they could appeal. As a result of improved GP/District nurse relationships, emergency admissions were down and this year there had been a 7% reduction in referrals. Mr Pike was confident that this reduction could rise to 10-15% in a year's time.

### **29.2 A verbal update on the proposed changes to community beds**

Mr Pike advised members that the PCT Board had agreed to go out to consultation on reducing the number of intermediate care beds at Brentwood and Mayflower Community Hospitals. Mr Pike was pleased to advise that there would be no reduction in community beds in Thurrock.

There was a consensus from members that Thurrock should be included in a 'light touch' consultation, as this would help provide an evidence base should the situation change in the future.

## **30. HEALTH TRANSFORMATIONS UPDATE**

### **30.1 The Council's draft response to the Public Health White Paper Consultation; and draft report to Cabinet on 16 March 2011 – including an update on the arrangements for a Shadow Health and Well-Being Board**

This report set the context of the report to Cabinet on 16 March and the Terms of Reference for the new Shadow Health and Well-being Board; due to meet for the first time on 12 April 2011. Members noted that the Health and Social Care Bill had recently had a third reading and that there was now more clarity around membership of the Health and Well-Being Board.

The Shadow Board would be set up to help the Council transit towards arrangements required by statute – i.e. by 2013. Members noted that the set up was unique in terms of committee structures and that as arrangements were in shadow form and likely to alter, the proposals in the report to Cabinet would be flexible. The Corporate Director, Community Well-being had been working with Southend and Essex Councils, to work to a level of consistency and where possible to not have unnecessary duplication. The draft Cabinet report had been circulated to the Opposition Leader and Deputy Leader/ Shadow Portfolio Holder.

An issue raised by some members was that they believed members of Scrutiny should also sit on the Health and Wellbeing Board. However, the Corporate Director, Community Well-being advised that the primary focus of the Health and Well-Being Board will be the improvement and co-ordination of commissioning related to the NHS, social care and related children's and public health services. As such, the Health Overview and Scrutiny Committee will have a key role in holding the Health and Well-Being Board to account. A Health Overview and Scrutiny Committee, separate to the Health and Well-Being Board, is key to it retaining its independence and being able to effectively scrutinise the Board. For this reason, members of Health Overview and Scrutiny should not also sit on the Health and Well-Being Board.

A number of members of the Health and Well-Being Overview and Scrutiny Committee also expressed a view that elected members representation on the Shadow Health and Well-Being Board might need to be widened beyond 3 members. The Corporate Director recognised that this was a new agenda for members but that it was also important that the Shadow Board did not become unwieldy. Regarding membership of the Board, as initial arrangements are in

'shadow' form and developing, consideration could be given to the optimum membership of the Board during the shadow year.

The Health and Well-Being Overview and Scrutiny Committee also asked for all elected members to receive a written briefing on the key points of the new health service reform; how it would affect the Council and what the Council was doing to prepare for the proposed changes. The Corporate Director advised that this would be done by the end of March. Members also asked that a verbal briefing be provided in early summer.

Members agreed to suspend standing orders at 9.30 pm

The Director of Public Health then introduced the Council's response to the Public Health White Paper Consultation Document, which was on the second despatch of the agenda. Cllr Gledhill asked if both himself and the new members of the committee could be given until Monday, 7 March to comment on the document. This was supported.

## **RESOLVED**

- 1. That the Council's draft response to the Public White Paper and related consultation documents be noted, with feedback to the Director of Public Health by Monday 7 March 2011.**
- 2. That the context of the report to Cabinet on 16 March be noted; detailing the proposed changes and new responsibilities for local government (brought about by health service reform) and the transitional steps being taken by the Council to manage and prepare for those changes.**

## **31. WORKPLAN**

Cllr Gledhill asked that both internal and external attendees –provide reports ahead of their presentations at the Committee.

Members reviewed the workplan and agreed to the following amendments:

The Housing Strategy and Lettings Policy Reports would be taken early in the 2011/12 Municipal Year

A formal feedback on the visit on 17 February 2011

Feedback on the Consultation on hospital meals

Nutritional value of hospital meals.

Visit to Orsett Hospital, after publication of the outcome of the CQC Inspection.

The meeting finished at 9.50 pm

Approved as a true and correct record

**CHAIRMAN**

**DATE**

**Any queries regarding these Minutes, please contact  
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or alternatively e-mail [jmayer@thurrock.gov.uk](mailto:jmayer@thurrock.gov.uk)**