

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 15 September 2016 at 7.00 pm

- Present:** Councillors Victoria Holloway (Chair), Graham Snell (Vice-Chair), Gary Collins, Tony Fish, Angela Sheridan and Aaron Watkins
- Kim James, Healthwatch Thurrock Representative
- Apologies:** Ian Evans, Thurrock Coalition representative
- In attendance:** Councillor Halden, Portfolio Holder for Health and Education
Ruth Ashmore, Assistant Director of Specialised Commissioning, NHS England
Jessamy Kinghorn, NHS England Specialised Services (Midlands and East of England)
Catherine O’Connell, Regional Director for Specialised Commissioning in the Midlands and East
Andy Brogan, Executive Director of Mental Health - SEPT
Nigel Leonard, Executive Director of Corporate Governance - SEPT
Roger Harris, Corporate Director of Adults, Housing and Health
Ian Wake, Director of Public Health
Mandy Ansell, (Acting) Interim Accountable Officer, Thurrock NHS Clinical Commissioning Group
Jane Itangata, Head of Mental Health Commissioning, Thurrock NHS Clinical Commissioning Group
Anas Matin, Statutory Complaints & Engagement Manager
Catherine Wilson, Strategic Lead Commissioning and Procurement
Jenny Shade, Senior Democratic Services Officer
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Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council’s website.

11. Minutes

The Minutes of the Health and Wellbeing Overview and Scrutiny Committee, held on the 9 June 2016, were approved as a correct record following the two changes requested by Councillor Collins.

In Item 5, paragraph 4, the word sufficient be changed to the word significant.

In Item 5, paragraph 6, a sentence to be added regarding the poor patient outcomes of the gender reassignment services.

12. Urgent Items

There were no items of urgent business.

13. Declarations of Interests

No interests were declared.

14. Items Raised by HealthWatch

No items were raised by the HealthWatch representative.

15. Positron Emission Tomography-Computed Tomography (PET CT) in South Essex

The Positron Emission Tomography – Computer Tomography (PET-CT) item had previously been presented to this committee as an item of urgent business on 13 October 2015 and referenced in the Specialised Commissioning East of England Overview Report presented to Members on the 9 June 2016.

Ruth Ashmore presented the report to Members with a background overview of the reports already presented, the reactions received and a summary of issue which included:

- PET(CT) was a diagnosed scan used mainly to support the diagnosis and staging of cancer.
- Approximately 0.17 per cent of the population in South Essex use this service.
- Provided by an independent provider 2 to 3 days per week and had asked NHS England for permission to move the service to Southend from Basildon.
- An increase in demand to meet service and move it to a purpose built fixed facility.
- There would be no financial difference to NHS England of either Basildon or Southend option.

Jessamy Kinghorn updated members on the patient, public and clinical engagement work that had been carried out and provided the results of the bus travelling times analysis which had been undertaken.

Ruth Ashmore provided members with information on the mitigating actions that would have an impact if the service were to be moved.

NHS concluded that following a lengthy process of additional analysis and engagement, Southend remained the preferred option for the long term PET(CT) service for South Essex.

Councillor Snell thanked NHS England for a more comprehensive report but asked who had commissioned this service. Ruth Ashmore stated that the

service had never been commissioned by NHS England and had an agreement with Southend that the scanner may be required in the near future and that costs were being incurred whilst the decision was being made.

Councillor Fish stated that the focus should be on the proposal and not the service.

Councillor Collins asked for clarity on the different provider times as quoted in the summary of issue as 2 to 3 days whilst Claire Panniker quoted 7 days a week in the Analysis of PET CT Engagement Activity report. Ruth Ashmore stated that there would be an increase over the next 6 months in the downtime of patients as the mobile site was less reliable, more preparation time was required and clinicians were constantly trying to catch up with cancelled appointments. Catherine O'Donnell stated that the concrete pad that the scanner sat on was available 7 days a week

Councillor Watkins asked NHS England if the consultation was fair as the report appeared very Southend heavy and suggested that further consultation should have been undertaken within Thurrock and also in Basildon and Brentwood.

Jessamy Kinghorn stated that additional events had been undertaken with patient focus groups rather than individuals but recognised that more work could be done to re-engage with those harder to reach patients.

Councillor Watkins asked that these consultations take place now. Catherine O'Donnell stated that far more consultations had taken place than would normally have been done and that the decision was not clear cut but based on own intelligence and views for the future.

Councillor Snell commented that Basildon clinicians would not agree that the service should be relocated and that statistics showed that far more patients came from South Essex which would entail further travel times if the service were to be relocated.

Councillor Snell asked NHS England if it is possible to have a PET(CT) scan in the morning and then receive treatment on the same day. Ruth Ashmore commented that this could be a real possibility for the future.

Councillor Ojetola, a member of the Basildon & Thurrock University Hospitals NHS Foundation Trust governors was invited by the Chair to speak. Councillor Ojetola stated his surprise that this report had come back to the Health and Wellbeing Overview and Scrutiny Committee again after the same report had been rejected. Councillor Ojetola stated that when the decision was made a balanced view from all would be required.

Catherine O'Donnell stated that NHS England were confident that the right decision had been made and assured Members that they had listen to everyone, justified all the challenges and that the decision remained the same.

Ian Wake commented that cancer pathways were already fragmented and relocating the service to Southend would fragment this even more and that this would be bad news for Thurrock patients.

Kim James agreed with the comments made by Officer and Members and stated that better consideration should have been given to the location of the consultations and that communication with HealthWatch could have assisted the process.

The Chair thanked members from NHS England for attending but stated that the committee would not be agreeing to the recommendation of moving the PET(CT) Scanner from Basildon Hospital to Southend and proposed the following recommendation:

That the Health and Wellbeing Overview and Scrutiny Committee did not support the decision made by NHS England to move the PET(CT) scanner away from Basildon Hospital and would be referring the matter to full council with a view to referring the decision to the Secretary of State.

All members agreed.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee did not support the decision made by NHS England to move the PET(CT) scanner away from Basildon Hospital and would be referring the matter to full council with a view to referring the decision to the Secretary of State.

Jessamy Kinghorn, Ruth Ashmore and Catherine O'Connell left the committee room at 8.00pm.

16. Proposed Merger between NEP and SEPT

Nigel Leonard presented the briefing paper that provided Members with an update on the progress of the proposed future merger between the South Essex Partnership NHSFT (SEPT) and North Essex Partnership University NHSFT (NEP).

It was confirmed that the proposed merger timetable for the Full Business Case was to be presented to the Trust Boards for approval in November 2016 and then to be reviewed by NHS Improvement by February 2017 which would enable the proposed new Trust to be authorised and operational from 1 April 2017.

Nigel Leonard detailed the three largest risks identified from this process, these were:

1. Ensure that the proposed merger progresses to support the safe delivery of services.
2. The risk of a deteriorating financial position in either or both Trusts.
3. The third risk would be with the difference in the Information Management and Technology support.

Councillor Collins asked if there would be any overlap in the delivery of the services. Andy Brogan stated that both mental health services were broadly similar.

Roger Harris asked for reassurances that the new expanded Trust would retain a local identity especially in its relationship with the local Council and expressed his nervousness on how the social care voice would be represented in a larger trust.

The Chair thanked Nigel Leonard and Andy Brogan for attending the committee and asked that they keep the committee updated and if required present a further report.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee noted the proposals of the merger between the NEP and SEPT Trusts.

Nigel Leonard and Andy Brogan left the committee room at 8.10pm.

17. Learning Disabilities Health Checks

This item had previously been presented to this committee on 1 December 2015 and 16 February 2016 by NHS Public Health England and had provided members with background information on the Learning Disability Health Checks Enhanced Service (DES) agreement, performance and actions within Thurrock.

Jane Itangata, Head of Mental Health Commissioning, Thurrock NHS Clinical Commissioning Group presented the report and stated that NHS England were responsible for commissioning the directed enhanced services that are linked to national priorities and agreements. The opportunity to provide Learning Disability Health Checks under the directed enhanced service was offered to all general practitioners contract holders across the Midlands and the East.

Following a recent consultation with stakeholders in Thurrock it had been identified that there were significant concerns about the completeness and quality of health checks to improve the quality and coverage of health checks in Thurrock.

On this basis, Members were informed that from 1 April 2016, the Clinical Commissioning Group had entered into co-commissioning arrangements with NHS Public Health England to deliver the Learning Disability Health Checks.

This meant that an alternative service would be in place to undertake health checks for people who cannot access these from their general practitioner surgeries.

Jane Itangata stated that work with Thurrock Lifestyle Solutions was being undertaken to identify the quality of the checks and to date the number of learning disability health checks collated so far was 58.

The Chair stated her disappointment that no updated figures were available for Members and that evidence gathering was not getting any better.

Mandy Ansell stated that not having access to the data collections her team had to manually collate the information and that in the first year there had been an increase in the volume of health checks undertaken. Patients should now be given the choice of offering to either attend their general practitioners or an alternative location, for example hubs, which were available week days and weekends and HealthWatch would be spreading the word.

The Chair stated that if NHS England would not allow the data to be seen, could this be obtained via requests under the Freedom of Information Act to extract the information required.

Councillor Snell asked if there had been any improved willingness to undertake the learning disability checks. Mandy Ansell stated that a couple of practices had positively shown to undertaking more checks and that the Aveyley practice was a good example of that.

Councillor Watkins asked for evidence that the KPIs were being carried out to standard. Jane Itangata stated that they worked on a defined service specification to which the primary care development team used as a guide. Health Action Plans had now been implemented which would identify what checks had been done.

Kim James stated her concern that the needs of all should be met including those that live in communities that did not receive the service and for those that required further referrals or blood test results to ensure that they were all picked up.

Mandy Ansell stated that this was a valid point and would take this action back to her team.

Ian Wake stated that Jane Itangata had done an excellent job but was still angry on the poor performance over the last 6 months and that the team were still having to manually collate the data which should be available automatically was unacceptable.

The Chair asked Jane Itangata and Mandy Ansell if sending a letter to NHS England from the Chair and Members of the Committee would help to support the work undertaken and the frustrations of not being able to retrieve the required data. Both agreed that a letter would be most welcome.

RESOLVED

- 1. The Health and Wellbeing Overview and Scrutiny Committee noted the progress made on the work plan to improve the quality and uptake of health checks by people with Learning Disabilities in Thurrock.**
- 2. That the Chair of the Health and Wellbeing Overview and Scrutiny Committee would write to NHS England to express disappointment on the availability of the Learning Disability Check data.**

18. 2015/16 Annual Complaints and Representations Report

The Officer presented the annual report for Thurrock Council on the operation of the Adult Social Care Complaints Procedure covering the period 1 April 2015 to 31 March 2016. The Officer stated that it was a statutory requirement to produce an annual complaints report on adult social care complaints.

The report set out the 324 representations received in the year which included the number of complaints, the key issues arisen from complaints and the learning and improvement activity for the department in 2015-16.

The Officer stated that work had started on looking at case studies as a means of learning and to improve the service.

RESOLVED

The Health and Wellbeing Overview & Scrutiny Committee considered and noted the report.

19. Improving Standards in Primary Care

The Officer presented the report that described some of the challenges relating to the provision of general practitioner services in Thurrock and proposed two initiatives. The Officer stated these were the Strengthening of the Role of Patient Participation Groups and for a Long Term Condition General Practitioner Balanced Scorecard. The aim of the two initiatives was to improve the standards of clinical care provided by general practitioners locally.

The Officer stated that Thurrock had currently undeveloped Patient Participation Groups with even some general practitioners having yet to set up an effective patient participation group and others having got a poor level of engagement from their practice populations.

Public Health proposed to work with NHS Thurrock Clinical Commissioning Groups (CCG) and Thurrock HealthWatch to deliver a new programme Patient Participation at General Practitioner practice level.

The Officer stated that it was the intention that the Thurrock Healthcare Public Health Team would work with NHS Thurrock Clinical Commissioning Group's Primary Care Development Team and the Clinical Commissioning Clinical Executive Group to create and agree a Long Term Conditions Management Balanced Score Card and individual tailored general practitioner practice reports. This would embed an effective tertiary prevention within Primary Care to ensure the maintenance of public health and reducing the growth in demand through emergency hospital admissions and adult social care packages. This would also ensure that local Health and Social Care remains financially and operationally sustainable.

Both of the initiatives would impact positively on local patients by ensuring that their voice was strengthened at general practitioner level and that their care would improve.

Councillor Halden stated that his Portfolio Holder report for full council had stated that general practitioners should be held to account and to raise expectation on what patients should expect from their general practitioners. He thanked Ian Wake for the complex work undertaken in the report.

Councillor Watkins thanked Ian Wake for the fantastic report that showed residents what services were provided and asked if the data would be regularly updated. Ian Wake stated that data would be extracted quarterly but asked Members to note that some general practitioners undertook clinical care, for example the flu jabs once a year which would influence the data results.

Councillor Watkins stated that the Head of the CCG, Dr Deshpande practice ratings were inadequate and asked Officers what action would be taken.

Mandy Ansell stated that there was no link between the primary care ratings and that of the role of the Chair of the CCG Board and could not comment further.

Ian Wake stated that the Public Health Grant had been used to boost the primary care development team to provide additional resource to embed best practice and his team were working closely with general practitioners.

Councillor Fish updated Members on those general practitioners who had retired and could now be removed from the appendix.

Mandy Ansell stated the proportion of Thurrock surgeries investigated by CQC was high and that Thurrock had been specifically focused upon.

Kim James stated that HealthWatch worked very closely with the CQC by reporting all incidents which were added to the database and had played a big part in the higher number of CQC visits. The Chair stated that residents should be encouraged to register all primary care incidents to HealthWatch.

Councillor Snell thanked Ian Wake for the good report and stated that a tool had never been available before to enable comparisons to be made. Councillor Snell stated his concern that the CQC ratings of general practitioners in Thurrock should not be used as a league table system.

Councillor Halden concluded by stating that it was not the aim of naming and shaming those general practitioners but to ensure that standards of all practices in Thurrock were improved.

RESOLVED

The Health and Wellbeing Overview and Scrutiny Committee commented on the proposed two initiatives.

20. Carers Support, Information and Advice Service

The Officer presented the report that detailed the preferred option for the procurement of a Carers Support, Information and Advice Service for carers aged 18 and over. The proposed changes to the current service would ensure that the Council would be fully compliant with the responsibilities under the Care Act 2014 and in line with best practice. The report had been brought to the Health and Wellbeing Overview and Scrutiny Committee for approval for developments to the service in line with legislation and local development.

The Officer stated that the current provision was due to expire in January 2017 and as part of the review to increase the capacity for the same contract price was the preferred option of the Departmental Management Team.

Councillor Fish stated that those that are registered as carers should have the opportunity to work with the Council to ensure that a wider range of views are obtained.

Councillor Collins asked how the unknown carers would be located and contacted. The Officer stated that this would be done by advertising the services, working with the voluntary services and the engagement of general practitioner would play a crucial part.

The Chair stated that these services were undervalued and that it was important that they were supported.

RESOLVED

The Health and Wellbeing Overview and Scrutiny Committee approved the future design of the Support, Information and Advice Service for Carers.

21. Procurement of Healthy Lifestyles Service

The Officer presented the report that outlined the proposals for the procurement of a new Healthy Lifestyles Service Contract to commence on the 1 April 2017.

The Officer stated that the current services delivered a range of providers delivering different elements of the service, with limited across referral ability and it was proposed that the service was tendered as a Lead Provider Model with a single point of access and referral. The Model would provide:

- A database of service users
- Assess needs
- Allocate individuals to specific programmes of service
- Some services may be provided by sub-contacted partners within the community
- More flexibility
- Meet target needs
- £200k per annum savings could be delivered from procurement of this re-modelled service

The Office confirmed that this report would be presented to Cabinet to request permission to proceed to tender in October 2016.

Councillor Collins stated that as a tax payer of the borough he supported the report and the savings to be made to the health provision.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee commented on the proposed process to commence procurement of the Healthy Lifestyles Service Contract prior to its submission to Cabinet.

22. Re-Procurement of the Integrated Adults Substance Misuse Treatment Service

The Officer presented the report which outlined the proposals for the re-procurement of the Integrated Adults Substance Misuse Treatment Service Contract which provided a recovery-focussed adult drug and alcohol treatment system within Thurrock. The existing contract with Kent Council for Addiction (KCA) would expire on the 31 March 2017 with a new contract to be put in place for 1 April 2017.

The Officer stated that issues had arisen with the quality and safety of the service provided by KCA and that they had not been successful in the winning of the new contract. Officers had decided not to exercise the optional two year extension and instead would take the contract to the market. It would be envisaged that a competitive procurement exercise would secure an overall savings of £90-£100K.

Kim James welcomed the report and stated that the inadequate service currently provided had been a major concern with an increased amount of residents who now used the service and the lack of support currently available.

The Chair stated that residents were entitled to the most up to date services available.

Councillor Collins requested some clarity on the safety of the services that were currently being addressed. Ian Wake stated that there had been client deaths over the last six months but stated there had been no evidence that this service provided by KCA had contributed to these deaths. Vulnerable clients were at a greater risk of health problems and stated that the Care Quality Commission had inspected the service provided by KCA and a report was still awaited but reassured members that this matter had been taken seriously.

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RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee commented on the re-procurement of the Integrated Adults Substance Misuse Treatment Service.

23. Work Programme

There were no changes to the Health and Wellbeing Overview and Scrutiny Committee work programme.

The meeting finished at 9.23 pm

Approved as a true and correct record

CHAIR

DATE

Any queries regarding these Minutes, please contact Democratic Services at Direct.Democracy@thurrock.gov.uk