

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 13 June 2019 at 7.00 pm

Present: Councillors Victoria Holloway (Chair), Shane Ralph (Vice-Chair), Sara Muldowney, Joycelyn Redsell and Elizabeth Rigby

Apologies: Councillor Tom Kelly

In attendance: Roger Harris, Corporate Director of Adults, Housing and Health/Interim Director of Children's Services
Ian Wake, Director of Public Health
Mandy Ansell, Accountable Officer, Clinical Commissioning Group
Rahul Chaudhari, Director of Primary Care, Clinical Commissioning Group
Jenny Shade, Senior Democratic Services Officer

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.

1. Minutes

The minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 7 March 2019 were approved as a correct record.

2. Urgent Items

No urgent items were raised.

3. Declarations of Interests

No interests were declared.

4. HealthWatch

Kim James stated concerns with the proposed reduction in the control total for the Mid and South Essex Sustainability and Transformation Partnership to assist the Peterborough and Cambridgeshire Sustainability and Transformation Partnership. Kim James would comment more on this matter in Minute Item 5.

5. Mid & South Essex Sustainability and Transformation Partnership (Verbal Update)

Roger Harris, Corporate Director of Adults, Housing and Health, briefed Members on the current position of the referral made to the Secretary of State

on the 15 January 2019. This referral was made alongside a referral made by Southend on Sea Council on Stroke Services and the Consultation Process. That a letter had now been received from the Department of Health and Social Care to inform Members that an initial review would be undertaken by the Independent Reconfiguration Panel. Roger Harris stated his disappointment as it had taken six months to get to this stage and reassured Members that planning of the Integrated Medical Centres would continue but there would be delays as no formal agreements, tenders or planning permissions could be adhered to.

Mandy Ansell, Accountable Officer, Clinical Commissioning Group, explained to Members that the Sustainability and Transformation Partnership was not an organisation in its own right but a collection of partners with the long term plan setting out that Sustainability and Transformation Partnership were expected to move into Integrated Care Systems by 2021. That experience had shown that one Integrated Care System would be equivalent to one Clinical Commissioning Group. With the Mid and South Essex Sustainability and Transformation Partnership having an objective to move to one Accountable Officer and one Management Team across the five Clinical Commissioning Groups.

A new chair for the Mid and South Essex Sustainability and Transformation Partnership was currently being recruited following the existing chair, Anita Donley, stepping down in September 2019. Candidates would be met in July when the interview process would begin with the new chair starting in September 2019.

Mandy Ansell explained how Thurrock's Clinical Commissioning Group managed their control totals and budgets and was pleased to announce that they were successfully breaking even. Although a financial challenge had arisen with the proposed reduction in the control total for the Mid and South Essex Sustainability and Transformation Partnership to assist the Peterborough and Cambridgeshire Sustainability and Transformation Partnership. This would result in a reduction of £480K to the Thurrock's Clinical Commissioning Group's budget for 2019/20 and explained how this would impact on and delay projects that had already been agreed for the local authority.

It had already been agreed that a joint letter would be sent to the Regional Director of NHS England from Roger Harris and Kim James expressing concerns.

Kim James stated her frustrations that those in need of those services in particular mental health services would not now be met and that this was an absolute disgrace. A lot of hard work had been undertaken to secure these services and this decision would now have severe impact to the residents of Thurrock.

Members agreed that the £480K was for the residents of Thurrock and not for the residents of Peterborough and Cambridgeshire.

The Chair proposed and Members agreed that:

- Invite NHS England to a Health and Wellbeing Overview and Scrutiny Committee to speak about the decision made and how they expect Thurrock to deliver their services.
- A joint letter to be sent out from Roger Harris and Kim James.
- A letter would be sent out from the Chair of the Health and Wellbeing Overview and Scrutiny Committee.
- Proposed that a letter also be sent out by Councillor Halden the Portfolio Holder for Education and Health.

6. Targeted Lung Health Checks Programme - Thurrock Clinical Commissioning Group

The Chair noted her disappointment in the lack of detail in the following two items and apologised to new Members on the unusual standard of reports being presented this evening. With the Target Lung Health Check Programme and the Primary Care Networks being two of the most important areas to Thurrock the reports should have been more specific based and relevant to Thurrock. The Chair requested that both reports be brought back to the 5 September 2019 committee. Mandy Ansell, Accountable Officer for Clinical Commissioning Group, apologised to Members and agreed to present the reports at the 5 September 2019 committee.

Mandy Ansell presented the report by stating that NHS England had confirmed it was to invest in 14 targeted lung health checks across England with Thurrock being twinned with the Luton Clinical Commissioning Group. The checks were being undertaken due to high lung cancer mortality, the high incident of smoking and high incidence of lung cancer rates. Those people in selected areas who were aged between 55 and 74 and 364 days who had a smoking history would be invited to attend a lung health check by their general practitioner. Where results would be calculated and those patients identified at being high risk would be invited to have a low dose Computerised Tomography Scan. Comparisons display that Thurrock had poor outcomes due to a high level of smokers, obesity and air population. Mandy Ansell identified that engagement had already taken place with stakeholder events and workshops in Thurrock alongside the enthusiastic engagement with Healthwatch and Luton. That the early testing of those risk groups started in Manchester followed very quickly by the Yorkshire lung trial. The programme staff had been identified with Patient Lead for Thurrock being Barbara Rice from Healthwatch and the strong medical leadership, patient safety and deliverables being governed alongside the Risk Register.

Mandy Ansell concluded some of the next steps being the procurement of lorries, where a one stop check would be carried out including the low dose Computerised Tomography Scans and deciding on the best locations. It was agreed by Members that this report be brought back for regular updates on the progression.

The Chair thanked Mandy Ansell for the update.

Councillor Muldowney questioned why over 75's were not being screened. Mandy Ansell stated the age bracket had been based on the research on trials undertaken in Manchester and Leeds. Although the study should raise the profile of lung cancer, increase awareness and encourage patients to present earlier to general practitioners. Ian Wake, Director of Public Health, stated that consideration had to be taken into account on the benefit verses harm. That in these types of trials it had been calculated that over 75s could potentially die before lung cancer developed.

Councillor Redsell questioned why screening was not being undertaken for under 55s and to ensure the right location be made for the positioning of the treatment lorries. Mandy Ansell stated that the lorries would be placed on public sites, probably starting in Tilbury but would be placed where the need was. Ian Wake stated the increase of cancer increased as you aged and it was very rare for someone under 40 to get lung cancer with the risk of screening those in their 20s could provide false positives in this age bracket and consideration should be given on risk verses reward.

Ian Evans, Thurrock Coalition, questioned what the timescales were on the Rapid Access Clinic from referral to getting an appointment and asked what treatments would look like. Mandy Ansell stated these were part of the pathway to be developed although the structure and engagement had started but patients would not be seen until the end of the year.

Ian Wake stated that this was incredibly good news for Thurrock with lung cancer being one of the most common cancers in Thurrock. That the recording of patient smoking status was relevantly poor with only 33% patient status being recorded at SystmOne and questioned how the system would be used to improve the recording of patient smoker status. Rahul Chaudhari recognised that digitalisation had to be improved in the NHS service. Mandy Ansell stated that other forms of communication would need to be used for those hard to reach groups to encourage residents to come forward to get registered. Ian wake stated that 95% of resident access a general practitioner once a year so smoking status could be flagged up and completed at this time. Ian Wake also stated that letters could also be sent to those that had no completed smoking status on their records. The Chair agreed that this was a commitment that should be made with Mandy Ansell agreeing to look into this. Kim James agreed that this was a great opportunity but to ensure the right people were not being missed and communications would be undertaken by Healthwatch to make residents aware.

Kim James also stated concerns to ensure that with the sudden influx of people that this did not have detrimental effect on those residents already being missed from this service because of waiting times for all other cancer treatments. Healthwatch would continue to monitor and challenge as required.

Mandy Ansell stated that each area was being supported by the Cancer Network who had an overview of all the services, deliverables and outcomes.

With 14 Clinical Commissioning Groups working as a group alongside experts from Manchester, Leeds and Nottingham who had designed the service and answered all relevant questions. Mandy Ansell also stated that the risk register would also highlight any concerns.

The Chair thanked Mandy Ansell for the report but to note those concerns raised this evening should form part of the report to be presented at the September committee.

Councillor Ralph questioned whether the completion of the smoking status could form part of the Over 40s health checks and stated that there would probably be a potential increase in lung cancer as young people denied they smoked and had concerns with the amount of cannabis being smoked which was being mixed with tobacco. Ian Wake stated he would take the suggestion away that lung checks could form part of the NHS Health Check Programme and had concerns over the high use of cannabis and how this could affect those suffering from mental health.

The Chair questioned what was being done, from an environmental point of view, to prevent residents from getting lung cancer in the first place. Ian Wake stated that the greatest risk was smoking with 85% of lung cancer incidents being contributed by smoking. That the tobacco programme was key and vital that it was incorporated into the promoting of the screening programme, education in schools and working alongside Trading Standards.

The Chair stated that air pollution was another contributing factor with Thurrock being an industrial borough and with huge plans to change the infrastructure and questioned what the impact this was likely to have on the health of residents. Ian Wake stated that with regards to the Lower Thames Crossing no one knew at this time what the impacts would be but stated that air pollution levels were falling nationally and locally but not at the rate we would like it to fall. Ian Wake stated that a difficult issue for Thurrock to tackle was that 50% of pollution was background pollution coming in from London or even from France. That work would also be undertaken with haulage companies and to look at when engines could be turned off with idle.

Councillor Redsell stated the river was being used more for the movement of containers to alleviate road usage.

Councillor Redsell questioned the use of e-cigarettes and asked whether they contained nicotine. Ian Wake stated he was a huge fan of e-cigarettes in preventing lung cancer as although they contained nicotine they did not contain any of the lung cancer tars and were the most effective way for smokers to quit.

Councillor Ralph stated he was aware that some general practitioners were already referring patients to vape shops but questioned the air monitoring being undertaken in Stanford le Hope and asked whether there was a breakdown of stats on cancer and asthma rates by local area. Ian Wake stated that stats could be obtained at general practitioner level but would not

possibly show the entire picture. Councillor Ralph questioned why Stanford le Hope's air pollution was not being monitored. Ian Wake stated he was unsure but would supply a response from the Environment Health Team.

The Chair thanked Officers and Members for their questions and looked forward to receiving an update at the September committee.

RESOLVED:

That the Health and Wellbeing Overview and Scrutiny Committee noted and supported the delivery plan for the Targeted Lung Health Checks Programme and the later commencement of the programme for the people of Thurrock.

7. Primary Care Networks

Rahul Chaudhari, Director of Primary Care, presented the PowerPoint presentation and focused on:

The 10 Year Plan – greatest focus on improving primary care networks, whole of England would be covered by Integrated Care Systems by 2021, significant levels of investment, a big push to get people healthy, look at clinical priorities, workforce and the role of digital. That all registered patients would be covered by a Primary Care Network by June 2019 with general practitioners taking the lead, for those non-participating practices a Primary Care Network would be identified to provide network services to patients, the Directed Enhanced Service would apply from 1 July 2019. The networks key outcomes would improve sustainability for general practitioners, provide a wider range of services, stronger collaboration with the wider health and care system and support management of financial and estate pressures. The requirements in 2019/20 would be available to 100% of patients and from April 2020 expected to deliver against the five national service specifications with two further service specifications applying from April 2021. The Additional Roles, the participation in Network Contract Directed Enhanced Service and timescales were briefly explained. The PowerPoint presentation was available as part of the Agenda.

Councillor Holloway, Councillor Muldowney and Ian Evans, Thurrock Coalition, agreed as the report detail was insufficient and not Thurrock specific a further report was required to answer their concerns and questions. The Chair agreed that reports should be presented to Committee complete rather than piecemeal and requested that a report was presented again at the 5 September 2019 committee. Rahul Chaudhari advised that the timing of the Health and Wellbeing Overview and Scrutiny Committee coincided with the time line where Thurrock Primary Care Networks were being formally ratified and assessed and so it had not been possible to give any more details and put a Thurrock context to it at this time. A detailed report could be made available in time for the September committee.

Ian Wake, Director of Public Health, stated that this was a good news story for Thurrock. With unacceptable levels of care in Thurrock between general practitioners this would bring practices together in networks where best practices could be shared amongst them and incentives given to those practices not performing so well. The Primary Care Networks would fit well with the transformation plans already in place and with Thurrock way ahead of the curve in areas such as primary care in transformation work, mixed skills clinical workforce. Ian Wake stated that a lot of the proposals in the report were already being undertaken by Thurrock and would be good practice to roll out to other areas.

Roger Harris, Corporate Director of Adults, Housing and Health, stated that a report on Adult Social Care would be presented at the 5 September 2019 committee and suggested that both reports be brought back together.

Councillor Redsell stated the report to be presented in September should be able to answer those questions that members receive with regards to complaints on general practitioners.

Councillor Ralph noted the inconsistencies amongst general practitioners in the borough and would like to see feedback on the digital stat and more information on google searching in the September report.

Councillor Rigby questioned whether the funding to practices was additional funding from Government or had it been taken away from other NHS services. Rahal Chaudhari stated that it was additional funding which was not far reaching enough. The challenge was getting residents not to listen to Dr Google.

Councillor Muldowney stated coming back to Dr Google stated her big concerns based on the reading of the subject and Officers saying that there have been varying results from the trials they were doing around digital about how much better and saying that some of these APPS are at the moment. Councillor Muldowney stated that personally she thought the one that had been taken on board nationally probably should not have been rolled out yet to live patients and should still be in beta testing as she did not think it had been properly developed enough. So this was her concern at this level that we are not falsely reassuring people who may have something more serious but would not necessarily get picked up. I think that was one of the concerns that I have got but also the accuracy and the actual fit for purpose of whatever we are using I just want to make sure that it was really robust.

Mandy Ansell stated that clinician groups were up and running with physiotherapy groups fully booked. The groups were treating real people in the right place with further capacity being built into local hubs.

The Chair thanked Officers for the update and looked forward to a more detailed report in September.

8. Work Programme

The Chair asked Members if there were any items to be added or discussed for the work programme for the 2019-20 municipal year.

Members agreed to add a new item Locality Working to include the Primary Care Networks and Adult Social Care to the 5 September 2019 committee.

Members agreed to add a new item Sustainability and Transformation Partnership Update to the 5 September 2019 committee.

Members agreed to add a new item Sustainability and Transformation Partnership Governance Paper to the 5 September 2019 committee.

Members agreed that the item Update on New Mental Health Crisis Pathway would be a verbal update on the 5 September 2019 committee.

Members agreed to move the item Update on Cancer Waiting Times from the 5 September 2019 to the 7 November 2019 committee.

Members agreed to remove the item Pathway Review from the 5 September 2019 committee.

Members agreed to remove the item NHS Long Term Plan from the 7 November 2019 committee.

Members agreed to add the item Budgets to the 16 January 2020 committee.

The meeting finished at 8.38 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**