

## Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 7 November 2019 at 7.00 pm

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

Kim James, Healthwatch Thurrock Representative

**Apologies:** Ian Evans, Thurrock Coalition Representative

**In attendance:** Mandy Ansell, Accountable Officer Thurrock CCG  
Sareena Gill-Dosanjh, Public Health Programme Manager  
Roger Harris, Corporate Director of Adults, Housing and Health/Interim Director Children's Services  
Rosalyn Jones, Library Services Manager  
Carol Ord, Programme Manager – Targeted Lung Health Checks  
Maria Payne, Strategic Lead – Public Mental Health  
Sanjeev Sharma, Pharmacy Lead – Mid and South Essex CCG  
Ian Wake, Director of Public Health  
Natalie Warren, Strategic Lead – Community Development and Equalities  
Lucy Tricker, 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.

### **20. Minutes**

The minutes of the meeting held on 5 September 2019 were approved as a true and correct record.

### **21. Urgent Items**

No urgent items were raised.

### **22. Declarations of Interests**

Councillor Ralph declared a non-pecuniary interest as he was a self-employed mental health tutor, and worked for Thurrock Mind.

### **23. HealthWatch**

The HealthWatch Representative stated that she had no updates.

*The Chair announced that the order of the agenda had been changed to hear*

*Item 10 first, and that Item 8 had been removed from the agenda.*

## **24. Library Peer Challenge Report**

The Library Services Manager introduced the report and stated that the Peer Review team had received many positive comments about the staff, volunteers and stakeholder that they had met during their visit. She explained that the report focussed on the library service, and the team had been impressed with the developing library and hub programme. She then outlined the six recommendations that were included at point 3.1 of the report. She summarised and stated that there would be a review of library delivery, but they were happy at this stage of the programme.

Councillor Redsell opened discussion and described how Blackshots Library within her ward was one of the most well used libraries in the borough, and welcomed the report. She felt that some libraries needed some attention to help them work better, as people benefitted from the services provided. She hoped to see more work on libraries come before the committee, as she wished to see libraries become self-sustaining in regards to funding. Councillor Muldowney added that it was good to see support for libraries and plans to develop them into hubs. She highlighted recommendation four and felt it was good to see a new 'Friends Network' being proposed. She added that libraries held numerous events and asked if an increased social media presence could enhance footfall. The Library Services Manager replied that a meeting had been held recently between the libraries and communications teams to develop a social media presence, as libraries currently only had a Twitter feed. She stated that the communications team were keen to put library and hub events on the Council's Facebook page, and there was work on an annual library social media plan to increase support.

The Chair felt it was good to see positive comments come back as part of the report, and felt that libraries were an important investment. She queried the number of hours libraries were open, as some were only open for fifteen hours per week. She asked what could be done to ensure longer opening hours for libraries. The Library Services Manager responded that the smaller libraries were open for fifteen hours per week, but other libraries were open a variety of hours, with Grays Central Library being open 48 hours per week. She added that new technology was being implemented by Christmas, such as self-service machines, which were being introduced next week in East Tilbury library, and this would ensure that volunteers could open libraries when staff were not available.

The Chair felt this would be a good addition, and felt that smaller libraries should be open for longer. She added that a Libraries Strategy had recently come before the Committee and asked if an updated on this strategy could be bought back to Committee. The Director Adults, Housing, Health/Interim Children's Director replied that although libraries has not seen significant investment in previous years, this had recently changed, for example the new library in East Tilbury had recently been opened; the library in Aveley would

be opened in the new year; and the library service would receive £200,000 for digital technology. He felt that an update on the Libraries Strategy could be bought back during the next municipal year.

Councillor Ralph welcomed the report and felt it was good to see investment in libraries, particularly in those that had been under threat of closure. He felt it was good to see libraries working with local schools to encourage reading, such as the 'Summer Reading Challenge'. He asked if the libraries team were ready for the 30,000 new homes that were planned in Thurrock and the extra footfall this would bring. The Director Adults, Housing, Health/Interim Director Children's Services responded that as these new homes were being considered as part of the Local Plan, infrastructure such as libraries would also be developed. He confirmed that no libraries would be closing and a Library and Hub Programme had been agreed which was a five-year strategy. He added that the team were currently tackling short-term issues, but the new strategy would focus on the longer term development of libraries.

Councillor Redsell asked how far into the current Libraries Strategy the team were. The Strategic Lead – Community Development and Equalities replied that the current strategy had been running for almost twelve months.

#### **RESOLVED:**

**1. That the Health and Wellbeing Overview and Scrutiny Committee consider the recommendations in the Peer Challenge report and comment on the proposed actions**

#### **25. Targeted Lung Health Checks Report**

The Programme Manager – Targeted Lung Health Checks introduced the report and began by recapping the national programme of work that had been completed by the National Cancer Alliance. She stated that a successful trial of the Targeted Lung Health Checks had been completed in Manchester, so ten new trials were being started across the country, based on factors such as demographics, instances of lung cancer, and survival rates of lung cancers. She explained that since Thurrock had been chosen for the trial, Thurrock CCG had identified practices and the criteria for eligible patients had been decided. She explained that eligible patients would be those between 55 and 74 years old that were either current or ex-smokers, and everyone that met this criteria would be invited to participate in the trial. The Programme Manager – Targeted Lung Health Checks added that the public health team had worked hard to ensure practice records were up-to-date regarding residents smoking status, and the communications team had also raised public awareness. She clarified that this service was opt-in and it was up to the patient to decide whether they would like to take part in the targeted lung health check, but the trial had been very successful in Manchester. She thanked HealthWatch, Thurrock CCG and the public health team for their hard work on the trial, and explained how a number of public awareness events had been held, such as the 'Mega Lungs' which had been set-up in Asda car park and Blackshots and had gained lots of interest. She clarified that as the

trial was run in partnership with Luton CCG, there would be two teams, with one based in Thurrock and the other in Luton, and described how the recruitment had already started for both of these teams. The Programme Manager – Targeted Lung Health Checks went on to mention that the team were currently in negotiations with the CT scanner mobile van, and they had chosen a supplier that was based in Thurrock as they would be able to identify suitable sites which had easy access. She described how the vans were being specially created and would each have a reception room, four private consultation rooms and would be connected to a mobile CT scanner, which would be offered to patients straight after their consultation if needed. She added that the vans would be placed in areas such as supermarket car parks, as during the consultation event in March, this is where the majority of residents had wanted them. She stated that Thurrock CCG were also working closely with Basildon Hospital for this trial as patients who were found to have lung issues would be referred there to see specialists or the primary care team.

The Accountable Officer Thurrock CCG added that there would be a soft launch at one practice in Thurrock, as although the targeted lung health checks were being rolled out equally across the borough, rates of lung cancer differed across Thurrock. Councillor Ralph began the debate and raised concern that there would be ‘unseen smokers’ across the borough as not everybody was honest with their doctor regarding their smoking status. He also asked if the criteria could be changed to include people over 40, as he felt that it could be too late to catch issues by the time residents reached 55. The Director Public Health responded that cancer tended to be a disease that affected older people, and the screening programme had to balance risk with harm. He stated that there was harm associated with CT scans as it could detect nodules on the lungs that were not cancerous, which could create mental distress, particularly if a biopsy of the nodules was needed. He added that rates of lung cancers increased dramatically after people reached the age of 55.

The Chair raised concern as residents under the age of 55 may still be concerned regarding their lung health, and asked if they could request to access the service. The Accountable Officer Thurrock CCG replied that any resident with concerns regarding their lung health could access their GP, and would enter the two-week cancer pathway if necessary, but would not be eligible for the targeted lung health check.

Councillor Redsell felt that this was good work being undertaken, but raised concern that Council employees were still smoking outside the Council building, and college students were smoking outside the college. She felt that the prevalence of smoking should be tackled, starting with outside Council buildings. The Director Public Health drew the Committee’s attention to page 32 and the figure quoted that only 9.8% of Thurrock’s population smoked, as he believed the actual figure was nearer to 20%. He felt that if Thurrock’s prevalence of smoking was that low, it would be one of the lowest in the country, which was not true. He also raised concern that only 52% of the eligible cohort had had their smoking status recorded, as this could mean

almost half of eligible patients would be excluded from the trial. The Programme Manager – Targeted Lung Health Checks stated that this data came from the East of England Cancer Alliance and were the figures for the eligible age range. The Accountable Officer Thurrock CCG added that residents could not be forced into being honest regarding their smoking status, and the communications team were working to raise awareness that residents should be honest with their GP.

The Chair raised concern that only 52% of eligible patients had had their status recorded, and felt that even if people were not honest with their GP, they would still have a smoking status. She asked if data was missing from the dataset. The Accountable Officer Thurrock CCG replied that the smoking status could be left blank by GP's, as the question was sometimes not asked. She added that the trials in Manchester had worked hard to identify patients, and then persuaded them to come to the trials by sending three attendance letters. She felt it was a two-prong approach, as it needed people to be honest with their smoking status, but also enticed to come to the trials. The Director Public Health added that people could only be honest with their GP if their GP asked them the question regarding their smoking status. He felt that 48% not recorded was high, and asked if patients could be written too or texted to ask them what their smoking status was, as he felt 95% status recorded would be a better figure. The Accountable Officer Thurrock CCG explained that she would go back and clarify the figures regarding smoker status and prevalence of smoking in Thurrock.

Councillor Muldowney felt that the work being undertaken was good, but highlighted Appendix One, as she felt there were problems around the procurement process. The Programme Manager – Targeted Lung Health Checks responded that these issues had been identified a while ago as there was an issue regarding how quickly the units could be produced. She stated that they had now received assurances from the company producing the units that this would not be an issue anymore. She added the Trust were awaiting a Memorandum of Understanding (MOU) to ensure funding, and then contracts could be signed.

The Chair questioned the resources based approach, as funding was based on the prevalence of smoking. The Accountable Officer Thurrock CCG replied that revenue funding was also received from the number of scans provided, so if the number of scans increased then so would funding. The Chair asked if a verbal update on the programme could be bought back before Committee in January to see how the programme was developing, and again in March.

#### **RESOLVED:**

**1. The Health and Wellbeing Overview and Scrutiny Committee noted the report and championed the rationale for the criteria population to participate in lung health checks.**

## **26. Sexual Violence and Abuse Joint Strategic Needs Assessment**

The Director Public Health introduced the report and described how sexual violence was an emotive topic, and could cause both physical and mental harm to survivors. He stated that the Joint Strategic Needs Assessment (JSNA) had been developed out of a need to view the topic objectively and give victims a voice. He thanked HealthWatch for surveying residents who had experienced sexual violence. He described how the JSNA had discovered fragmented services for survivors, and how this piece of work would try to bring services together. He stated that this report was a proposal and would be up for consultation with stakeholders, and then revised based on their comments. He added it would then go to the Health and Wellbeing Board and spoke of plans to hold a Thurrock Sexual Violence Summit in the New Year to launch the JSNA. He summarised and thanked the Public Health Programme Manager and the Strategic Lead – Public Mental Health for their hard work as this report had taken one year to put together, and was not an easy topic to work with.

The Public Health Programme Manager gave some context around the report and described how the JSNA provided further understanding regarding the prevalence of sexual violence. She stated that this report had engaged with 83 local survivors, six of whom had been interviewed, and 128 professionals. She clarified the definition of sexual violence that included any unwanted sexual acts, trafficking, or unwanted sexual comments, and added that these could have a wide range of impacts, which could occur at any point in life. She stated that sexual violence could make survivors turn to harmful behaviour, and 56% of sexual violence survivors turned to self-harm, and one third had common mental health issues. She added that sexual violence could impact on the survivors ability to parent, work, study, or form relationships, and this meant that a survivor might need to access lots of different services to help them cope and recover. The Public Health Programme Manager added that different organisations had responsibility for commissioning services to support survivors, and these services had different criteria for eligibility to access services, which made the system fragmented and could make it difficult for survivors to navigate. She summarised and described the range of services available locally for survivors to access, such as the Sexual Assault Referral Centre (SARC) and the South Essex Rape and Incest Crisis Centre (SERICC).

The Strategic Lead – Public Mental Health added that the JSNA worked to identify local victims, and hypothesised that there was a large data gap between the number of estimated victims, and the number of victims known. She described how there were likely to be over 10,000 victims in Thurrock who had experienced sexual violence and abuse since the age of 16 (10,116 females and 1,985 males), however only 316 Thurrock victims were reported in police data for 2018/19, with the majority of these victims being young and female. She added that there was also a data gap between children who were victims, and children who had reported being victims. She suggested that this was likely due to increased safeguarding measures in place for children, however even with those arrangements, there still appeared to be a gap in the data. She described the reasons for this data gap were due to inconsistencies in data reporting or reporting systems. She added that there was also a

perceived low conviction rate of the perpetrators, so some survivors questioned whether it was worth reporting. The Strategic Lead – Public Mental Health described how there was only a 5% conviction rate in 2017 of the perpetrators.

*Councillor Redsell declared a non-pecuniary interest as she sat on the Police, Fire and Crime Commissioner (PFCC) Panel. The PFCC provided input in to the JSNA and also commissioned the interviews with survivors.*

The Strategic Lead – Public Mental Health continued and stated that nationally it was recognised that some survivors reported difficult accessing services, due to the geographical location of those services, such as not being on public transport routes. She added that there was also a local variation regarding the knowledge of services and the different pathways that existed to help people. She also mentioned that the relationship between professional services was not always clear to residents. The Strategic Lead – Public Mental Health stated that this was a large piece of work and would include work around the prevention of sexual violence, such as teaching in schools and addressing perpetrators behaviours. She added that a toolkit would also be developed for all frontline staff, so the system of reporting and disclosure could become standardised across all services in the borough. She stated that a campaign of public awareness would also begin to ensure victims of sexual violence felt more confident in reporting or disclosing, and this would be collaborative with Essex Police and initiatives such as Project Goldcrest. She summarised and stated that the recommendations of the JSNA should lead to improvements in survivor's accessing services, improve existing services and would provide strategic oversight of sexual violence across the borough.

The Public Health Programme Manager added that the proposed new pathway would work collaboratively with providers, to ensure that all survivors were offered a complete assessment following their disclosure, which would include housing advice. She stated that the proposed assessment would include aspects such as housing advice, counselling, advocacy, employment advice, and access to other health services including drug and alcohol, and sexual health. She felt that sexual violence and abuse specialists had the right skills and knowledge to help identify the needs of survivors, and could then seek to ensure survivors had streamlined access to all the necessary services that met their requirements. She added that the work on the JSNA would also start a discussion around how services are commissioned, for example joint contracts and outcome based performance funding. She summarised and stated that the next steps included a dedicated Sexual Violence and Abuse Partnership that was being set-up, seeing the JSNA through the necessary governance processes, and holding a Sexual Violence Summit to bring together providers and commissioners.

The Chair opened debate and felt this was a fantastic piece of work that provided a good understanding of the issues surrounding sexual violence. Councillor Muldowney echoed the Chair's comments and felt it was a very moving piece of work, particularly regarding the under-reporting of sexual

violence against children. Councillor Ralph also echoed these comments and felt that it was good to see survivors voices were being included in the report. He asked if a piece of work could be included focussing solely on domestic violence against men, and sexual violence against LGBTQ residents, as this was often under reported too. Councillor Redsell also felt that it was a good piece of work, and added that it was good to see sexual violence being taught about in schools.

The Accountable Officer Thurrock CCG asked if the JSNA could go wider, as there were issues regarding commissioning, and many sexual violence services worked across Essex, not only in Thurrock. Councillor Holloway added that as the JSNA developed, more data might be included as other agencies may want to be included. She felt that the new pathway would be supported by stakeholders as it was important to change the system so it worked better for users. The Strategic Lead – Public Mental Health responded to all the points raised, and stated that the JSNA had not included particular figures regarding LGBTQ sexual violence, but this was something that could be looked into. She added that as Councillors could be a point of disclosure for survivors, all Councillors would be provided with the same toolkit that was given to other frontline staff. She stated that throughout the JSNA, they would look to work with the School Wellbeing Service and future Mental Health support team to school to help children better understand sexual violence. Councillor Redsell asked if a summary of the JSNA might be presented to Full Council, as she felt it was important that all Councillors see the work being undertaken. The Chair also asked if Councillors could be invited to the Sexual Violence Summit, so Councillors could help survivors who disclosed, or could learn to spot the signs that a person was a victim of sexual violence.

The Chair also asked when the first meeting of the Sexual Violence Partnership Group would take place. The Director Public Health replied that the JSNA had to be signed off by the Health and Wellbeing Board first, but this meeting had been delayed by purdah due to the upcoming general election. The Chair asked if reports could be delivered back to the Committee regularly to be able to hear updates and developments, and thanked officers and HealthWatch for their hard work in preparing the report.

#### **RESOLVED:**

**1. That the Health and Wellbeing Overview and Scrutiny Committee noted and commented on the content and recommendations contained within the report**

**2. That the Health and Wellbeing Overview and Scrutiny Committee endorsed the recommendations contained within the document**

#### **27. Flash Glucose Monitoring Report**

The Pharmacy Lead Mid and South Essex (MSE) CCG introduced the report and stated that though this report, the CCG would be liaising with the three main providers of FreeStyle Libra, and other independent providers. He stated



that this report had been driven by a mandate from the NHS to make the technology available to eligible patients, and the CCG had been engaging with local service providers to determine whether the scheme was clinically cost-effective. He stated that so far the team had determined the patient cohorts who would be eligible, and these were categorised into Type 1, who were diabetic controlled and had mental health issues so could not use finger pricks, and Type 2 which included pregnant women and people with mental and physical disabilities. He stated that these patient cohorts had been agreed by the CCG and they were currently working to identify patients who fit into these categories. The Pharmacy Lead MSE CCG moved onto describe how the Flash Glucose Monitoring System worked and how it identified blood glucose levels. He stated that eligible patients would be assessed and trained in how to use the system, which would then be monitored by GPs who proved the sensors. He clarified that after six months the GP would determine whether the new system was working for the patient, based on how many traditional testing strips had been used, compared to the new lancet system. He then drew the Committee's attention to section 3.2 and 3.3 of the report which had shown, that although the project was still in the early phases, the number of traditional test strips being used by eligible patients had decreased. He stated that funding had been received from NHS England for the project for two years and 20% of Type 1 patients, and Thurrock CCG were under the expected target.

The Chair began the debate and stated that a number of Thurrock residents had emailed Councillors asking why they were not eligible for the new system, and asked for clarification. The Pharmacy Lead MSE CCG replied that not all diabetic patients met the NHS' criteria for the FreeStyle Libra system, and even the people using the new system still had to revert back to traditional testing strips when they become ill. He stated that there was not a lot of outcome data regarding the use of FreeStyle Libra, as there was no central government guidance.

Councillor Ralph expressed his concern that patients might become over-dependent on the new FreeStyle Libra system, and asked what training was given to patients to identify over-dependence. The Pharmacy Lead MSE CCG replied that when a patient was identified as suitable for the programme, they were booked in to a training session to determine whether they were capable of using the device. He described how the system involved using a laptop to input blood glucose level results, so the clinic could constantly monitor whether the service was working for the patient. He mentioned that guidance and advice was given to all patients who had the system throughout the programme. Councillor Ralph then asked what would happen at the end of the six month programme if GPs discontinued the prescription of the system to patients. The Pharmacy Lead MSE CCG responded that this had only happened a handful of times as patients had not seen benefit from the system, and this decision had been made in consultation with the patient and other specialists, before they were reverted back to traditional test strips.

**RESOLVED:**

**1. That the Health and Wellbeing Overview and Scrutiny Committee noted the update.**

**28. Verbal Update on CCG Merger and Single Accountable Officer**

The Accountable Officer Thurrock CCG described how the four Accountable Officers were being merged into one role, and this proposed job role was going through the two week consultation process, before being signed off by NHS England. She stated that this new role would lead on ICS development and would be a huge job. She explained that recruitment was taking place through a headhunting company, and all four Accountable Officers had now received their 'at risk' letters. She stated that recruitment was also underway on the NHS jobs website and through the recruitment agency, and the interviews had been scheduled for the beginning of December. She explained the three outcomes from the interviews, which would be either an internal candidate would receive the role and would start the job immediately; an external candidate would receive the role and would start the job within six months; or no appointment would be made.

The Director Adults, Housing, Health/Interim Director Children's Services added that Council did not support the merger of the CCGs and this view had been expressed directly at the last HOSC meeting with NHS England. He added that since then a letter had also been sent to NHS England, which made the case against merger of the CCGs, including reasons such as geography, footprint, loss of local partnerships, and safeguarding. He felt that NHS England had already made up their mind and the Council were now trying to mitigate the issues that CCG merger would cause. He described how an MOU had been written to ensure decision-making would remain at a local level as much as possible, and a governance working group had been established to also ensure local level decision-making. He added that a structure was emerging for the new merged CCG, which included one Managing Director for Thurrock, and had requested that this post was jointly accountable to the Local Authority.

The Chair stated that the merger of the CCG had been discussed at length during HOSC meetings and at Full Council, and all Members and senior officers were unhappy with the merger. She felt that NHS England had decided the merger, and had ignored Thurrock Council's recommendations. She asked if the HOSC voice could be added to the Cabinet voice to reiterate the dissatisfaction that all Members felt with the merger, and asked if a letter could be drafted to reiterate the Council's position.

**29. Work Programme**

The Chair asked if an update on the Libraries Strategy could be included in the March meeting, and if a verbal update could be provided in January regarding the targeted lung health checks.

**The meeting finished at 9.04 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](mailto:Direct.Democracy@thurrock.gov.uk)**