

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 23 January 2020 at 7.00 pm

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

Kim James, Healthwatch Thurrock Representative

Apologies: Councillor Elizabeth Rigby
Ian Evans, Thurrock Coalition

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
Ceri Armstrong, Senior Health and Social Care Development Manager
Andy Brogan, Executive Chief Operating Officer/Deputy Chief Executive, Essex Partnership University NHS Foundation Trust
Dr Laura Addis, Consultant Clinical Psychologist, Head of Service for South West Essex Adult Community Psychology
Mark Tebbs, Director of Commissioning, NHS Thurrock CCG
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.

30. Minutes

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

31. Urgent Items

No urgent items were raised.

32. Declarations of Interests

Councillor Ralph declared a non-pecuniary interest that he ran courses for Thurrock Mind and for the Recovery College.

33. Healthwatch

Kim James, Healthwatch representative, had no items to raise.

34. Verbal Update on CCG Merger and Single Accountable Officer

Mandy Ansell, Accountable Officer Thurrock Clinical Commissioning Group, provided the following updates:

- Interviews were held on Wednesday 22 January 2020 for the post of the Joint Accountable Officer. To which no result was known at this time.
- On the merger there was work being undertaken with stakeholder engagement and a vote would be required between member practices in Mid and South Essex on that merger.
- The documentation for the stakeholder engagement, for patients and community, was under consultation and out for comment. To which two comments had been received from two general practitioners stating that the consultation information appeared too positive.

Kim James, Healthwatch representative, stated that the survey had now been updated to include the local focus rather than just requesting views on the whole STP.

Roger Harris, Corporate Director of Adults Housing and Health, reiterated the committee's concerns of opposing the establishment of a single Clinical Commissioning Group and had written on behalf of the Chair to Ann Radmore, NHS England, putting forward that the Managing Director post proposed for Thurrock should be a jointly appointed post. That the response received back from NHS England had been unclear with no view either way on the appointment but stated that would be a matter for the Joint Accountable Officer when appointed. With Thurrock's view remaining that having that post for Thurrock as a joint appointment between the NHS and Thurrock would be positive. A Memorandum of Understanding on the Wider Governance Model had been prepared to identify what should be undertaken at system wide level in Mid and South Essex and what should be undertaken at Thurrock level. With a separate governance group being established to ensure agreements could be reached.

Ian Wake, Director of Public Health, stated that a draft Memorandum of Understanding had been prepared which had been signed by the Integrated Care Partnership and expected the governance group to report back by March 2020. That it was now a strategic opportunity and important to get the finances right to ensure the system addressed health and inequality to direct resources to the areas of greatest need. There was also a strategic risk for Thurrock where local programmes reduce demand at hospital level and where another area increases demand where the savings would have historically come back to Thurrock may disappear into another deficit elsewhere in the system.

The Chair thanked officers for the update and questioned when the structures would be known and when people would be in place. Mandy Ansell stated the

Joint Accountable Officer would need to be appointed first and then the second tier. All directors across the Clinical Commissioning Groups had already received letters informed them that they would be the next tier. The start date for the Joint Accountable Officer would be immediate if an internal candidate was appointed or where notice may need to be given it could be as much as six months before the successful applicant could start.

Members agreed to include a further Verbal Update and to invite Mike Thorne, Independent STP Chair, to the 5 March 2020 committee.

35. Adult Social Care - Fees & Charges Pricing Strategy 2020/21

Roger Harris, Corporate Director Adults Housing and Health, presented the report that set out the charges in relation to services within the remit of the Health and Wellbeing Overview and Scrutiny Committee with any new charges taking effect from 1 April 2020. Roger Harris was pleased to announce that no increases had been proposed. Members were updated on the fees and charges under consideration on the Domiciliary Care hourly rate. At present the Council paid providers £16.25 per hour whereas the amount charged to service users remained at £13.00 per hour. This amount had not increased for the last five years and if it were increased could generate an additional £250K for Adult Social Care services.

Councillor Redsell stated that although the hourly rate had not been increased for the past five years when would the next review be undertaken. Roger Harris stated that this review was undertaken annually.

RESOLVED

- 1. That the Health and Wellbeing Overview and Scrutiny Committee noted the revised fees and commented on the proposals currently being considered within the remit of this committee.**
- 2. That the Health and Wellbeing Overview and Scrutiny Committee noted that Director delegated authority would be sought via Cabinet to allow Fees and Charges to be varied within a financial year in response to commercial and legal requirements.**

36. Services for People with Personality Disorders and Complex Needs

Andy Brogan, Executive Chief Operating Officer/Deputy Chief Executive, Essex Partnership University NHS Foundation Trust, updated Members on the progress made since the last report had been presented in January 2018. Members were provided with background information on the development of services for People with Personality Disorders and Complex Needs. The service such as training for staff, skills training, group interventions had been piloted successfully to test elements of the model. Members were referred to the adjustments being made in the existing service, the progress during 2019 and what the next steps entailed. Members were also referred to the summary pathway shown in Appendix 1.

Dr Laura Addis, Consultant Clinical Psychologist, Head of Service for South West Essex Adult Community Psychology, updated Members on the implementation of the model that varied across the STP, in the South more had been undertaken due to there being more Personality Disorder Leads in place. In the South East, training plans had been developed within a number of specialist teams to understand more about personality disorders and how these would be presented, a high intensity user's project had been rolled out. Working with Mental Health Liaison Teams to under their presentations, upskilling of Local Coordinators and formulating to understand the traumas experienced so that a detailed pathway could be put in place. Stakeholder events, focus groups and workshops had been undertaken in participation with partners. Integrated working had been commenced with IAPT providers and further training on personality disorders had been carried out.

Councillor Redsell questioned how the services would work if there was not a core model. Laura Addis confirmed that there was an overall model of delivery which looked at services cross the system. There would also be local variations based on need and work would be undertaken with partners in those areas.

Members agreed that further clarity and description was required on services being delivered.

Ian Wake, Director of Public Health, welcomed the report that had reflected the work undertaken over the last 18 months.

Kim James, Healthwatch representative, thanked the Chair and stated how pleased that when this Healthwatch's concern was raised and highlighted it was looked into and actioned swiftly and was glad that the project was now happening. Kim James questioned whether further training could be undertaken with voluntary groups such as Citizen Advice and on behalf of service users thanked everyone involved.

The Chair echoed the comments made and stated this piece of work had been a real significant development and questioned whether this training could be incorporated into workforces such as in Libraries, Hubs, Housing Team and the Police. Andy Brogan stated the plan was to train everyone the basic skills on how to cope when put in a difficult situation.

Mark Tebbs informed Members that training continued with the "Suicide Reduction" programme and work had been undertaken with stakeholders to increase the training links between services, such as Citizen Advice, with the training focus being on primary care and those other risk groups.

Roger Harris stated there were concerns around Anti-Social Behaviour particularly in the Housing Team when dealing with users and questioned whether this could be a further sub-set of this service. An important element required was to focus on those particularly hard to reach. Laura Addis stated

that Anti-Social Behaviour had not been included in the pathway nevertheless this could be included.

Mark Tebbs referred Members to an up and running STP project, Serenity Integrated Mentoring (SIM) which was a model of care using specialist Police Officers within the community mental health services to help support service users struggling with complex, behavioural disorders. This model of care was in the process of being evaluated in the hope to expand and replicate in Thurrock.

Councillor Ralph appreciated the training programmes being undertaken and questioned had it been considered for users to carry cards and questioned whether it was the lack of psychologists that group sessions were being held instead of one-2-one sessions. Councillor Ralph questioned whether there was a tracking path when a child transitioned into an adult. Andy Brogan stated that people were treated on the best available evidence and treated as such. That sessions would be tailored to the need of people and how people presented themselves. With group sessions and one-2-one sessions being provided. Laura Addis stated that it would not be ideal to diagnose at a young age but to look at the right pathway for that person.

Councillor Ralph asked the number of spaces in the group therapy sessions. Laura Addis stated this was a maximum of 12 spaces.

Members agreed to add this item to the 2020/21 Work Programme.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee discussed and noted the current position regarding services for people who had a personality disorder.

At 7.50pm, Mark Tebbs, Dr Laura Addis and Andy Brogan left the committee room.

37. Thurrock Health and Social Care Transformation Prospectus

Ceri Armstrong, Senior Health and Social Care Development Officer, introduced the report and stated that the Thurrock Health and Social Care Transformation Prospectus had provided the opportunity to set out the approach to transforming the Health and Social Care landscape. The Prospectus summarised the steps taken since 2011, when the Adult Social Care-led inaugural approach known as 'Building Positive Futures' had been established, followed in 2015 by the NHS-led approach 'For Thurrock in Thurrock' and culminating in the current integrated system redesign programme - Better Care Together Thurrock. The Prospectus highlighted what had been achieved over the years, what was seen as the key reasons for success and the barriers that had been overcome to ensure progression.

The Chair thanked the Officer for a fantastic report.

Councillor Ralph questioned the need for the voluntary sector. Ceri Armstrong stated there was a very strong partnership with CVS, Healthwatch and Thurrock Coalition focusing on assets and strengths in the community and broader than the voluntary sector. Voluntary Sector organisations did receive funding from the Council but it was important to recognise the role of the community itself.

Roger Harris, stated that the Voluntary Sector valued its independence and he noted the Sector's connectivity with the community. Both the community and the Voluntary Sector were essential for the delivery of health and care transformation.

Councillor Muldowney commented the report was a fantastic achievement and expressed her views on how well the vision and out of the box working had been undertaken on these transformations. Councillor Muldowney stated that specific examples would be a benefit to Councillors to clarify certain points. Councillor Muldowney also questioned whether issues connected to changes made in Chadwell were being under-reported. Kim James also stated that Healthwatch had received a lot of calls expressing concerns but when residents were being directed to make formal complaints they were often very reluctant to do so.

Ceri Armstrong stated that the next step that would be to incorporate an appendix to the report that would help illustrate the journey with case studies and identify the impact that health and care transformation was having.

Councillor Redsell thanked Officers for the report and commented that the word "Care" covered a large area with elderly residents still not wanting to report issues as some still felt if they do they would lose their services. She also stated that Members should be used more to help Officers understand some of the case work that they deal with.

The Chair stated that the power imbalance was a key reason for some people not feeling comfortable with reporting issues and speaking about them. Councillor Holloway stated that to address that issue in her ward, she would post a leaflet through doors, say in three to four roads, telling residents when she would be in their area and if residents had an issue but did not want to come into the surgery they could put the leaflet in their window so that she could see it and then knock on their door. Roger Harris agreed that it was basically how people want to be treated and really importantly that residents were dealt with respect and dignity. Healthwatch added that they were currently working on a "Dignity Campaign".

Ian Wake agreed with comments made and having spoken to residents in Chadwell that had switched services to the new Wellbeing Team, he stated that they were so much happier and for some, just making that simple change had changed their lives.

Councillor Ralph noted the success of the Local Area Coordinators and how these had turned the lives around for some residents and had been a positive impact to the community. Ceri Armstrong thanked Councillor Ralph for the feedback and added that there were a number of examples of where residents were benefitting as a result of transformation work undertaken.

Councillor Redsell questioned whether services and help for dementia sufferers and carers could be more joined up and be made known to residents.

The Chair thanked Officers for the report and stated that it would be very helpful especially for when new Members join the committee.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee endorsed the Prospectus and the significant change to the health and care system in Thurrock delivered since 2011.

38. Verbal Update on Targeted Lung Health Checks

Mandy Ansell, Accountable Officer Thurrock CCG, provided the following updates:

- The soft launch would take place in Thurrock, Orsett Surgery, at the end of February 2020 on a selected invitee list to test processes and smoking status register.
- Orsett Surgery had been identified as the least complete practice smoking register in a recent report undertaken.
- The go live of the Mobile Unit recently confirmed in Thurrock by the end of March 2020.
- Communications with patient groups and marketing will now commence.
- This site is the second site to go live in the country.
- A link to the Lung Health Check website live will be sent to Members separately from democratic services.
- Participant information and invitations would be issued shortly.
- The Mobile Unit had been commissioned by Luton and Dunstable Hospital for joint utilisation between Luton and Thurrock Clinical Commissioning Groups.
- NELFT had commissioned to resource the Mobile Unit with the lead clinical nurse already in place and formed part of the supporting respiratory team.

The Chair thanked the Officer for the update and questioned whether the number of general practitioners had increased in recording of patient smoker status. Mandy Ansell stated that numbers had started to increase. Kim James, Healthwatch representative, stated that Healthwatch had received a large number of calls of concerned residents as to why they were being asked by their general practitioner whether they smoked or not and this concern had been forwarded onto Primary Care Service.

Mandy Ansell, stated that the smoking status register was for all ages and once more information was available people may be more willing to come forward.

Councillor Redsell stated that it was a concern that smoking was still allowed outside hospitals, colleges and the Civic Offices.

Councillor Ralph questioned the data analysis of the soft launch to which Mandy Ansell stated that data had already been analysed by Cancer Alliance and that the programme was based on clinical evidence from other pilot sites most notably Manchester, Nottingham and Leeds.

The Chair thanked Officers for the work that had been undertaken and noted that much had happened since the report was presented to the committee in June 2019.

Councillor Muldowney congratulated Officers on being the second site and the number on the smoking status register was increased and targeted all age groups.

The Chair requested that a further verbal update be brought back to Committee in March 2020.

RESOLVED

That the Verbal Update on Targeted Lung Health Checks Report be added to the work programme for the 5 March 2020 committee.

39. Work Programme

Members discussed the work programme and agreed the following:

Add the Orsett Hospital Task and Finish Group Update Report to the 5 March 2020 committee.

Add the Targeted Lung Health Checks Verbal Report to the 5 March 2020 committee.

Add the Post 18 Autism Report to the 5 March 2020 committee.

To invite Mike Thorne, Independent Chair of the STP, to the 5 March 2020 for the Clinical Commissioning Group Merger and Joint Accountable Officer item.

Add the Personality Disorders and Complex Needs Report to the work programme for the 2020/21 municipal year.

The meeting finished at 8.32 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**