

## **Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 10 November 2016 at 7.00 pm**

---

- Present:** Councillors Victoria Holloway (Chair), Graham Snell (Vice-Chair), Gary Collins, Tony Fish, Angela Sheridan and Aaron Watkins
- Ian Evans, Thurrock Coalition Representative
- Apologies:** Mandy Ansell, (Acting) Interim Accountable Officer, Thurrock NHS Clinical Commissioning Group  
Kim James, Healthwatch Thurrock Representative
- In attendance:** Roger Harris, Corporate Director of Adults, Housing and Health  
Ian Wake, Director of Public Health  
Kay Goodacre, Corporate Finance  
Funmi Worrell, Public Health Registrar  
Wendy Smith, Interim Communications Lead, Mid and South Essex Success Regime, NHS England  
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.

### **24. Minutes**

The Minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 15 September 2016 were approved as a correct record.

### **25. Urgent Items**

There were no items of urgent business.

### **26. Declarations of Interests**

No interests were declared.

### **27. Items Raised by Healthwatch**

In Kim James' absence no items were raised by Healthwatch.

### **28. Update on Mid and South Essex Success Regime**

Wendy Smith the Interim Communications Lead, Mid and South Essex Success Regime for NHS England presented the report which informed Members of the considerable amount of the work that had been undertaken

since this item was raised at the 9 June 2016, Health and Wellbeing Overview and Scrutiny Committee which included:

- Developed localities where General Practitioners (GPs) services, community, mental health, social care and other public services worked closer together.
- Thurrock Clinical Commissioning Groups (CCG) led on the development of the new model of care for frailty looking after older and frail people in the community.
- Working groups looking at emergency and acute care, surgery, women and children services.

Wendy Smith stated that the work currently being undertaken on the mid and south Essex Success Regime had tended to be the main focus which was attracting the most attention, although not necessarily the most important. Any potential changes in the hospitals would require detailed public consultations and a particular National Health Service (NHS) process would need to be followed.

A group of around 70-80 doctors and nurses from across the three hospitals involved had come up with their thoughts on a single Specialised Emergency Hospital. All three sites would have accident and emergency care and also separate out the planned operations from emergency care which would give an opportunity to use the capacity at the specialised hospital to develop a centre of excellence. Wendy Smith stated that discussions and workshops had taken place supported by Thurrock Healthwatch.

It had been anticipated that a business case would have been ready for national assurance at this point but Wendy Smith stated that agreement had been sought to extend the period for developing the business case for further engagement. The Options Appraisal Process had been extended until early February 2017 with the Business Case being ready by the beginning of March 2017.

Councillor Watkins thanked Wendy Smith for the report but asked what the timescales were for pushing this work forward to ensure that the level of general practitioners was as it should be in Thurrock. Wendy Smith stated that it was difficult to put a detailed timescale to this as this was still a developing process but stated that the further engagement required would not put a halt to any of the work already undertaken on the primary care services in Thurrock.

Councillor Watkins asked for assurance that the engagement and consultation process should include those elderly residents that could not necessarily travel to the proposed hospital destinations. Wendy Smith stated that from the 20 workshops held travel distances was one of the biggest topic discussed.

The Chair and Members agreed that a Success Regime Update be added to the work programme.

The Chair asked for assurance for residents who had concerns on the quality and capacity of the ambulance services. Wendy Smith stated that this information would form part of further discussion and consultation documents but there were downsides which included the consideration of carers and families of patients who may have to travel distances to visit which could prove stressful.

Councillor Collins thanked Wendy Smith for her report and asked what the challenges they were facing. Wendy Smith stated one of the main challenges was recruitment with London attracting the more talented doctors and nurses with a higher rate of pay. Anglia Ruskin University are looking to create the first medical school in Essex. One challenge was that all three hospitals were looking for the same type of professionals. Although this was the opportunity to development the hospitals to make them more attractive to the workforce, provide training and rotational postings.

Councillors Collins asked could nursing accommodation be provided. Wendy Smith agreed to take this back as a suggestion.

Roger Harris stated that the Portfolio Holder for Health and Education was looking at key worker housing schemes for nursing staff in Thurrock which could help with renting accommodation or helping with deposits. The Portfolio Holder will take the report and proposal to Cabinet at some point.

Councillor Collins asked could council flats be made available for nursing staff. Roger Harris stated that arrangements could be made with private landlords and new builds and that the key worker housing scheme would be potentially available for social care workers, teachers and nursing staff.

Councillor Fish asked what, in further discussions, would the overriding factors be. Wendy Smith stated that potentially any of the three hospitals could be a specialised emergency hospital so further detailed discussions would still need to be held.

Councillor Snell stated that the downside to this proposal was when patients may need to spend longer in hospital and what plans would be in place to bring patients back to their local area for continued care. Wendy Smith stated that this was the plan; patients would attend the specialist hospital for treatment but be transferred back to a local hospital once the specialist care had finished.

Councillor Snell stated that Thurrock had health hubs which took pressure of hospitals but Thurrock was not quite there and could the proposal wait for Thurrock to catch up. Wendy Smith stated that there would be no point in making changes unless they were confident that it would not work. Work needed to be done to separate the planned work from the emergency work and this took time to develop.

Ian Wake asked Wendy Smith how this proposal would assist the £100 million deficit as agency staff were being used, the demand for unplanned care for

emergency care was going through the ceiling and how the redesigning of new hospitals was being addressed. Wendy Smith stated that the redesigning of the hospitals was not about saving all that money but reinvest in the prevention and work with people who had higher risks of illness to ensure that more can be done to plan the care required.

Ian Wake asked Wendy Smith to clarify that part of the redesigning of the hospitals was to release money into primary and community care. Wendy Smith stated that was the plan that by reducing the amount to be spent by buying hospital care would release investment into the community.

## **29. Council Spending Review Update**

Kay Goodacre, Corporate Finance Officer, presented the report that summarised the main changes to the Medium Term Financial Strategy for the period 2017/18 through to 2019/20 and the governance structure for the Council Spending Review and Transformation Programme, including the budget planning table enabling agreement of the budget in February 2017.

The report updated the committee on the proposals currently being considered and how this would affect budgets with the assumption that an increase of 3.99 per cent be made to the council tax each year, which included the 2 per cent adult social care precept.

The Officer briefed members on the strategy to close the budget gap which had been set out in the Medium Term Financial Strategy and would focus on 3 key areas:

- Income generation – increases to the Council's commercial trading base.
- Achieving more/same for less – further transformational projects and contract reviews.
- Demand management/early intervention – example given included the Area Co-ordinators and Community Hubs.

Roger Harris informed Members the specifically items that related to the position in adult social care which had recently attracted some national media coverage and highlighted the problems such as the increase in costs and demand. Roger Harris briefly covered the range of pressures facing the adult social care budget but stated that the numbers into adult social care had stabilised but the unit costs had increased due to complex health needs.

The measures put in place to control the costs and manage the demand where covered by Roger Harris but stated that the position going forward that the social care sector across the board are facing a difficult budget position next year and briefed Members on the short, medium and long term solutions.

Councillor Fish asked what the impact of the savings would be on those individuals on a care plan. Roger Harris stated that each individual care plan would need to be drilled down to establish any savings that could be made as

placement circumstances may change. Any changes to a care plan would be driven by the individual care needs which would be the statutory duty of the council as care needs do change.

Councillor Fish asked if the service re-design was being done in co-production. Roger Harris stated that yes this was and was looking at successful models such as the Thurrock Lifestyle Solutions which had been done using the co-production method.

Councillor Fish asked would only those people with critical needs receive the funded packages. Roger Harris stated that there was now a national eligible criteria and would still be based on an individual's care needs.

The Chair asked how the reassessment process was being undertaken and to ensure that individuals were getting the care required rather than making individuals more anxious with unnecessary checks. Roger Harris stated that these checks would be undertaken on a one to one basis based on individual needs and as part of an annual review.

Councillor Collins asked Officers to explain Micro Enterprise. Roger Harris stated that this was a project that was doing very well that identified small businesses to delivery social care in Thurrock.

Ian Evans asked Officers whether a consultation process would be undertaken for the reviewing of voluntary sector grants and any other significant changes. Roger Harris stated that this would be a Members decision but any proposals would be a statutory requirement and require a formal public consultation.

Councillor Snell agreed with Councillor Collins on the good work undertaken by the Micro Enterprises.

Councillor Snell asked Officers whether the introduction of Local Area Coordinators (LAC) had saved the Council money. Roger Harris stated that was a difficult question to answer and was currently in discussions with Les Billingham, but it was evident that having LACs had diverted work away into different areas and that there was a wealth of evidence from residents such as case studies and testimonials.

Ian Wake agreed that it was difficult to scientifically prove but there was substantial evidence to say that it was working. Ian Wake stated that he will be working off site with Les Billingham and Ceri Armstrong to look into what methodology could be used

Councillor Fish stated that he volunteered at the Tilbury Hub and what a fantastic job the team did to enhance the quality of life for residents.

## **RESOLVED**

- 1. That the Health and Wellbeing Overview and Scrutiny Committee note the revised Medium Term Financial Strategy position and the Council Spending Review approach and timetable.**
- 2. That the Health and Wellbeing Overview and Scrutiny Committee comment on the proposals currently being considered within the remit of this committee.**

*Kay Goodacre left the committee room at 8.05pm.*

### **30. Cancer Deep Dive (Health Needs Assessment) in Thurrock**

Members requested at the 9 June 2016, Health and Wellbeing Overview and Scrutiny Committee, that this report be brought back for further update.

Funmi Worrell, Public Health Registrar, presented the report and thoroughly explained to Members that this report had been produced as part of the core Public Health offer to the National Health Service (NHS) Thurrock Clinical Commissioning Group (CCG) and that the report and action plan considered all elements of the cancer care pathway, from prevention, screening and the referral process through to diagnosis, treatment and survival.

Funmi Worrell referred Members to the Cancer Action Implementation Plan which identified past and future actions made by the Thurrock Cancer Action Implementation Group.

The Chair thanked Funmi Worrell for the detailed report.

Councillor Watkins asked whether the screening services could be incorporated into secondary school activities to ensure that younger children are educated from an early age and possibly offering these screening services at events such as football matches or local promotion events to capture those patients that may be afraid or scared to have check-ups and may feel more comfortable in larger numbers to ask for information. Funmi Worrell stated that the most appropriate health actions would be taken and that not all services would be age appropriate. The aim would be to target audiences using campaigns and national promotions and informed Members that the Bowel Cancer campaign will be launched in January 2017.

Councillor Watkins asked what improvements had been made from the statistics provided. Funmi Worrell stated that the 2 week indicator of patient's referral with suspected cancer and that the one year survival rates year had improved.

Councillor Fish stated that only 11 out of the 32 practice populations achieved the minimum 70 per cent coverage was a concern and asked Officers what concrete outcomes would be taken forward. Funmi Worrell stated that details of those practices performing poorly were available and targeted on how they

could be improved. This item was also discussed at the Clinical Effectiveness Group.

Councillor Snell asked what was being done to identify those patients that missed appointments. Funmi Worrell stated that there was a system in place which contacted patients who had missed appointments to try and arrange another or the general practitioner would make contact to find out if there was an underlying problem with the patient not attending.

Councillor Sheridan asked Officers if anything could be done to educating residents to the dangers of using sun beds. Funmi Worrell commented that this was a big issue and that discussions between Public Health and Trading Standards had taken place.

Councillor Sheridan asked whether a “mole” chart could be made available especially in locker rooms in schools and gym changing rooms. Funmi Worrell stated that there was already a national campaign focussing on skin cancer in your people.

Councillor Collins asked Officers how the various lengths of time that survival rates were calculated. Funmi Worrell stated information was available for 1 and 5 year cancer survival rates and that we had data for 10 and 20 year survival rates, however, this data should not be compared to survival rates today because the data was 10-20 years old.

Ian Wake stated that advances in cancer treatment showed that survival rates were much higher today than they were decades ago due to innovations in screening, diagnosis and treatment over the years and that survival rates were different for different cancers and it might not be appropriate to compare the survival rates of one cancer to another.

Councillor Collins asked Officers for further information on the 10 year survival rates. Funmi Worrell agreed to send the findings to Members.

Councillor Snell suggested that the word “should” be removed from recommendation 1.2 to which all Members agreed.

## **RESOLVED**

- 1. That the Health and Wellbeing Overview and Scrutiny Committee comment on the contents of this report and action plans.**
- 2. That the Health and Wellbeing Overview and Scrutiny Committee support the work done by public health, CCG colleagues and other partners to improve cancer services and outcomes in Thurrock.**

### **31. Domiciliary Care - New Service Model and Proposed Procurement**

Roger Harris, Corporate Director of Adults, Housing and Health, presented the report that provided Members with an update on the current local domiciliary care situation and the effects that the current difficulties had on the service delivery in Thurrock. Roger Harris stated that the situation was extremely serious in Thurrock for the main three reasons:

1. Recruitment of carers into domiciliary care roles.
2. Rates paid by the Council to providers.
3. The quality of some providers in Thurrock was quite poor.

The report detailed the new direction of travel to support people at home and how this new approach would be an integral part of the second phase of Building Positive Futures, Living Well in Thurrock. It provided Members with an update on the progression of the Living Well at Home Project and how the current crisis had impacted on the delivery and implementation of the pilot.

Roger Harris highlighted the delays in the service, the waiting lists and the number of missed calls which were being addressed and monitored through the weekly improvement meetings.

Roger Harris stated that there was no immediate resolution that the situation would be fixed.

The Chair thanked Roger Harris for his honesty and asked if he could give Members his 100 per cent assurance that Thurrock residents that were currently looked after that they were safe and satisfied with the service.

Roger Harris stated that he could not give 100 per cent reassurance that the service currently provided was fully or delivering the quality expected. Individual care packages would be looked at on a one to one basis and rated using Red Amber Green (RAG). Roger Harris's concern was that the service was not sustainable and that long term solutions were required.

#### **RESOLVED**

- 1. That the Health and Wellbeing Overview and Scrutiny Committee note the current situation as regards to domiciliary care in Thurrock and the measures being taken by the department to stabilise the situation.**
- 2. That the Health and Wellbeing Overview and Scrutiny Committee agree the future redesign of the service model to support people to live well at home.**
- 3. That the item be added to the work programme for 17 January 2017.**

## **32. Annual Report of The Director of Public Health 2016**

Ian Wake, Director of Public Health, presented the Thurrock Annual Public Health Report to Members that focused on the sustainability of Thurrock's Health, Wellbeing and Social Care system with particular focus on the long term conditions management.

An Executive Summary was being prepared and would be presented at Cabinet and Full Council.

Ian Wake stated that it was a statutory duty to produce this independent report on the state of the health and population of the people that Thurrock Council serve.

Ian Wake and his team decided on a topic of relevance to Members and the presentation picked up on the key issues and challenges of how the Council could make the adult and social care system financially and operationally sustainable.

The main key issues were:

- Key Health Challenges – The Demographic Time Bomb
- Whole Systems Approach Needed
- The Financial Opportunity
- How Thurrock was Under-Doctored
- GP Practices – Long Term Health Conditions
- Finding the Missing Thousands
- Emergency Hospital Admissions
- Adult Social Care
- Hospital Admissions
- Key Recommendations

The Chair thanked Ian Wake for the fascinating report and for condensing all that information into the presentation. Thanks were also given to Ian's team for all their hard work.

At 9.15pm the Chair moved a motion to allow the meeting to continue beyond the 2 ½ hour time limit so that all members' questions are heard. All members agreed to finish at 9.45pm.

Councillor Sheridan thanked Ian Wake for a really good, simplified and interesting report.

Councillor Fish asked whether the pressure could be taken off general practitioners if people took more responsibility for their own health. Ian Wake stated absolutely yes and that a poor diet and lack of exercise was a key risk factor for high blood pressure. The issue Ian Wake had was how to persuade people to do this. Changes to the environment and regeneration plans could be addressed.

Councillor Watkins thanked Ian Wake for an excellent report and asked whether the 999 service would be addressed as to how a caller's request for an ambulance was being treated and rated. Ian Wake stated that the 30 per cent figure was an outrage but compared to other council statistics of 40 per cent, it appeared Thurrock were less likely to abuse the ambulance service.

There were certain cohorts that abused the ambulance service and wasted tax payer's money.

Councillor Watkins stated that it was essential that Basildon and Brentwood Councils worked collectively with Thurrock.

Councillor Watkins asked if the 101 Service could provide an assistance and help facility to those unsure if an ambulance would be required or not. Ian Wake agreed that this would be a good idea, but due to the demand for the service and how people's perception of what services they are entitled to had changed over the years.

Councillor Collins referred to the Diabetics Type 2 figures and asked how residents of Thurrock could be encouraged to exercise more. Ian Wake stated that companies should advertise the need to exercise more and with 80 per cent of Thurrock Council workers living in the borough, the "Step Jockey" would be re-introduced into the office in January 2017.

Councillor Collins asked if other services could be offered in general practitioners surgeries instead of residents having to go to hospitals. Ian Wake agreed and stated that simple services such as blood tests and blood pressure tests could be incorporated into general practitioner surgeries.

Councillor Snell thanked Ian Wake for the presentation and stated it seemed that it was always the same general practitioners that were failing and that those doctors should be made to understand and should be able to follow good models of surgeries that were achieving. Ian Wake stated that the Balance Scorecard will be used to build networks amongst general practitioners and have the mechanism to help others.

Councillor Snell also asked if a general practitioner could be available in a hospital before the patient goes into accident and emergency. Ian Wake stated that this had already been trialled and evidence showed that this did not reduce the demand.

Councillor Watkins asked regarding admissions was it the downfall of the internet that people were self-diagnosing and could work be done with NHS England to alter the self-diagnose ability. Ian Wake stated that Brentwood and Basildon CCG used e-consult facilities, so when patients logged onto make an appointment and entered symptoms they were taken through an algorithm in terms of diagnosis which reflect about 20 per cent of all appointments so patients went away and self-cared.

The Chair asked what the next steps were for the team going forward. Ian Wake stated that the same report would be presented at the Health and Wellbeing Board next week with the key players around the table. There may be opportunities to have conversations to take the capacity out of hospitals and undertake quick wins which were either cheaper or free.

Councillor Sheridan stated that a recent staff survey had been undertaken at Basildon Hospital asking what would help the hospital more which would not cost a lot of money. The reply by most was a new Porter. Ian Wake suggested to Councillor Sheridan that she feed this back to Tom Abell, Chief Executive at Basildon Hospital and a member on the Health and Wellbeing board.

The Chair thanked Ian Wake again for the report and stated that there was lots of work to be getting on with.

### **RESOLVED**

**That the Health and Wellbeing Overview and Scrutiny Committee note the contents and recommendations of the report.**

### **33. Work Programme**

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

### **RESOLVED**

- 1. It was noted that the item Success Regime be added to the work programme for 15 March 2017 committee.**
- 2. It was noted that the item Domiciliary Care be added to the work programme for 17 January 2017 committee.**
- 3. It was noted that the item Cancer Deep Dive be added to the work programme for 15 March 2017 committee.**

**The meeting finished at 9.43pm.**

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)