

## **Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 3 July 2017 at 7.00 pm**

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- Present:** Councillors Graham Snell (Chair), Gary Collins, Angela Sheridan, Oliver Gerrish (substitute for Clifford Holloway) and Jane Potheary (substitute for Victoria Holloway)
- Ian Evans, Thurrock Coalition  
Kim James, HealthWatch
- Apologies:** Councillors Clifford Holloway, Victoria Holloway and Aaron Watkins
- In attendance:** Councillor Halden, Portfolio Holder for Education and Health  
Roger Harris, Corporate Director of Adults, Housing and Health  
Tom Abell, Managing Director, Basildon and Thurrock University Hospital  
Andrea Clement, Public Health Registrar  
Tim Elwell-Sutton, Consultant in Public Health  
Irene Lewsey, Head of Transformation, NHS Thurrock CCG  
Mark Tebbs, Director of Commissioning, NHS Thurrock CCG  
Jenny Shade, Senior Democratic Services Officer
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Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

### **1. Minutes**

The Minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 15 March 2017 were approved as a correct record.

### **2. Urgent Items**

There were no items of urgent business.

### **3. Declarations of Interests**

No interests were declared.

### **4. Terms of Reference**

Members agreed the Health and Wellbeing Overview and Scrutiny Committee Terms of Reference.

### **5. Items Raised by HealthWatch**

Kim James updated Members on HealthWatch's concerns by the increased number of complaints being received on the services being delivered by Basildon Hospital. This number had increased over the last three to four months with low level incidents such as appointment information being sent to the incorrect address to some incidents being incorrectly categorised. With one particular incident being an incorrect diagnosis which had now been identified as serious and investigations are underway. Kim James stated she felt it appropriate to bring this matter to Member's attention as HealthWatch recorded all complaints which were available for the Quality Care Commission to view.

Councillor Gerrish noted his concerns and asked that further information to the background to this serious incident be available after the committee due to the confidentiality of the matter.

Councillor Collins echoed Councillor Gerrish's concerns and questioned whether there was any theme to the complaints. Kim James stated that they were sporadic and from all different areas of the hospital.

Councillor Collins asked whether there were co-ordinators at Basildon Hospital. Kim James stated that there should be a service manager for each area who should pick up issues such as complaints and deal with incidents as they arose.

Councillor Snell stated that the Committee had discussed similar situations in previous years and had been assured that those kinds of failings would not happen again but here we are again discussing those very same issues.

Kim James stated that the Quality Care Commission looked at the action plan and would pick up individual incidents.

Tom Abell stated that HealthWatch had raised this matter prior to the committee and that the Site Leadership Team would be investigating such incidents alongside the clinical teams involved. Tom Abell stated that the information collated by the hospital staff would be analysed, lessons would be learnt on how staff may be missing incidents and ensure that all patients had the right information on how to report incidents. Members requested that an update report be brought back to committee.

Councillor Snell agreed to what was being put in place to ensure that such incidents do not happen in the future.

Councillors Collins asked if complaint score cards were kept to identify whether the same staff were missing these incidents. Tom Abell stated that individual score cards were kept which identified the name, date, time, type of patient, carer and outcomes. Reviews were undertaken using the Incident Management System and immediate action would be taken where necessary.

Councillors Collins questioned whether qualification checks were undertaken on Basildon Hospital staff. Tom Abell confirmed that routine validation checks were undertaken.

Councillor Potheary questioned those patients that presented themselves at other hospitals and what mechanisms were in place to map treatments. Tom Abell stated that the Children Safeguard system would trigger any inconsistencies between different hospitals for children but adults could choose which hospital they attended.

## **6. Update on Mid and South Essex Success Regime / Sustainability and Transformation Partnership (STP)**

Tom Abell thanked Members for including the report on the work programme and provided Members with an update on the current thinking, the key events leading to the current position and the next steps for changes in local health and care across the Mid and South Essex Sustainability and Transformation Partnership. Members were asked for their feedback from the report and on the future plans to undertake a public consultation.

Tom Abell briefed Members on the commissioning functions of the Clinical Commissioning Group Joint Committee and the strategic functions. The consultation programme would commence December 2017 through to March 2018 with a final decision shortly after. The Group were scheduled to meet on the 7 July to make decisions on any final consultations and would be happy to discuss further with this Committee.

Councillor Snell thanked the Officer for the report.

Councillor Gerrish asked with the focus on becoming sustainable what would be the scale of the challenge. Tom Abell stated that the sustainability gap in the National Health Service locally would be five years at a cost of £200 million and that the plans in the Sustainability and Transformation Partnership would address measures to bridge this gap.

Ian Evans queried the onward transfer of patients and whether any projectors or indicators as to the numbers and availability were available. Tom Abell confirmed that this data was not to hand at this time; this would depend on the work undertaken by the clinicians on the pathways which would be best suited and would deliver benefits to patients.

Ian Evans asked if the Joint Committee consisted of any service user or lay members. Tom Abell stated that no lay member or HealthWatch were on the committee and that decisions would be currently made by Chairs of the CCGs and Accountable Officers of the CCGs which made up the Joint Committee membership.

Councillor Potheary questioned the centralisation of certain services for example the stroke services at Southend Hospital and asked what the plans would be to assist residents getting to these locations. Tom Abell stated that it

was the intention to keep residents at these specific hospitals for a shorter time as possible and then rehabilitation would be undertaken closer to home. That work was currently underway with the Clinical Commissioning Group to identify what transport was available. Tom Abell stated that with the right conditions these services should run alongside general practitioners and managed locally which in turn would prevent the 999 service being required.

Roger Harris stated that it was fair to say that the pace of the Success Regime had been frustrating with a lot of work being done on different models of care. The focus seemed to be on acute services rather than out of hospital models. The aim should be to get the right primary care services and identify when early intervention was required. Roger Harris noted his concern that the Joint Committee's functions would be extended too far and would undermine the local Clinical Commissioning Group and local services such as HealthWatch.

Councillor Gerrish asked how advanced was the thinking in terms of the offer with regards to the size and shape of future hospital configuration and would the extension include the expansion of services at Basildon Hospital.

Tom Abell replied that work had to be done to refine the offer to a define set of clinical services and work through the numbers and would present these findings at a future Health and Wellbeing Overview and Scrutiny Committee. Tom Abell stated that extra buildings would be required to cope with the demand.

Councillor Snell stated that as predicted this would take away the services and undermine work already done locally.

## **RESOLVED**

**That the Health and Wellbeing Overview and Scrutiny Committee noted the update and gave views on the emerging thinking, the importance of local issues and the future plans for public consultation.**

### **7. Integrated Medical Centre Delivery Plan - Phase 1**

Roger Harris presented the report and updated Members on the details of the proposed model of care; he outlined the proposed delivery mechanism for the capital build project and considered the Council's role in both delivery and occupying part of the facility. The first stage of the process was the delivery of the Tilbury and Chadwell Integrated Medical Centre with this report being presented to Cabinet in July 2017.

Councillor Collins questioned the opening hours of the Integrated Medical Centres and would this take the pressure of Accident and Emergency. Roger Harris stated that the Centres would offer extended hours of opening and that other services would be available such as general practitioners, Local Area co-coordinators, community and voluntary services. The design and size of

the centres would be discussed and agreed by the Design Team at the design stage. Roger Harris stated the Centres would not offer overnight bed facilities.

Kim James stated that a public engagement had taken place in Tilbury with 4000 residents being consulted with their views being taken on board.

Ian Evans asked about the quality of general practitioners considering many areas were under-doctored.

Mark Tebbs stated that a European Recruitment exercise of general practitioners was underway to bring the number of general practitioners up to capacity. These would work with primary health colleagues and offer primary care services.

Councillor Potheary questioned the name change from Hubs to Integrated Medical Centres. Councillor Halden stated that residents were in the past unaware of appointments being made available at Hubs therefore this new model would be a clear package for residents to understand that appointments and services would be available locally and to use them instead of going to accident and emergency.

Councillor Potheary questioned the duplication of services at each of the centres. Roger Harris stated that this detail would form part of the final design package for each Centre.

Councillor Snell stated that it was the intention to close Orsett Hospital and what reassurances would be given that these Centres would be open before this happened. Tom Abell stated that as part of a consultation they looked at what services were available at both Orsett and Basildon Hospitals and how these could be moved to Thurrock. There was a full commitment that services offered at Orsett Hospital would not be moved to Basildon Hospital and that Orsett Hospital would not close until such time as the Integrated Medical Centres were up and running.

Councillor Snell questioned whether there was any timescales on when Orsett Hospital would close. Tom Abell stated not specifically but with new stringent building regulations coming into force they would be looking around 2020/2021.

Councillor Gerrish questioned the budgets available. Roger Harris stated that the business case part of Phase 2 would include this but budgets would not be dependent on the closing of Orsett Hospital first.

Ian Evans questioned the floor space available at the Centres. Roger Harris stated that it would be shared with flexible space that could be used by other organisations and voluntary services.

Councillor Sheridan asked about the increase of population in Thurrock and had this been considered. Roger Harris stated that this had been an element

of the design brief for future proofing and would be built into the specification accordingly.

Councillor Gerrish asked what the timescales would be for all four Centres to be up and running. Roger Harris stated that all Centres were running on slightly different arrangements and once the business case had been agreed it could be up to 18 to 24 months for building to be completed and before patients see the services up and running.

Councillor Snell thanked Officers for the report and that it was encouraging to finally see some activity.

## **RESOLVED**

- 1. That the Health and Wellbeing Overview and Scrutiny Committee note the current status of the project and commented on the proposed mechanism for securing the delivery of the Tilbury and Chadwell Integrated Medical Centres.**
- 2. That the Health and Wellbeing Overview and Scrutiny Committee support the Council in taking the role outlined within the report including the decision to tender and appoint the design team.**

*Tom Abell and Councillor Halden left the Committee Room at 8.20pm.*

## **8. Podiatry Services in Thurrock**

Mark Tebbs, Clinical Commissioning Groups, National Health Service England, provided Members with a broad overview of the current local provisions compared to the society of chiropodists and podiatrists best practice guidance (2010). This report had been requested by the Portfolio Holder for Children's and Adults, Councillor Sue Little.

Councillor Sheridan thanked the Officer for the report and asked why residents would have to pay a £5 registration fee. Mark Tebbs stated that this was a charge made by Age UK as this was a provision being supplied by a voluntary service.

Councillor Sheridan questioned what support would be given for those residents on low income. Roger Harris stated that monies from the Better Care Fund would be used to bridge that gap for those on low income.

Ian Evans questioned the demographic of services available and the number in demand for those with a learning disability. Tim Ewell-Sutton stated that Learning Disability Health Checks would address this service and that the demand number could be found in the Annual Public Health Report which was in the public domain.

## **RESOLVED**

**That the Health and Wellbeing Overview and Scrutiny Committee Members noted the contents of the report.**

**9. The Procurement of an Integrated Sexual Health Service for 2018-2023**

Andrea Clement presented the report on the proposal to proceed to tender to procure a fully Integrated Sexual Health Service that was due to start from the 1 April 2018. Currently in Thurrock the majority of sexual health services were commissioned from the North East London Foundation Trust (NELFT) with some small contractors with general practitioners and pharmacies. This contract was due to expire on the 31 March 2018 and this provided an opportunity to identify further savings could be made through competitive procurement.

Councillor Potheary stated she would have liked to have seen the Equality Impact Assessment undertaken based on the services that were under tender. Those sub-contractors may be hard to hold to account and how this will be monitored. Andrea Clement stated that only a very small number of sub-contractors were commissioned mainly around the on-line chlamydia screening and HIV testing. This would be developed as part of the specification as a feedback mechanism and patient engagement.

Roger Harris stated that some sub-contractors would be general practitioners and pharmacists which is currently the normal practice.

Councillor Collins questioned the number of cases of sexual transmitted diseases and had the numbers in chlamydia screening decreased over time. Andrea stated that the chlamydia screening levels were lower than the UK average and less than in 2014. With mixed results there were still lots more work to do. Figures on the number of AIDS referral were not to hand but would find out and report back to Members.

Ian Evans questioned Officers on the consultation timescales and whether any consultations had been undertaken with stakeholders. Would any section of the tender support people with learning disabilities in attending sexual health checks and accessing surgeries. Ian Evans also questioned if the Council Social Value Framework would be used and what weighting would be given to the social value in the tender.

Andrea Clement stated that a survey had been undertaken on what sexual health services people wanted and to identify any current gaps. Unfortunately this was delayed due to Purdah but now other methods of receiving this feedback would be looked into and would be engaging with the voluntary services going forward.

Andrea Clement stated that a social value key performance indicator would be incorporated into the specification and would feedback to Members at a later date.

Councillor Sheridan asked whether a process was in place to detect any signs of Female Genital Mutilation. Tim Elwell-Sutton stated that there was a national protocol and the National Health Service duty to report any signs of Female Genital Mutilation.

Kim James stated that HealthWatch had received a large number of complaints particularly with regard to the long waiting time for some services with over a four month wait for a service. Only a few general practitioners offered this service and if it wasn't your GP this was dependent on patients bringing a prescription. With there being no key performance indicators it was impossible to hold North East London Foundation Trust to account and that a monitoring tool should be added to the specification.

Andrea Clement stated that the Council were aware of long waiting times and that changes to the specification would be made to tackle this problem by introducing a key performance indicator on waiting times and possibly incorporate a penalty fine.

Councillor Gerrish echoed the comments on key performance indicator monitoring and to ensure that adequate sanctions were put in place. Councillor Gerrish asked how the Genito-Urinary Medicine service would be delivered in the future. Andrea Clement stated that there were plans to locate some of the sexual health services into the Integrated Medical Centres but it would be likely that Level 3 services may have to be located in one central clinic.

Councillor Snell registered his concerns over the waiting list times but noted that this was now being addressed.

## **RESOLVED**

**That the Health and Wellbeing Overview and Scrutiny Committee commented on the plan to proceed to tender as set out in this report for the delivery of Integrated Sexual Health Services starting on the 1 April 2018 prior to submission to Cabinet.**

### **10. Southend, Essex and Thurrock Dementia Strategy 2017 - 2021**

Mark Tebbs and Irene Lewsey presented the report and explained that the Southend Essex and Thurrock Dementia Strategy for 2017-2021 was a collaborative piece of work between people living with dementia, their carers and the three Local Authorities and the seven Clinical Commissioning Groups within Greater Essex. The vision was for future development as set out in the strategy. Mark Tebbs guided Members through the nine priorities of the strategy and stated that the strategy would support the development of a locally focussed implementation plan enhancing what was already happening in Thurrock and developing that further.

Councillor Sheridan thanked the officer for an excellent and caring report and asked whether a dementia check could be included in health checks that

residents have with their general practitioner. Irene Lewsey stated that checks were already taking place on residents over 65 and that pathways were being developed to identify when referrals were required.

Councillor Sheridan stated that when consultations or tests were taken place that partners or carers should be in attendance also to provide assistance and information. Irene Lewsey stated this issue was being covered by having partner or carer contact details on all correspondence.

Councillor Collins thanked officers for the report and highlighting the role of the carer but stated that he was annoyed with the wording when referring to early intervention and prevention. Irene Lewsey stated that the headings had been taken from the National Dementia Strategy.

Councillor Collins stated that to improve the care of those suffering from dementia the Council should be looking at those carers who had the heart and capacity to love, care and be compassionate towards others rather than those with qualifications that who do not have the time to spend with individual patients.

Ian Evans asked what future roll outs of dementia training would be undertaken and how could the community be looked at as a whole to where dementia patients lived so that members of the public could be trained.

Mark Tebbs stated that Dementia Friendly and the Dementia Council were working closely in the community and would continue to train as many new members as possible.

Councillor Snell stated that he found the strategy frustrating that it appeared written only for those with early stages of dementia and did not go far enough for those suffering with severe dementia. Roger Harris stated that this would be covered in the Thurrock Specification Action Plan and would look at the services available and how these would be made fit for purpose.

## **RESOLVED**

- 1. That the Health and Wellbeing Overview and Scrutiny Committee agree to recommend to Cabinet that Thurrock Council endorse the Southend, Essex and Thurrock Dementia Strategy 2017-2021.**
- 2. That the Health and Wellbeing Overview and Scrutiny Committee agree that a local Thurrock implementation plan is developed to deliver the Dementia Strategy in Thurrock.**
- 3. That the Health and Wellbeing Overview and Scrutiny Committee agree that the implementation plan is brought back to the Health and Wellbeing Overview and Scrutiny Committee for consideration.**

## **11. Work Programme**

The Chair asked Members if there were any items to be added or discussed for the work programme for the 2017-18 municipal year.

Members agreed to add a report on The Carers Information, Support and Advice Service to the 7 September 2017 Committee.

Members agreed to add a report on 2016/17 Adult Social Care Complaints to the 7 September 2017 Committee.

Members agreed to add a report on Non-Residential Charging Options to the 7 September 2017 Committee.

Members agreed to add a report on Basildon Hospital – Update on the Number of Complaints to the 16 November 2017 Committee.

Members agreed to add a report on Action Plan for Dementia to the 16 November 2017 Committee.

Members agreed to remove the report on Living Well in Thurrock from the 7 September 2017 Committee and add to the 16 November 2017 Committee.

Members agreed to remove the report on Cancer Deep Dive Update from the 7 September 2017 Committee and add to the 16 November 2017 Committee.

## **RESOLVED**

- 1. That the item The Carers Information, Support and Advice Service will be added to the work programme for 7 September 2017 Committee.**
- 2. That the item 2016/17 Adult Social Care Complaints will be added to the work programme for 7 September 2017 Committee.**
- 3. That the item Non-Residential Charging Options will be added to the work programme for 7 September 2017 Committee.**
- 4. That the item Basildon Hospital – Update on the Number of Complaints will be added to the work programme for 16 November 2017 Committee.**
- 5. That the item Action Plan for Dementia will be added to the work programme for 16 November 2017 Committee.**
- 6. That the item Living Well in Thurrock will be added to the work programme for 16 November 2017 Committee.**
- 7. That the item Cancer Deep Dive Update will be added to the work programme for 16 November 2017 Committee.**

**The meeting finished at 9.20 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)**