

Minutes of the Meeting of the Orsett Hospital Task & Finish Group held on 10 October 2019 at 7.00 pm

Present: Councillors Victoria Holloway, Sara Muldowney, Shane Ralph, Joycelyn Redsell and Elizabeth Rigby

Apologies: Councillor Fraser Massey

In attendance: Councillor James Halden, Portfolio Holder for Education and Health
Roger Harris, Corporate Director of Adults, Housing and Health/Interim Director of Children's Services
Ian Wake, Director of Public Health
Tom Abell, Deputy Chief Executive and Chief Transformation Officer, Basildon & Thurrock Hospital Trusts
Mandy Ansell, Accountable Officer, Clinical Commissioning Group
Margaret Hathaway, Basildon and Thurrock University Hospitals NHS Foundation Trust
Tania Sitch, Partnership Director Adults Health and Social Care Thurrock North East London Foundation Trust
Nicola Windsor, Transformation Programme Lead, North East London Foundation Trust
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.

11. Minutes

Minutes of the Orsett Hospital Task and Finish Group held on the 7 November 2019 were approved as a correct record.

12. Urgent Items of Business

There were no items of urgent business.

13. Declaration of Interests

No interests were declared.

14. Nomination of Vice Chair

Councillor Redsell was elected as Vice Chair.

15. Review of Terms of Reference

Members reviewed the Terms of Reference and agreed that the end date of the Review would be February 2020 when consideration would take place on adding the Orsett Hospital item onto the Health and Wellbeing Overview and Scrutiny Committee work programme.

Members agreed that the activities planned should go ahead with democratic services looking at suitable dates.

16. Sustainability and Transformation Plan (STP) Update

Roger Harris, Corporate Director of Adults Housing and Health, provided Members with a brief overview of the very significant transformation programme that the Council and Health Partners had been working together on to develop a new model of care and provide integrated health and social care services to the community. That the programme would be complex to ensure better integrated services be provided, delivered in different ways and ensure that services were delivered from the right locality. That significant progress had taken place since the last task and finish meeting in February 2019 and commented it was vital to get the right service configuration at each site. Members were referred to the result of the referral to the Secretary of State to which the Independent Reconfiguration Panel had endorsed to uphold the original decision. The report provided progress of the delivery of each of the four Integrated Medical Centres (IMCs) and Roger Harris referred Members to Figure 1 in the report that listed the detailed information undertaken by Public Health and Health Partners to identify what services to be delivered out of each of the four IMCs.

Ian Wake, Director of Public Health, stated the report was a representative of where the Council was and that Figure 1 identified the distribution of services at a high level and that robust analyse had been undertaken following a Needs Assessment carried out in 2016. That a piece of work had been undertaken to understand what outpatient appointments were available at Basildon and Orsett Hospitals which could be moved closer to residents. That postcode mapping had been undertaken to understand in the four localities which were the greatest used services. Ian Wake stated the team had been working under constraints which had also been fed into the major plan and was a representation of where the Council was.

Tania Sitch, Partnership Director Adults Health and Social Care Thurrock NELFT, the responsible officer for Corringham IMC provided Members with an overview that NELFT were committed to the scheme and had committed capital funding for the Corringham IMC. Their current sites being given up to provide care from each of the four IMCs. That NELFT owned Grays Centre would remain open and a General Practitioner in Corringham with at least 2000 names on their list would also be based in the IMC. Tania Sitch stated that this would be a big culture change for their staff but it was important to get the design right to ensure the right balance and purpose. Tania Sitch

invited Members to the Corringham site where plans would be available to view.

Councillor Redsell stated as a member of the Bus User Group there needed to be a connection service between all four IMCs. That bus companies were aware of the proposals and would be happy to engage with the Council.

Councillor Ralph had concerns with regards to the parking outside the proposed Corringham IMC. Tania Sitch stated this would be addressed as part of the review and engagement with a local group being set up to look at this.

The Chair stated that further discussions need to take place around transport and how residents would be able to get transport to each of the four IMCs. Roger Harris stated that the Corringham IMC was scheduled to be open within the next two to three years at which point further discussions would have been undertaken with bus companies and confirmed that as part of the planning application process there would be a need to look at the parking and travel plans.

The Chair stated that much work had been undertaken since the last meeting and that plans were now further advanced and it had been reassuring to see the proposed service provision at each of the four IMCs.

The Chair asked for some clarification on what options had been drawn up to try and keep Orsett Hospital open, what plans had been considered to keep a medical provision available on the Orsett Hospital site and what would happen to the site when the hospital was to close. Tom Abell, Deputy Chief Executive and Chief Transformation Officer, Basildon and Thurrock Hospital Trusts, stated that a proposal had come out of "For Thurrock In Thurrock" for new models of health care that would place greater emphasis on care based within distinct localities. That infrastructure issues had been addressed, with the building no longer being functional. That work had been undertaken with Orsett residents to identify the main reason they used Orsett Hospital which was to have blood tests. An engagement with a local General Practitioner surgery in Orsett has taken place to expand that service from their surgery. Tom Abell stated that once services had been decommissioned out of Orsett Hospital the land would be sold and be looked at how the capital could be spent with investments being made into the programme. Tom Abell reassured Members that Orsett Hospital would not close until all four IMCs were open.

The Chair commented that in the past it had been an issue to recruit the required number of workforce in Thurrock and questioned what the unique selling point would now be to encourage more interest into Thurrock. Tania Sitch stated there had been some good interest, with recruitment going well in other areas which had been down to new initiatives, the models of transformation, how the work was being undertaken, different approaches, more agile working and working environments being made more attractive.

Councillor Muldowney questioned whether the proceedings from Orsett Hospital could be go outside of the borough. Tom Abell stated that the proceedings from the sale of Orsett Hospital would go to the trust who owned the land where consideration would then be taken into account how and where the money would be spent. That until agreement had been made as to what services could be moved from Basildon and Orsett Hospitals no decision could be made.

Councillor Redsell stated that information around the closure of Orsett Hospital and the IMCs should be made available for all residents so they were aware of what was happening. Roger Harris agreed and stated that although public engagement had paused whilst the decision was being made by the Secretary of State, this would now start up again which would provide clear information and work would start shortly on the timings of these events.

The Chair agreed that a good communications plan was vital to communicate this information to residents and suggested a Frequently Q&A fact sheet that could be used and distributed at Member surgeries.

Councillor Halden was invited to speak by the Chair and stated that the report demonstrated there had been a one system approach which had been demonstrated by the work being undertaken with the Council and Health Partners. Members were referred to Figure 1, proposed service provision, and as an example stated the mental health provision would be based across all four IMCs. Councillor Halden stated the Council was in a better position for questions to be directly answered more fully now that the provision of what services would be decanted into the IMCs are known. This was due to the strength of all partners and how budgets had been delivered. That the engagement events should continue and although the communications plan may be complex to prepare agreed that this should be available to all in the community and suggested that the communications plans be returned to the task and finish group at a later date. Councillor Halden referred to workforce and education and confirmed there were specific schemes that the Youth Inspire Scheme had been put in place and for example for nine youth applicants who had looked at the nursing profession, that active work was being undertaken with schools as the Youth Inspire offer was extended into Tilbury. Work was being undertaken with schools to identify the correct pathway for pupils. Key housing allocation for those young people who may wish to relocate. Councillor Halden concluded that the Clinical Commissioning Group had signed up to the mental health initiative to increase the training capacity within schools.

Mandy Ansell reminded Members that as part of the Business Case, the HealthWatch Peoples Panel had been set up and that Kim James should be invited to attend the next meeting. The Chair agreed and noted that a visit from the Peoples Panel was an item for the activities on the terms of reference.

Councillor Ralph commented that it appeared Corringham IMC would be the smallest. Tania Sitch stated that was correct as the building had already been planned for NELFT.

The Chair asked what, if any, contingency plans were in place if the four or any of the IMCs were not built. Roger Harris stated the risk register and contingency plan would address issues but fundamental there was a whole range of drivers that needed to be taken into account such as when Orsett Hospital would close, the hub moving out of Tilbury, consideration of the Purfleet Regeneration Project, the potential growth in the borough and that some GPs need new premises.

Tom Abell stated that planned maintenance would continue alongside equipment being fixed on the site of Orsett Hospital until such time that it was closed and would take into account any slippage in the schedule. Tom Abell stated that over a year there had been 36,000 outpatient appointments at Orsett Hospital and as part of the contingency plan the scheduling needs of how these appointments connect and be workable with other services would be undertaken. The Chair thanked Tom Abell for the reassurance that Orsett Hospital would continue to be maintained.

Councillor Ralph questioned whether there was room for expansion based on the proposed 36,000 new homes being built in the borough as part of the Local Plan. Tom Abell stated that future growth had been taken into account whilst considering whether there was a need for these appointments. Residents could go to one clinic for a number of appointments where better service care could be provided as there would be less clinics to maintain. Also outpatient appointments for services at Basildon Hospital could be incorporated into the Thurrock IMCs.

Councillor Muldowney questioned whether the planned merger of the Clinical Commissioning Group management structure would impact plans. Mandy Ansell stated that through the alliance work it was securing as many of the Thurrock pounds remaining in Thurrock which would be done under the better care fund and the joint commissioning. That this would not come without challenges and stated that it would be two years before the merger took place with the intention to ensure staff and the Thurrock pound remain in Thurrock as much as possible and not jeopardise the good work. Mandy Ansell was unable to give assurances but could be seen as a risk to Thurrock as they had the smallest Clinical Commissioning Group and although Thurrock had managed their finances other groups had not and made Members aware that there would be challenges ahead but could not give any assurances at this time.

Councillor Muldowney thanked Mandy Ansell for her honesty of the unknown to which the chair also echoed the comments made.

Ian Wake stated the biggest risk for the Council would be around the relationships and trust with partnerships which had been build up over the last three years and it would be critical to Thurrock on who acquired the posts. Ian

Wake reassured Members by stating that an Understanding of Memorandum had been developed with the STP and the Joint Commissioning that specified what should happen at STP system and place levels and also more importantly what should happen at locality level.

Councillor Halden stated there was a reason to be optimistic and cautious that the proposed merger was worrying with a common sense approach being in place by the Council and Health Partners. Members were again referred to the proposed system levels and agreed that some services should be done at acute STP wide level and there were certain services that the hospital could lead on as it would not make sense for Thurrock to do them alone and commission those services across a wider footprint. Services for Thurrock to lead on such as improving general practitioner primary care and constructing IMCs. There had been no conflict with our acute partners, no conflict with any partners in NHS England on those subjects. Councillor Halden stated that common sense prevailed that the Memorandum of Understanding had outlined how that relationship would work and form that relationship. That there could be a risk to Thurrock being a victim of its own success as the Council was more ahead compared to other local authorities and to be aware that any mission creep did not take place.

Members acknowledged that Orsett Hospital had been part of Thurrock history and that residents would feel nostalgic about the closure with residents possibly having a fear of the unknown on what the closure would mean for them.

The Chair thanked all those in attendance for a good meeting and appreciated the discussions and comments made.

RESOLVED:

That the Task and Finish Group considered and noted the report.

The meeting finished at 8.15 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**