

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 3 November 2022 at 7.00 pm

Present: Councillors Shane Ralph (Chair), Terry Piccolo (Vice-Chair), Tony Fish, Georgette Polley, Jane Potheary and Sue Sammons

Georgina Bonsu, Thurrock Lifestyle Solutions
Kim James, Healthwatch Thurrock Representative

In attendance: Jo Broadbent, Director of Public Health
Ceri Armstrong, Acting Assistant Director of Adult Social Care and Community Development
Ian Kennard, Commissioning Manager - Personalisation I Adults, Health and Housing
Catherine Wilson, Strategic Lead Commissioning and Procurement
Katie Arnold, Mid and South Essex Integrated Care System
Dr Ronan Fenton, System Medical Director, Mid and South Essex Integrated Care System
Claire Hankey, Director of Communications and Engagement, Mid and South Essex Integrated Care System
Tiffany Hemming, NHS Basildon and Brentwood CCG
Stephen Porter, Interim Director, Thurrock Alliance
Dr Peter Scolding, Assistant Medical Director, Mid and South Essex Integrated Care System
James Wilson, Transformation Director, Mid and South Essex Community Collaborative
Jenny Shade, Senior Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting was being recorded, with the audio recording to be made available on the Council's website.

20. Minutes

Minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 1 September 2022 were approved as a correct record.

21. Urgent Items

There were no urgent items.

22. Declarations of Interests

Councillor Polley declared a non-pecuniary interest in relation to her employment with the NHS Ambulance Service.

Councillor Fish declared a non-pecuniary interest in relation to him being a Blue Badge user.

23. HealthWatch

Kim James referred to the work undertaken by Thurrock HealthWatch with a report being produced on “Access to general practitioner Surgeries” and agreed to share that report with members for information.

Work would also commence following lots of issues being raised by communities to HealthWatch around access to services, such as no community transport and there had been issues with the criteria for non-urgent ambulance services. HealthWatch would like to invite anybody in the community who had experienced these issues to contact them so their comments could be included in the report.

Councillor Ralph suggested that once the report had been finalised, it could be presented to members under the HealthWatch item of the agenda. Councillor Ralph made this personal thanks to Kim James for the work she had undertaken on a number of cases with local residents which had been very helpful.

24. Community Inpatient Beds in Mid and South Essex

Members were updated on the work that was ongoing across Mid and South Essex (MSE) Integrated Care System (ICS) on the potential future configuration and focus of community inpatient beds.

Councillor Ralph thanked James Wilson for the update.

Councillor Potheary referred to the stroke rehabilitation centre and questioned whether under the consultation there would be a proposal for the stroke rehabilitation centre to be focused away from Thurrock. As there tended to be a trend to have centres less local, less embedded in the local community and further away for residents to travel. James Wilson stated under the current configuration of the stroke community rehabilitation there were two sites across Mid and South Essex, in Rochford and St Peters in the Maldon area. The preferred option following the next phase of work, would be the requirement of two sites that would increase the overall volume of stroke rehabilitation beds and would be looking for sites in the north and the south which would not significantly change any points of access for Thurrock residents. An updated report, once proposals had been confirmed, would be presented back to the committee. It was confirmed that Thurrock residents requiring stroke rehabilitation services would go to Rochford unless it was appropriate for them to have their stroke rehabilitation in their own homes.

Kim James referred to the report that was due to be presented to the committee on the 1 September 2022 to which the chair stated this report had been deferred. Democratic Services would send a copy of that report to members.

Councillor Ralph referred to the current pressures of discharges from hospitals and with the potential of services moving to new sites questioned whether this would mean the closure of the Rochford facilities. Councillor Ralph also questioned whether services could potentially be moved to Bishop Stortford which would mean Thurrock residents having to travel even further for recovery. James Wilson stated that one of the key themes fed back from the pre consultation exercise had been the importance of local facilities and with the plans taking place in terms of the winter response would be to reopen the capacity not in existence. This would mean there would be more local capacity opening and there were no current plans to move the services to Bishop Stortford and there were no current active plans to close the centre in Rochford.

RESOLVED

- 1. The Health and Wellbeing Overview and Scrutiny Committee noted the update.**
- 2. Agreed to receive detailed proposals on any potential public consultation at a future meeting.**

25. Under Doctoring in Thurrock

The following presentation was delivered to members:

[\(Public Pack\)Item 7 - Under Doctoring Presentation Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 03/11/2022 19:00 \(thurrock.gov.uk\)](#)

Councillor Ralph referred to the 12 fellowship general practitioners and questioned how many of those were currently engaged on this program at the Corringham IMC to which he was informed that interest had been shown by six of the 12 posts which were going through the process and starting soon. A team in Basildon had done a fabulous job selling this concept and would be undertaking a similar exercise on general practitioner trainees in Southend. The message being delivered was “tell us what you want like out of your career” and help would be given to achieve that.

Councillor Ralph referred to data being made available on appointments and questioned whether these would be physical, or telephone appointments being recorded to which Stephen Porter agreed to find the answer and email Councillor Ralph following this evening’s meeting.

Councillor Ralph stated his concern that residents are unable to get physical appointments, misdiagnosis were possibly being given through telephone appointments, illnesses were being missed and with A&E now being used as a general practitioner’s service he felt there needed to a push back to physical appointments.

Councillor Ralph referred to the 1000 telephone line connections and questioned whether these calls would go to a call-centre rather than the general practitioner practice to which he was informed this would possibly be a digital solutions based on telephony which would use the internet to manage these calls and agreed to find out more information and forward to members.

Councillor Potheary referred to telephone appointments and agreed that sometimes a telephone appointment might be fine and adequately suitable and for other times not ideal, she then gave an example of a terrible experience with her own general practitioner trying to organise a face-to-face appointment. Councillor Potheary referred to the telephony solution and was not convinced the answer was a technology solution for more telephone lines, the issue would be around sorting out appointments so that residents can get to see their general practitioner. Councillor Potheary referred to the 8am lottery with a lot of residents not being able to make a call that time of day due to travel or other commitments and reiterated that a better system should be available for residents to make appointments. Stephen Porter acknowledged Councillor Potheary's points and stated that work would continue with clinical directors and would put this issue on the agenda for their next meeting and report back to the committee.

Councillor Fish referred to the "ease of getting through on the phone" slide and referred to the two categories of "easy" and "not easy" and stated there was insufficient information to get a realistic picture. A realistic picture being more than the 59% who found it harder to get an appointment. Stephen Porter stated this was a national survey and would be able to provide these comments from the feedback.

Councillor Fish referred to "social subscribers" and stated these were a fantastic innovation into surgeries and questioned what model they would work to. As this would depend on how long they would get with each patient to make a real difference, if they were to work along the same lines as general practitioners and have little time with each patient, then these would not be successful. Stephen Porter stated they would not work to the same constraints that general practitioners were under, they would be more flexible in terms of time, may hold walk-in sessions, make referrals and spend more time depending on the need of patients. Members were informed that a close eye would be kept on the model of working to ensure that it fitted the needs of Thurrock residents.

Councillor Fish stated that his own general practitioner surgery had the additional roles refurbishment scheme, but he still had to wait two weeks to see a doctor. Stephen Porter stated this was a triage, filtering process that would take place with some patients not having seen a doctor, as they did not need to, some patients would be happy with that, some would not. It was vital that these experiences were heard as it was important to go back to surgeries, clinical directors, practice managers and liaise with patients.

Councillor Polley also referred to the additional role's refurbishment scheme, and stated the 30 paramedics were not additional roles they had probably

been poached from another service as working at general practitioner surgeries would be more attractive because of the working hours. These were not new paramedics they had been taken from another service. Councillor Polley referred to the new initiative which would work within the Monday to Friday, 8am to 4pm constraint, general practitioners were potentially small businesses. Councillor Polley stated she did not know of any other businesses that would close their doors one day a month to undertake training and based on the shortage of appointments this was a disservice to the residents of Thurrock. Stephen Porter stated that new practitioners coming into Thurrock would find the offer of training once a month very attractive. With the way practices were evolving and changing, new research was required, and NHS England would expect that regular training was carried out. Stephen Porter stated they would continue to push for the right balance. Also stated there had been no intentions of poaching paramedics, that it was a free market and that paramedics could work where they wanted.

Councillor Piccolo praised and appreciated the work undertaken of his general practitioner surgery.

Councillor Ralph stated that general practitioner had worked through some unique times but should not continue to use covid as a means to avoid face to face appointments.

Councillor Ralph thanked members for their valued input and comments.

26. Integrated Medical Centres Update

The following presentations were delivered to members:

[\(Public Pack\)Item 8 - IMC Presentation Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 03/11/2022 19:00 \(thurrock.gov.uk\)](#)

Councillor Ralph agreed although the opening of the Corringham IMC today would be a fantastic facility which had a friendly and pleasant atmosphere he questioned that the whole project was not now affordable. Tiffany Hemming stated that this was a question which had been put to NHS England around whether enough money could be obtained to pay for the project but agreed at this time it was not looking great in terms of having enough money to pay for all the sites, particularly the funding gap for Grays IMC. That work was being undertaken, as a solution needed to be found before the closure of Orsett Hospital, this would require their governance to come together through the system finance leaders' group to work out how this would be funded, where the funding would come from and how it would be prioritised over other items that were needed from the system. Tiffany Hemming reiterated at this present time; money was the biggest risk.

Councillor Ralph referred to the reassurances that himself and the committee had received over the last three years that the project was moving full steam ahead but to now be told of all the project constraints and with the proposed

closure date of Orsett Hospital closing being 2025. Councillor Ralph questioned whether there would be a point in time the NHS would agree that Orsett Hospital should remain open. Councillor Ralph stated he had serious concerns on this project, the whole program. That the Corringham IMC had been a great opportunity to see how the program worked and should have been seen as a flag-ship example for other authorities to follow. With NHS England making the decision to close Orsett Hospital and having proposed these fantastic new sites for integrated care, Councillor Ralph could not see where the project was heading and what the answer would be.

Councillor Potheary echoed the chairs comments and was utterly unconvinced with the current plans. That the centre currently opened happened to be location in the area of Thurrock that was at least in need of extra primary care, in an area that suffered from fewer health inequalities and also the closest located to Basildon hospital. There was now a question over whether other communities, the proposed sites, would get the required level of service with too many funding gaps. Councillor Potheary questioned whether a guarantee could be given that there would be a parity of service between what was current in Corringham and the other three sites. Tiffany Hemmings stated that Corringham IMC was the first site to be completed because this program was already in progress with NELFT. The sites would not provide more or improve the primary care services, the sites would provide a better environment for the current primary care services to move into. Confirming as part of the presentation that the focus would be moved away from the buildings to making sure we had integrated care services across the whole of Thurrock. This would ensure that the services delivered are enhanced to every patient in Thurrock regardless of there being a building in place, this would mean a better service, better integrated for the patient rather than starting with a pathway which was the traditional way that NHS looked at this.

Councillor Potheary referred to the proposed drift away from initial plans and the considerable gaps of funding, questioned where residents would have to go for their care. Tiffany Hemmings stated that the majority of services at three of the four sites would not have the services currently at Orsett Hospital, with the vast majority of services currently being planned to be relocated to the Grays site. To which Councillor Potheary reiterated where there was the massive funding gap and whether there would be a funding to repurpose the buildings on that site to fit in all the services.

Councillor Piccolo stated the current state of play was atrocious, the plan was for four integrated medical centres following the closure of Orsett Hospital, it now appeared there will only be one and the other three would be disjointed and stated this was appalling for all Thurrock residents.

Councillor Polley stated this was a moveable feast, the rationale behind closing Orsett Hospital was that it was not fit for purpose but were now looking to extending the closure date. Councillor Polley had concerns on whether residents and health care staff who used the building may be harmful to them or whether the first assessment that stated the building was not fit for purpose

had been incorrect. Councillor Polley questioned if the building was not fit for purpose how this can be continually extended. The constant message presented to this committee was the closure of Orsett Hospital and stated that the committee, cross-party, had repeatedly supported that this was the wrong way to be looking at this, when the services had been delivered was the time to close the hospital. Councillor Polley referred to the growth agenda in Thurrock and stated her concern that health care cannot be provided to residents of Thurrock now and questioned where the figure of £6 million had come from in regard to the valuation for Orsett Hospital site. Councillor Polley concluded that the project was not affordable, not deliverable and questioned whether this should go back to the drawing board.

Councillor Polley referred to the Purfleet IMC and asked for definition on what was meant by “acute services” to which she was informed the acute services were generally outpatient appointments provided by the Mid and South Essex NHS Foundation Trust and that was how the NHS trust described services currently at Orsett hospital as outpatient appointments.

Councillor Fish questioned whether the plan was now to keep Orsett Hospital open to which Tiffany Hemmings stated no, this was not the current plan, the backlog maintenance costs were potentially more than the rebuilding cost to rebuild somewhere else.

Councillor Sammons questioned regardless of the IMCs being completed that Orsett Hospital would still close to which Tiffany Hemmings stated the plan was that Orsett Hospital cannot close until the services had been safely relocated to appropriate locations in Thurrock. Councillor Sammons questioned where these sites would be to which Tiffany Hemmings stated the current plan was for the IMWCs, if that proved to be completely unaffordable as the process had gone through with NHS England a report would need to come back to this committee to find an alternative way of delivering those services but reiterated, they were still waiting for NHS England to come back to them with an answer. Councillor Sammons stated that in the meantime, residents of Thurrock would suffer to which she was informed that services would still be delivered, to the same standard, as required by the NHS in Thurrock and reiterated again there was no plans to close Orsett Hospital until services had been safely relocated to elsewhere in Thurrock.

Councillor Ralph thanked the committee for their valid input, and all agreed that some serious questions needed to be asked in particular to the £6 million gap on the site valuation. Tiffany Hemmings stated this valuation related to some particular circumstances of the hospital on the site which would reduce the overall value because of the issues with removing the current building which would be extremely expensive.

Councillor Ralph stated he could not see the answer to these issues, if Orsett Hospital was to close but the IMCs were not going to be built where would these services be located. Serious questions need to be answered, involve local MPs and come up with a solution. That the medical care of Thurrock

residents was being played with and all that was being presented was problems after problems.

Councillor Polley stated the members here this evening were passionate about health in their communities and it was their job to challenge and scrutiny such reports and asked whether as a committee there was anything that they could do to help assist, to which Tiffany Hemmings stated she was in the process of arranging a meeting with Councillor Arnold to look at what could be done to potentially move this forward.

27. Community Diagnostic Centres

The Chair agreed to an update on the Community Diagnostic Centres and members were referred to the following presentation:

[\(Public Pack\)Item 8 - Community Diagnostic Centres Presentation Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 03/11/2022 19:00 \(thurrock.gov.uk\)](#)

Councillor Ralph thanked Katie Arnold for the report which was a great opportunity that would help the backlog of diagnostics in Thurrock.

Councillor Polley stated this was one of the best reports she had seen for a long time and questioned the hours that the services at the community diagnostic centres would be open and available. She also questioned whether an ambulance would be able to take a care home patient to the centre to have their scans rather than taking them to a hospital. Katie Arnold stated the aim would be to build up to a seven-day service for MRI, CT scan and ultra-sound which would run from 8am to 8pm, 12 hours a day. With the other tests, lung, heart and blood tests more likely to be shorter hours, not seven-days a week, but looking to extend those hours. In the terms of the question on care home patients, it was reiterated that the centres would focus on planned activity therefore elective patients which in turn would reduce the capacity at acute sites and allow access to the emergency flow.

Councillor Potheary stated the community diagnostic centre sounded an amazing step forward in terms of making sure extra diagnostic capacity would be available. She questioned as it would form part of the Gray's IMC but with the Gray's IMC having potential issues around cost and configuration, she asked how tied the community diagnostic centres were to the Gray's IMC. Councillor Potheary also questioned whether the community diagnostic centre would happen no matter what happened to the Gray's IMC. Councillor Potheary asked how future proof the planning of the community diagnostic centre was, questioned the timeline and how could members have that assurance that this project would start in spring 2023. Katie Arnold stated that nationally the community diagnostic centre could stand alone. The benefit of having the community diagnostic centre at Thurrock community hospital was there were hospital services already available on that site. With community clinics and MSK triage assessment already on-site and frequent requestors for diagnostic testing. Katie Arnold agreed this was a very tight timeline, the

national community diagnostic centre team wanted to ensure every system had their first community diagnostic centre early on were being pushed for tight timelines, a pre-application for planning had already been submitted, an architect was currently on-board, all planning information had been sorted. The design and appointment of contractor, at risk, would be run along planning but were committed to start this project in spring 2023.

Councillor Ralph thanked Katie Arnold for the very positive report.

28. Transforming Health and Care in Thurrock

The chair agreed to defer this item to a future meeting.

At 9.00pm, Councillor Ralph extended standing orders to enable the meeting to go past the scheduled 9.30pm finish time.

29. Request to Consult for the Charging of Assistive Technology Monitoring Service

The report presented to members stated that it was a statutory requirement under the Care Act (2014) for the Authority to provide Assistive Technology free of charge to eligible individuals if the item was under £1k. These devices were, at present, monitored 24 hours a day 7 days a week by an Alarm Receiving Centre that was based in Harty Close in Grays. The purpose of this monitoring service was to support individuals living at home for longer by mitigating risks such as falling, wandering etc. There are 21971 individuals accessing this monitoring service at present that were eligible for support via Adult Social Care via a variety of devices and pay nothing to access this. Adult Social Care would like to consult with individuals accessing this service around potentially charging for this so we can offset some of the financial pressures the Authority faces.

Councillor Ralph stated his concern was affordability, that meant testing had been the key item and although acknowledged the report was a request to go out to consultation there were questions on how the consultation would be undertaken.

Councillor Fish referred to the level of charging and the means testing of residents and questioned whether everybody would be paying something and whether there would be a limit to what anybody would pay. Ian Kennard stated that Thurrock currently was not set on a particular fashion and if means testing were to take place a consultation would have to take place, evaluate the feedback and present again to committee. If the council got to the position of means testing for contribution it would be applied in the same fashion as applied to all other non-residential means testing. Therefore, you would pay what you can afford to pay.

Councillor Piccolo questioned whether the means testing would be carried annually as resident's circumstances could change within the course of a year and were the staff costs known for means testing those 2000 residents and

having deducted those savings from what was being made at present. Ian Kennard stated there was an obligation to review means test each year, initial means testing would be undertaken face to face with the following year a light touch review as information would be more readily available at that point. The first assessment would be more time intensive and would then get progressively easier to undertake reviews in subsequent years. A financial assessment officer would normally undertake eight face-to-face assessments each day but if they were to undertake desk based assessments could carry out about 40-50 a day so would become more viable the longer its progressed.

RESOLVED

That Health and Wellbeing Overview and Scrutiny Committee commented on and supported the recommendation to consult with individuals using assistive technology on potentially charging a fixed fee for accessing the monitoring service subject to a means test.

30. Annual Public Health Report 2022

The Director of Public Health presented the report on reducing the Impact of Cardiovascular Disease in Thurrock. Members were referred to the presentation PowerPoint:

<https://democracy.thurrock.gov.uk/documents/b19178/Item 11 - Annual Public Health Report 2022 Presentation 03rd-Nov-2022 19.00 Health and Wellbeing O.pdf?T=9>

Councillor Ralph thanked Jo Broadbent for the brilliant report and thanked her for all the work and effort to produce such a great piece of work.

Councillor Ralph questioned whether the vape initiative was still happening to which Jo Broadbent stated this had been severely impacted by the covid pandemic, with shops closing and people moving to on-line ordering. There was still an agreement with one shop but there was definitely less traffic through that shop. Jo Broadbent stated that the service model needed to change.

Councillor Ralph questioned whether there was any evidence from retailers that the sale of tobacco had gone down in Thurrock to back up the figures that people were smoking less to which Jo Broadbent stated she did not have those figures to hand but would find out and let members know. Following the meeting it was confirmed the most up to date data we had was presented in the Tobacco Control Needs Assessment. This included data on illicit tobacco sales but not legal tobacco sales. Smoking was more usually monitored locally through survey of smokers not tobacco sales. The assessment can be view from the following link:

<https://www.thurrock.gov.uk/sites/default/files/assets/documents/jsna-tobacco-2021-v01.pdf>

Kim James referred to the increase in numbers diagnosed with atrial fibrillation since 2016 and the monitoring that was undertaken by general practitioners, questioned whether the increase in numbers diagnosed was from then, as there was a lot of diagnostic activity at that time in primary care and was this being done more recently as patients had less face-to-face contact with GPs. Questioned whether the facts and figures were recent or within that period of time. Jo Broadbent stated she would have to go back and look at the exact figures for atrial fibrillation but what was looked at was 2016 up to the most recent data. Generally, for each of the indicators looked at saw an upward trend year on year, with the general trend upwards identified clearly that people who were at higher risk of atrial fibrillation were getting identified and diagnosed.

Councillor Fish questioned why some minority ethnic groups had a higher prevalence of cardiovascular disease. Jo Broadbent stated that this was probably multifactorial with no single answer, there may be a genetic component, a health risk behaviour component and potentially access to services and getting access to preventative support, early diagnosis could also impact on the outcomes.

Councillor Fish referred to access to services and questioned what the challenges were to which Jo Broadbent stated that for cardiovascular disease in Thurrock there was a higher rate of under-diagnosis in all non-white ethnic minority groups than the white ethnic minority groups. This was a complex area and that across a number of services there was an under representation of non-white ethnic minority groups and agreed this needed to be looked into and understood better.

Councillor Fish stated that where services were being delivered may need to be addressed to which Jo Broadbent agreed.

Councillor Polley stated some education was required to be put in place to help identify that overweight and shortness of breath was a cardiovascular disease concern with the biggest piece of work that needed to be done was in the more deprived areas of Thurrock. Jo Broadbent stated the council had a whole system obesity strategy but with everything that had happened during covid and time moving on it had been recognised the strategy needed to be refreshed so work was ongoing. This needed to a whole system approach as they were all complex issues, with a stakeholder workshop being planned for January 2023 and a report would be presented back to the committee next year.

Councillor Ralph thanked Jo Broadbent again for the excellent report and how this had to be a whole overview of health and questioned whether the use of recreational cannabis could be included going forward. As although the reduction of smoking had been looked into, the use of cannabis which was often mixed with tobacco had been identified in Thurrock and could be an issue especially for those people with mental health problems.

RESOLVED

That Members noted the contents of the Annual Public Health Report 2022 and approved its publication.

31. Adults, Housing and Health - Fees and Charges Pricing Strategy 2023/24

The report presented sets out the fees and charges in relation to services within the remit of this overview and scrutiny committee. Charges will take effect from the 1st of April 2023, unless otherwise stated. In preparing the proposed fees and charges, directorates had worked within the charging framework and commercial principles set out in Section 3 of the report. Considered the effect that the increase in interest rates and the cost-of-living crisis had on the local economy, services and the continued implications from Covid. Further Director delegated authority would be sought via Cabinet to allow Fees and Charges to be varied within financial year in response to changes in government legislation, all other changes in year would be brought back to Cabinet via the Service Director for transparency. Members were referred to the updated proposed charges detailed in Appendix 1, and the proposed deletion of current fees and charges in Appendix 2 to this report.

Councillor Potheary thanked officers for the report and was pleased and encouraged that library members were still being given two hours free internet access. Councillor Potheary referred to individual charging prices and questioned whether there was any further information or progress in putting adult social care onto a funding model which had some parity with health funding to Catherine Wilson stated she was not aware that any progress had been made but agreed to check and let members know.

Councillor Polley referred to recommendation 1.1, consultation, to which Catherine Wilson stated there was nothing in the report at this stage that would need to be consulted on. The only item that would need consultation on was the report this evening on assistive technology, for the increase in residential charges each individual would be individually financially assessed. Members were informed this was just a point in the report that should consultation need to be undertaken a report would be presented to committee. Catherine Wilson reiterated the adult social care charges outlined in appendix 1 there would be nothing to consult on because nothing had increased apart from the domiciliary care which had already taken place.

Councillor Ralph recognised that recommendation 1.1 had been added to the report in error. Officers confirmed the recommendation had been added in error and that no consultation would take place. It was noted that members of the committee were given the opportunity to comment on the report and all members noted the contents of the report and appendices. Therefore, resolved item 1, reflected the above.

RESOLVED

- 1. That the Health and Wellbeing Overview and Scrutiny Committee note the revised fees and charges including those no longer**

applicable; and comments on the proposals currently being considered within the remit of this committee.

2. That Health and Wellbeing Overview and Scrutiny Committee noted that Director delegated authority would be sought from Cabinet to allow Fees and Charges to be varied within a financial year in response to legal or regulatory requirements.

32. Service Harmonisation Mid and South Essex ICB

The report presented had updated the committee on the Service Harmonisation Consultation for Mid and South Essex Integrated Care Board. It had set out the ambition to harmonise the provision of six service areas due to differing historic commissioning policies within the five clinical commissioning groups. Members were presented with the following presentation:

[\(Public Pack\)Item 13 - Service Harmonisation Thurrock Presentation Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 03/11/2022 19:00](#)

Councillor Pothecary questioned what “routine funded” meant to which she was informed that this was a process that had no thresholds, for an example an emergency operation such as an appendicitis which could not have been planned.

Councillor Ralph noted that on page 113 of the agenda under “Smoking” the word “not” should be removed.

Councillor Ralph referred to the sensitive issue of breast reduction and IVF and noted these were people’s lives, people’s dreams and hopes and quite often a sensitive issue and asked for clarity on IVF, that the offer of two free shots were being offered in Thurrock. Peter Scolding stated that yes, with the policy within an age bracket of 23 to 39, two cycles of IVF, 14 above if it had been funded previously, with same sex couples having a maximum of one cycle as provided previously.

Kim James stated HealthWatch, nor CVS were unaware of the planned public event at the Beehive and asked for further information.

Councillor Pothecary stated that currently treatment for breast reduction was open to smokers but with the new policy this opportunity would be taken away from smokers and questioned what the clinical justification for this was. The clinical justification of this, following the process going through the clinical multi-professional groups, specialist groups in that area on the thresholds that would be placed was that the impact of smoking was the healing of relatively large wounds that would be involved in breast reduction surgery and the benefit of people stopping smoking would be important in the outcome from that surgery. Councillor Pothecary requested that as part of the consultation the clinical justification was made clear.

Councillor Ralph questioned what the timeframe was of becoming a smoker to a non-smoker to which he was informed that preliminary discussions had taken place on this, and exact definitions would need to be clarified.

Jo Broadbent referred to the fertility policy and questioned was one of the criteria for getting funded IVF was to have been through a certain number of IUI cycles previously to which she was informed yes that was one of the principles to qualify for IVF was to demonstrate infertility for men and female couples was a period of two years of trying without conceiving. In male-female couples there would no requirement to go through any process of IUI, for same sex couples, who are unable to demonstrate infertility in the same way so the requirement in terms of demonstrating and fertility had been six cycles of IUI that had not been funded previously under the CCG policy, therefore that part of the policy had stayed consistent.

Councillor Potheary questioned how much, roughly, was a round of private IUI to which this information would be provided for members.

Councillor Piccolo questioned how the definitions of “how long being a smoker” and how checks would be undertaken before and after treatment to which he was informed that discussions were taking place and would be defined as part of the consultation.

Councillor Ralph wondered whether vaping would be classed as smoking due to the nicotine element.

RESOLVED

- 1. The Health and Wellbeing Overview and Scrutiny Committee noted this update and supported the promotion of the consultation.**
- 2. Agreed to receive the analysis of public consultation at a future meeting.**

33. Work Programme

Councillor Ralph requested that EPUT attend the next meeting to discuss the Channel 4 Programme on mental health support. Councillor Piccolo, as vice-chair would chair this item as Councillor Ralph was the Thurrock Council Governor to EPUT.

Members agreed to remove the Health and Air Quality report from the 12 January 2023 meeting as a similar report would be presented to the Cleaner Greener and Safer Overview and Scrutiny Committee on the 8 November 2022.

The meeting finished at 10.08 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**