

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 5 March 2020 at 7.00 pm

- Present:** Councillors Victoria Holloway (Chair), Shane Ralph (Vice-Chair), Fraser Massey (*arrived 8.11pm*) and Elizabeth Rigby
- Kristina Jackson, Healthwatch
- Apologies:** Councillors Sara Muldowney, Joycelyn Redsell, Ian Evans and Kim James
- In attendance:** Roger Harris, Corporate Director of Adults, Housing and Health
Mandy Ansell, Accountable Officer, Clinical Commissioning Group
Helen Farmer, Assistant Director for Integrated Commissioning for Children , Young People and Maternity Services
Teresa Salami-Oru, Assistant Director & Consultant in Public Health
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.

40. Minutes

The minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 23 January 2020 were approved as a correct record.

41. Urgent Items

The chair agreed to receive an urgent item of business in regards to the Council's preparedness for Coronavirus to reassure residents that it was being managed and the Council were ready.

Teresa Salami-Oru, Thurrock Public Health Team, provided members with some context in response to the Coronavirus outbreak:

- 151 people tested positive in the UK
- 10 cases across the Eastern Region tested positive
- Working with Public Health locally and Public Health England on a daily basis
- Working to one version of the truth
- Working with the Emergency Planning Team and Clinical Commissioning Group
- Working with ports and airports
- Working with Local and National stakeholders

- Hertford largest number of cases reported in Eastern Region
- Working with the Essex Resilience Forum (ERF)
- Local Authority assured business continuity plans were up to date
- Emergency Planning Manager auditing and supporting departments that business continuity plans were fit for purpose and in place
- Providing Public Health England guidance to stakeholders which included schools, adult and children's social care
- Working with Public Health colleagues across region to share intelligence
- Looking at critical services
- Looking how to minimise risk to staff with working from home where appropriate

Roger Harris, Corporate Director of Adults, Housing and Health, confirmed that Thurrock Council's business continuity plans were very much up to date and had been tested over the last few months with the incidents at Eastern Avenue, Collins House and the chemical spillage in West Thurrock.

Roger Harris stated that there could be an issue with carers for the Adult Social Care services which may cause a risk if staff were off sick and cover could not be arranged but emphasised again that contingency plans were in place and information was being sought on a daily basis.

Teresa Salami-Oru stated that Council were carrying out a precautionary approach to ensure that everything was in order. That this was also an opportunity to remind residents of the importance of vaccinations and to reinforce the importance of personal hygiene.

The chair thanked officers for the update and reiterated the importance and how this would be a good opportunity to reinforce those areas.

Mandy Ansell stated that 111 were under immense pressure but residents were advised to still ring 111 rather than attend their local general practitioner surgery and stated that it was business as usual and hoped to receive some up to date HR advice with regards to travelling abroad especially with Italy being at the forefront of news.

Councillor Ralph asked what steps had been undertaken and what systems were in place with regards to local ports. Councillor Ralph was informed that this information would be available from the Emergency Planning Manager.

The chair thanked officers for their time and the communications received so far and would appreciate being kept up to date via email.

At 7.12pm, Teresa Salami-Oru left the committee room.

42. Declarations of Interests

No interests were declared.

43. Healthwatch

Kristina Jackson had no specific items to raise but would be making comments on agenda items.

The chair sent the committee's best wishes to Kim James.

44. Verbal Update on CCG Merger and Single Accountable Officer

Mandy Ansell provided the following statement:

At their September 2019 Governing Body meeting the five mid and south Essex CCGs each noted the requirements of the NHS national Long Term Plan and approved a recommendation:

to commence work on an application for merger of the 5 mid and south Essex CCGs to be submitted following engagement with stakeholders and final Governing Body approval prior to submission.

This briefing provides an update to the Health Overview and Scrutiny Committee on this work.

Progress – Engagement

A discussion document and survey, co-designed with local stakeholders and people, explaining the merger proposal and the application process was issued on 12 February 2020 to a very wide range of partners including councillors, patient groups and voluntary organisations. The CCGs are seeking views from local people, healthcare professionals and partner organisations on how to keep a strong local focus on ensuring health and care services are working for people at a place level, while also benefiting from the opportunities that commissioning services over a wider area may bring. There is also emphasis on a desire to maintain strong clinical leadership. Feedback can be given via an online survey. An easy read version of the document has also been prepared and shared with relevant stakeholders. The document is available in alternative formats and languages on request. Stakeholders have been sent a copy of the document and public meetings are being held in each CCG to allow a different way for local people to provide their feedback and have specific questions answered. The meetings are being advertised on CCG websites, social media and via posters locally.

The key purpose of this engagement is to listen and respond to the views of key partners and the wider public population and to capture the views, ideas and concerns re the proposals to merge into one commissioning organisation in line with the future direction set out in the 2019 NHS Long Term Plan.

Update on appointment of Joint Accountable Officer for Mid and South Essex

As some of you may be aware, at the conclusion of our initial recruitment process in January we did not appoint to the single role of Joint Accountable

Officer for the five Mid and South Essex Clinical Commissioning Groups and executive lead for the Health and Care Partnership. Subject to NHS England & Improvement's formal agreement, Anthony McKeever has since been appointed as interim Joint Accountable Officer for the five CCGs and STP Executive lead. Anthony has considerable experience in a variety of very senior NHS and non-NHS roles including as Chief Executive of several hospitals and most recently as Director General of Health and Community Services in the States of Jersey. The recruitment process for a permanent Joint Accountable Officer will re-commence in the near future.

45. CCG Merger Consultation: Working Together for Mid and South Essex

Roger Harris, Corporate Director of Adults, Housing and Health, presented the report and referred Members to the very limited Discussion Document. The document welcomed views on how NHS Clinical Commissioning Groups were proposed to work together in the future with a deadline for feedback of the 5 April 2020. Roger Harris stated there were real concerns with the proposal namely concerns of the Health Wellbeing Board, would there be one Health and Wellbeing Overview and Scrutiny process across all three areas, the Council's partnership with the Thurrock Clinical Commissioning Group had been strong, strategy and safeguarding arrangements and commissioning. Roger Harris also had concerns that the document would be hard to respond to as it contained very little detail.

The chair stated what had been presented was appallingly bad. The committee had raised concerns via letters, motions, joint health committees, through scrutiny and through the portfolio holder and questioned what more could local individuals do.

Roger Harris stated that he was meeting with Mr McKeever tomorrow and would raise the following concerns, some of which were the joint Managing Director post, assuring better care fund remained for Thurrock, health and wellbeing board, control totals across all boundaries, preserve the Thurrock pound and commissioning at local level, service commissioning at local level and tiers of commissioning.

The chair questioned whether Mr McKeever would be likely to be able to confirm these arrangements in his interim role or whether decisions would be made once the substantial role had been put in place and if so, when would this happen. Mandy Ansell stated that she was also meeting with Mr McKeever tomorrow but there were some challenges ahead. Mr McKeever was currently on a six month interim contract and there was a timetable for recruiting the substantial post. Mandy Ansell expressed concern that staff were being left in limbo and was hampering works.

The chair questioned whether there was anything else that could be done. Roger Harris stated at this stage there was not anything specific as the committee were not being formally consulted on as this was not a formal consultation. The chair stated that individual members could respond. Mandy Ansell stated it would be the votes of the membership (ie. general

practitioners) that would count and it had been hard selling the merger to general practitioners and potentially the process could be halted if general practitioners did not vote in favour of it.

The chair stated that the voices of general practitioners and that of the health and wellbeing overview and scrutiny committee should be heard.

Councillor Rigby questioned whether general practitioners voting against the process could sway the proceedings. Mandy Ansell stated that there would be five Clinical Commissioning Groups worth of general practitioners voting for this with Thurrock general practitioners being particularly passionate and had a powerful partnership.

46. Specialist Fertility - Thurrock CCG

Helen Farmer, Assistant Director of Integrated Commissioning, Thurrock Clinical Commissioning Group, presented the item that outlined the new policy offer for couples on the NHS which would be two cycles of IVF opposed to the current three IVF cycles. Members were informed that Thurrock remained one of only 23% of Clinical Commissioning Groups that offered two cycles with 62% offering one IVF and recognised the importance and significant impact for those couples who required support with fertility.

The chair thanked officers for the report and questioned why this decision had been made. Helen Farmer clarified this was based on the evidence success rate cycle. That the older a woman got, repeated cycles lowered the success rate and that a small number of women went on for the third cycle. The review identified a dramatic demand of 45% of the three quarters of last year and the continuation of figures rising which would not be sustainable. The costs in the report were a feature of the review but were not the main focus and in doing so had tried to make it fair, equitable and to improve the service that would be received.

Councillor Ralph stated that lots of mixed messages had been sent out and that the feeling of hope had been taken away and questioned whether there had been an increase of people aged 40 coming into Thurrock. Helen Farmer stated they had not seen an increase in the age range with the average referral age being 32 who would be completely eligible for two cycles. With the criteria becoming tighter, clearer and aligned. That frontline staff at Basildon & Thurrock University Hospital NHS Foundation Trust had been placed in difficult positions when referring couples with children from existing families who can go on to access IVF but have neighbouring ladies coming into the service who may not have any eligibility for IVF.

The chair asked for some clarification on the future age range criteria proposal compared to the current Thurrock criteria. Helen Farmer stated that the current criteria was for women only whereas the future proposal would apply for both woman and partner. This had been changed due to questions being raised on residential and to avoid any complication or misuse of the criteria.

The chair questioned whether women would need to live in the area for at least one year to which Helen Farmer confirmed this as correct.

The chair questioned whether the criteria was for couples to be considered. Helen Farmer confirmed that this criteria was for couples and not for a single woman on their own and whilst undertaking this work had raised some very difficult social questions. There would also be the ability for couples to apply through the exceptional panel where a particular scenario could be considered by the Clinical Commissioning Group if it fell outside the criteria. The chair understood the reasoning behind the decisions but stated that this was sad although the changes had been made socially that modern day living had not been recognised.

The chair asked for some clarification between the Clinical Commissioning Group definition and the NICE definition of a full cycle. Helen Farmer stated that a Clinical Commissioning Group definition was frozen embryo transfer and one live embryo transfer but a NICE guidance was three. This was common across all Clinical Commissioning Group criteria. Helen Farmer stated the NICE guidance was up to the age of 41 therefore all women over the age of 41 would not be eligible for this treatment.

The chair stated the breakdown of statistics was helpful.

Helen Farmer stated that under the policy there was no provision for transgender groups. Currently there was no guidance, with the Clinical Commissioning Group Board looking into how these groups can be supported.

Councillor Ralph questioned the criteria for same sex couples. Helen Farmer stated same female sex would fit the criteria where same male sex would not be included for fertility treatment. The chair stated that this was so sad and that further work was required in this area.

The chair questioned whether any other medical procedures and surgeries such as fallopian tube surgery would be changed or amendments made to the accessibility of those treatments. Helen Farmer confirmed that no other changes would be made.

The chair questioned the plans to implement within four weeks and stated this was short notice especially for those considering a third cycle and questioned when the Board would be meeting and when this date would change. The chair also asked how those affected would be informed of such changes. Helen Farmer stated that policy would remain for those that met the criteria by the end of the March 2020 and would be treated under the existing policy for a period of up to two years. Helen Farmer stated that waiting lists were quite short at Basildon & Thurrock University Hospital NHS Foundation Trust with the impact and disappointment levels expected to be low. That communication would be made through the specialist fertility unit with letters being sent to those affected, a helpline manned by specialist information

teams who would be able to answer any questions. The chair stated the response would provide some comfort as some considerable amount of time had been given.

The chair questioned what mental health support was currently available to women and couples going through the fertility treatment. Helen Farmer stated there was limited support and counselling facilities available for those couples facing these challenges but further work would be undertaken with service users to explore peer support networks.

The chair stated that she did not like to see reports that Thurrock Clinical Commissioning Group were being compared with or being asked to fall in line with other Clinical Commissioning Groups. The chair emphasised that Thurrock Clinical Commissioning Groups led not followed. That evidence provided clearly identified a need for mental health support and hoped that this would be provided for such a desperately sad issue.

The chair thanked Helen Farmer for attending this evening and asked for Members agreement with the recommendation to note the report.

Councillor Rigby questioned whether there was any concern that the increase in demand and therefore an increase in cost if the criteria was kept at over 40. Helen Farmer stated the change in demand had been based on the change in criteria rather than the cycle decreasing as they had been less woman taking up the third cycle offer. The age had been around alignment.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee noted the report.

47. Post 18 Autism Support Service

Roger Harris, Corporate Director of Adults, Housing and Health, presented the report that Adult Social Care and Education had undertaken significant work to establish the options available to deliver support to young people aged 18 to 25 with Autism and behaviour that challenged services. With the advent of the Autism Act 2014, local Autism Action Plan and Preparing for Adulthood Strategy 2019-2022 it was clear that community and service responses required significant development. A pilot had been developed and based on the positive outcomes of that pilot a service had been designed to offer a local provision. The same report would be presented to Cabinet on the 11 March 2020 as Adult Social Care and Education were now in a position to tender for the framework agreement to deliver these services within Thurrock.

The chair thanked officers for the report.

Councillor Ralph thanked officers for the successful report but questioned whether there would be problems housing individuals if there were no independent living facilities available. Roger Harris stated that residential and

supported accommodation offers had been expanded and this facility would allow individuals to live with family but would continue to look at the support and accommodation required going forward.

Kristina Jackson, Healthwatch representative, questioned what decision had been made on the number of potential providers to deliver on the specialist areas. Roger Harris stated that the main concern was the quality of the service being offered and this being a development area it may be a case of wait and see what providers came forward.

The chair thanked officers for the report and stated although the financial implications could not be forgotten it was the service provision that was more important and questioned the timescales of when an update could be provided to committee. Roger Harris stated that the report was being presented to Cabinet next week, if approved the procurement exercise would commence and hopefully have a provider in place by the summer 2020.

RESOLVED

- 1. That the Health and Wellbeing Overview and Scrutiny Committee are aware that the tender was progressing to establish a Framework Agreement for a Post 18 Autism Support Service for Thurrock.**
- 2. That the Health and Wellbeing Overview and Scrutiny Committee had the opportunity to comment on the tender.**

At 8.08pm, Helen Farmer left the committee room.

48. Orsett Hospital Task and Finish Group Update Report - Report to follow

Roger Harris, Corporate Director of Adults, Housing and Health, presented the report on behalf of the Orsett Hospital Task and Finish Group that captured the key points of the group and summarised the functions that the group had undertaken.

At 8.11pm, Councillor Massey arrived into the committee room.

The chair thanked officers for the report and stated the reason the group had been set up was the potential changes of services and the decision to close Orsett Hospital. The group had questioned NHS partners, looked at logistics of the site and undertaken site visits so that this information could be used by members to reassure residents about the decision process. The chair stated that the group had achieved a lot and proposed that this item now be incorporated back into the scrutiny of the Health and Wellbeing Overview and Scrutiny Committee and recommended that a report to be presented at every other committee.

Kristina Jackson, Healthwatch representative, agreed that communication had been a big issue with residents as there was some uncertainty on the plans

for Orsett Hospital and the Integrated Medical Centres and there had been some confusion on Primary Care Networks.

Kristina Jackson questioned why the Musculoskeletal and Physiotherapy Services currently at Orsett Hospital would be moving from that site as of the 1 April 2020 when residents had been assured that no services would be moved until all the four integrated medical centres were open. The chair thanked Kristina Jackson for this very interesting news. Mandy Ansell would clarify whether this was a Basildon & Thurrock University Hospital NHS Foundation Trust service and would feedback but stated new Musculoskeletal services had been commissioned and was aware that these services was available in all Thurrock hubs. Mandy Ansell stated that Thurrock Clinical Commissioning Group offered the best musculoskeletal service when compared to other Clinical Commissioning Groups. Kristina Jackson thanked officers for the response and would appreciate a response on what services were moving and when so that residents could be kept informed.

Kristina Jackson also questioned why the People's Panel which had been set up September 2018 following a recommendation from Thurrock Healthwatch to provide an independent view on matters relating to the relocation of services from Orsett Hospital were not receiving any notice of decisions before they were being made. The chair stated that these concerns would be addressed and be reported back to the Health and Wellbeing Overview and Scrutiny Committee.

RESOLVED:

- 1. The Memorandum of Understanding (MoU) core principle that was agreed back in 2017, by all parties, is reconfirmed – i.e. that all clinical services based at Orsett Hospital serving Thurrock residents should remain within Thurrock and be based in more local, community based settings.**
- 2. All agencies need to accelerate the programme around the Integrated Medical Centres (IMCs) with a target to have all fully open by the end of 2023.**
- 3. There has been insufficient communication with the wider community about the post Orsett Hospital Plans. The T&FG would like to see a joint NHS / LA communications and engagement strategy agreed within 3 months.**
- 4. The transport and parking strategy around the IMCs is not sufficiently well developed. Coordination around bus routes, provision of adequate car-parking on all four IMC sites and the role of community transport is inadequate and we would like to see a full strategy developed within 6 months.**
- 5. The T&FG would like to see a fully worked up de-commissioning plan for Orsett Hospital developed before the end of this calendar**

year. Orsett Hospital continues to provide valuable services for the people of Thurrock and will do so for years to come. For both patients and the staff that serve the hospital a clearly mapped out plan to ensure the hospital is functioning effectively during this period and people can see where their services are going to be re-provided is essential.

- 6. The T&FG understands that the financing of the IMC programme is still under discussion. We would like this matter resolved urgently and greater clarity over how the whole programme will be funded as we see it as a vital part of supporting our wider ambitions over regeneration and supporting health and care expansion in Thurrock – especially with our growing population.**

49. Verbal Update Targeted Lung Health Checks

Mandy Ansell stated the soft launch at Orsett Surgery in February 2020 had generated some problems and issues which were now being addressed and those lessons learnt would be put in place for the Go Live launch that was on track for the end of March 2020. Members were reminded that the mobile unit would be a joint utilisation between Luton and Thurrock Clinical Commissioning Groups.

The chair questioned what percentage of general practitioners were recording residents smoking status to ensure that all legible would receive the same opportunity. Mandy Ansell stated that she did not have that number to hand but would report back.

Kristina Jackson stated there had not been too much reaction but Healthwatch had been proactive by providing letters giving the opportunity for residents to feedback on their experiences.

The chair requested that this item be added to the work programme for the 2020/21 municipal calendar for a report to be presented when appropriate.

50. Work Programme

Members agreed to add the Verbal Update Targeted Lung Health Checks to the 2020/21 work programme.

Members agreed to add the Orsett Hospital Task and Finish Group Update Report to the 2020/21 work programme with a report to be presented at every other committee.

As this was the last committee for this municipal year, Councillor Holloway thanked officers, colleagues and members for their input, energy and comments and that the committee had been a delight to chair.

The work programme for the next municipal year would be developed and agreed with the chair and vice chair.

The meeting finished at 8.25 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**

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