

## **Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 9 June 2016 at 7.00 pm**

---

**Present:** Councillors Victoria Holloway (Chair), Graham Snell (Vice-Chair), Gary Collins, Tony Fish, Angela Sheridan and Aaron Watkins

Ian Evans, Thurrock Coalition Representative  
Kristina Jackson, Thurrock CVS

**In attendance:** Councillor Halden, Cabinet Member for Education and Health  
Ruth Ashmore, Assistant Director of Specialised Commissioning, NHS England Midlands & East (East of England)  
Jessamy Kinghorn, NHS England Specialised Services (Midlands and East of England)  
Wendy Smith, Interim Communications Lead, Mid and South Essex Success Regime (arrived at 8.00pm)  
Roger Harris, Corporate Director of Adults, Housing and Health  
Tim Elwell-Sutton, Consultant in Public Health  
Catherine Wilson, Strategic Lead Commissioning and Procurement  
Funmi Worrell, Public Health Registrar  
Mandy Ansell, (Acting) Interim Accountable Officer, Thurrock NHS Clinical Commissioning Group  
Jenny Shade, Senior Democratic Services Officer  
Charlotte Raper, 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.

### **1. Minutes**

The Minutes of the Health and Wellbeing Overview and Scrutiny Committee, held on the 16 February 2016, 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. Items Raised by HealthWatch**

No items were raised by HealthWatch.

## **5. Specialised Commissioning - East of England Overview**

Jessamy Kinghorn, Head of Communications and Engagement for NHS England Specialised Services and Ruth Ashmore, Assistant Director of Specialised Commissioning, NHS England Midlands & East (East of England) presented the report that provided Members with an overview of the specialised commissioning function within NHS England and their current priorities for 2016/17.

Ruth Ashmore briefly detailed that there were 140 specialised services commissioned by 10 specialised commissioning teams across 4 regions with 6 national programmes of care being internal medicine, cancer, mental health, trauma, women and children and blood and infection. Ruth Ashmore stated that specialised services tend to be for rarer conditions and those that were more costly to treat and briefly explained the challenges for specialised commissioning.

The top 10 services and the emerging priority for 2016/17 were briefly detailed to Members.

Councillor Collins asked if there had been a significant rise in Paediatric Burns. Ruth Ashmore stated that the numbers were tiny and that suitable services were available either at Great Ormond Street or Birmingham Hospitals if patients could not be dealt with at Basildon Hospital.

Councillor Collins noted that there were a small number of HIV services. Ruth Ashmore stated that the cost of drugs was a major element to this and discussions around prevention would need to take place.

Councillor Collins stated his surprise to see Gender Reassignment Services on the NHS. Ruth Ashmore stated this service was available for adults and children but there were insufficient providers that had resulted in long waiting lists.

Councillor Collins stated that after undertaking some research it had highlighted some negative outcomes for a number of cases of surgery and higher instances of suicide and attempted suicides had been recorded and had this been followed up on patients.

Ruth Ashmore confirmed that there had been outcomes measured which had been included in the national specification and that there was a high level of patients who were not put on the right pathway. Ruth Ashmore further stated that this would be subject to looking at both of those questions in terms of do patients that do well and those that had a physiological and medical health issues were conscious of not having been offered gender reassignment and support.

Councillor Snell asked for an update on the PET(CT) scanner. Ruth Ashmore stated that the engagement process had been completed at the end of May, which had been received extremely well with roadshows, public, clinician and patient surveys and group meetings taken place and a decision will hopefully be made in July 2016 with an implementation date of December 2016.

Councillor Fish asked what next steps were in place for the engagement of patients, especially those of a younger age. Ruth Ashmore stated that a clear programme had been set out in transforming care for people with learning disabilities and working alongside other national partners.

The Chair thanked Ruth Ashmore and Jessamy Kinghorn for attending the Health and Wellbeing Overview and Scrutiny Committee and for their interesting and informative presentation.

## **RESOLVED**

**That the Health and Wellbeing Overview and Scrutiny Committee noted the overview of the specialised commissioning function within NHS England and the current priorities for 2016/17.**

*Jessamy Kinghorn left the Committee Room at 7.34pm.*

## **6. Public Health Grant**

The Officer presented the report which outlined the recommended course of action to ensure that when further planned cuts were made to the Public Grant in 2017/18, the best opportunities to ensure the financial balance within the public health but at the same time fulfilling all the statutory functions and improving the health and wellbeing of the people of Thurrock were undertaken. The report stated that there will be significant opportunities to deliver savings by transforming and integrating services between Public Health, other departments of the Council and with the CCG. Members were asked to endorse the measures taken by Officers to address this further reduction.

The Officer briefly outlined Table 4 of the report which identified the Services and Programmes with 2016/17 programmed spends and savings.

Councillor Snell asked Officers if the spend on Tobacco Control was money well spent. The Officer confirmed that the service will be moving inwards a more preventative model with open access to the Stop Smoking Service and will target patients with early onset smoking related ill-health.

Councillor Collins asked Officers what challenges had arisen as part of the mandatory Sexual Health Services. The Officer stated that this was a national agreement and providers outside of the borough would charge Thurrock for services received by residents of Thurrock. Currently in dispute with London Providers for cross charging.

The Officer agreed to report back to Members on findings on what was the biggest spend between Family Planning and Sexual Health Services.

All members agreed that the education of smoking and sexual health at an early age would have a significant impact on savings.

The Officer stated that effective work was being undertaken on prevention programmes for obesity within adults and children and how this could be influenced wider into the community.

The Chair thanked the Officer for an interesting report and stated that the transition of services be undertaken smoothly so existing users were not affected or services disrupted.

## **RESOLVED**

**That the Health and Wellbeing Overview and Scrutiny Committee noted the contents of the report and endorsed the measures being taken to address the reduction in the Public Health Grant.**

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

The Officer presented the report and explained to Members that this report had been produced as part of the core Public Health offer to the National Health Service (NHS) Thurrock Clinical Commissioning Group (CCG) in recognition of the poor local performance standards that no patient with cancer waits longer than 62 days from an initial referral by their general practitioner. The report considered all elements of the cancer care pathway, from prevention, screening and the referral process through to diagnosis, treatment and survival.

Councillor Watkins asked Officers what level of screening was taking place with younger children and how could these be expanded to a wider audience, for example football clubs and as part of health checks in the work place. The Officer confirmed that a variety of programmes were being undertaken on the prevention of smoking and obesity and that the message of how important check-ups were.

Mandy Ansell stated that cervical screening was available at the weekend hubs in Thurrock undertaken by specialised nurses.

Councillor Watkins asked how General Practitioners were being monitored on the referral of patients. Mandy Ansell stated that General Practitioners were managed by NHS England but CCG had a dedicated team who looked at the range of indicators on the referral process and that they support practices to ensure they were performing and to monitor patient feedback.

Councillor Collins asked Officers what the cause of patients being diagnosed within Thurrock that generally survived for shorter periods of time compared to

other locations. The Officer confirmed there were a variety of reasons but deprivation and early diagnosis impacted on the survival rates.

Councillor Collins questioned Officers on how the care pathway operated as part of the process. Mandy Ansell stated that the pathways spanned a number of hospitals and if there are bottlenecks in tests, for example, delays will occur. A group of CCGs including Thurrock were working together to understand what was happening as a wider issue and to look at the bottlenecking which was currently caused by an issue with workforce and general capacity and ensure that a seamless pathway was a high priority.

Councillor Collins asked if there was currently an organiser who could monitor these pathways. Mandy Ansell said processes were in place with multi-disciplinary teams and that nurses were able to track process but again it was down to workforce capacity for this to be done efficiently.

Councillor Snell stated that it appeared that some General Practitioners were below targets on under referring patients with suspected cancer in the two week wait pathway and questioned if it was the same general practitioners every time. Mandy Ansell stated that support mechanisms were in place and support for general practitioners was available.

Councillor Halden, Cabinet Member for Education and Health, stated existing General Practitioners must be held to account if under performing and in some cases, the need to name and shame.

The Chair thanked the Officer for an important report and asked what the Members of the Health and Wellbeing Overview and Scrutiny Committee can do to ensure that recommendations were moving forward and being changed as appropriate. The Officer stated that Members should keep asking difficult questions and keep on the Officer's case for updates.

## **RESOLVED**

- 1. That the Health and Wellbeing Overview and Scrutiny Committee noted the contents of the report.**
- 2. That the Health and Wellbeing Overview and Scrutiny Committee will support the work done by Public Health, CCG colleagues and other partners to improve cancer services and outcomes in Thurrock.**
- 3. That Members agreed that a further report be brought back to Health and Wellbeing Overview and Scrutiny Committee in November 2016.**

## **8. Domiciliary Care**

The Officer presented the report that informed Members about the current local and national domiciliary care situation and the effects that our current

difficulties were having on service delivery in Thurrock. The report outlined the responses made by the Council to fulfil the Local Authority's duty of care under the Care Act 2014 and detailed the reasons of a new direction of travel in developing a new service model to delivery support to individuals in their own homes and to communities. The new model being developed will be known as Living Well @ Home.

The Officer briefly outlined the proposed redesigned model of support which will take place in South Ockendon as a pilot from the summer of 2016 and will focus on 75-80 people who currently receive some form of care and support.

The Officer recommended that this item be returned to the Health and Wellbeing Overview and Scrutiny in September 2016 and provide Members with a detailed proposal about how the new model of service would be developed once the contract was due to finish in 2017.

Councillor Watkins asked how this pilot would be measured for success. Officers confirmed that standard metrics would be produced and reported on but the main indicator for success would be the feedback from service users.

Councillor Fish asked what the reasons were for the pilot to be undertaken in South Ockendon. The Officer stated that decisions had been made to undertake the pilot in South Ockendon as the Community Hub was already in place there and that positive works that had already been carried out in South Ockendon. The Officer also confirmed that there were discrete areas and places within South Ockendon that provided the opportunity to focus specifically on the pilot.

Councillor Snell stated that he believed the community spirit had never been a problem but had got lost over time but was keen and passionate about helping to bring this back into the communities.

Ian Evans asked Officers what plans were in place to involve individual service users in the design of the form and template and what questions will be asked to support their needs. The Officers confirmed that service users will be involved in the engagement process and this will be undertaken through meetings and engagement groups.

## **RESOLVED**

- 1. That Members noted the current situation as regards to domiciliary care in Thurrock and the measures being taken by the department to stabilise the situation.**
- 2. That Members agreed that a further report be brought back to Health and Wellbeing Overview and Scrutiny in September with a detailed proposal about how a new model of service will be developed when the contract finishes in 2017.**

## **9. Success Regime Progress Update**

Wendy Smith, Interim Communications Lead, Mid and South Essex Success Regime presented the report and stated that this was an ongoing project currently in the discussion stage. This stage will involve more input from service users to look how health and care can become more local and ways of truly knowing what people need and delivering this on a one-two-one basis. Also to look to join up services such as primary care, general practitioner services, community care, social care and mental health. The vision of the success regime will become more articulate in the sustainability and transformation plan, a draft will be available by the end of June 2016. It was stated that Thurrock was already ahead of these developments.

Wendy Smith briefly explained the challenges ahead and the main areas for change. It was hoped to have a draft proposal of the success regime to present to the Health and Wellbeing Board in March 2017.

The Chair thanked Wendy for the complex and interesting presentation and asked Mandy Ansell for comments.

Mandy Ansell commented that it would be useful for Members to bring this down to how the Success Regime would affect Thurrock and referred members to the New Model of Integrated Out of Hospital Care slide which cuts to the very core of what was already been achieved in Thurrock.

Mandy Ansell stated that Thurrock CCG were the cutting age of the community out of hospital strategy and as such will be leading the frailty pathway.

It was important for Members to understand the integration agenda currently being worked on with Officers and their teams through the better care fund to deliver a much more integrated model of delivery.

Mandy Ansell emphasised that Thurrock CCG is the only CCG in Essex that achieved the reduction in unplanned care which was a target in the BFC last year and as such has been able to re-invest £800,000 back into the community service to further keep people out of hospital.

In the wider context, consultation on the out of hospital strategy which had been led by HealthWatch had been undertaken with the public. The proposed model for Tilbury and Purfleet will also be used for the Thurrock Community Hospital and the new build in Corringham by NELFT. To look at the integrated services in a wider sense through voluntary and council services to address the lack of general practitioner capacity and to allow general practitioners to do what they have to do and other services will be picked up by other health professionals or social care partners.

Councillor Snell stated his concern over the Success Regime and that every effort to ensure that the one size fits all approach was avoided and should be tailored for each authority.

Councillor Watkins asked Officers what work would be undertaken with those practices that were under performing. Mandy Ansell stated that changes in practice profile, providing new providers and the re-siting of practices will be the way forward and change has already been achieved since the challenges in Tilbury in the summer of 2015.

Councillor Snell stated his concerns on how overspends or underspends would be addressed.

Councillor Halden restated that the Success Regime item will continue to be monitored.

Roger Harris stated that he had concerns with the proposed big changes to programmes and there were potential risks, therefore the Health and Wellbeing Board and the Health and Wellbeing Overview and Scrutiny Committee will be watching this item closely and will support locally to ensure that it does not distract from what was already in place.

The Chair stated close scrutiny would be undertaken by all Members of the committee on this item and requested that this item be returned to the Health and Wellbeing Overview and Scrutiny Committee for further update in September 2016.

Wendy Smith asked the Chair to formally write to her with Thurrock Health and Wellbeing Overview and Scrutiny Members concerns and comments. The Chair and Members agreed this will be done.

#### **RESOLVED**

- 1. That the Health and Wellbeing Overview and Scrutiny Committee noted the progress update report.**
- 2. That the Chair would formally write to Wendy Smith to support the comments made by Members.**
- 3. That Members agreed that a further report be brought back to Health and Wellbeing Overview and Scrutiny Committee in November.**

*Wendy Smith and Ruth Ashmore left the Committee Room at 9.00pm.*

#### **10. Work Programme**

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

#### **RESOLVED**

- 1. It was noted that the item Domiciliary Care be added to the work programme for 15 September 2016 committee.**



2. It was noted that the item Shaping the Council – Budget Update be removed from the work programme for 15 September 2016 committee.
3. It was noted that the item Success Regime be added to the work programme for 10 November 2016 committee.
4. It was noted that the Cancer Deep Dive be added to the work programme for 10 November 2016 committee.

**The meeting finished at 9.03 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)