

Thurrock - An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future

# Health and Wellbeing Overview and Scrutiny Committee

The meeting will be held at **7.00 pm** on **19 July 2023**

**Council Chamber, Civic Offices, New Road, Grays, Essex, RM17 6SL.**

## Membership:

Councillors Mark Hooper (Chair), Georgette Polley (Vice-Chair), Tony Fish, Terry Piccolo, Neil Speight and James Thandi

Georgina Bonsu (Thurrock Lifestyle Solutions) and Kim James (Healthwatch Thurrock Representative)

## Substitutes:

Councillors John Cecil, James Halden, Mark Hurrell, Augustine Ononaji and Joycelyn Redsell

## Agenda

Open to Public and Press

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<b>1. Apologies for Absence</b>	
<b>2. Minutes</b>	<b>5 - 16</b>
To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 9 March 2023.	
<b>3. Urgent Items</b>	
To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972. To agree any relevant briefing notes submitted to the Committee.	
<b>4. Declarations of Interests</b>	

<b>5.</b>	<b>Terms of Reference</b>	<b>17 - 18</b>
<b>6.</b>	<b>Integrated Medical Centres Update (PowerPoint)</b>	
<b>7.</b>	<b>ICB Community MSK and Pain Service</b>	<b>19 - 26</b>
<b>8.</b>	<b>Verbal Update - CQC report on Basildon Hospital</b>	
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Agenda published on: **11 July 2023**

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# DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

## Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

## When should you declare an interest *at a meeting*?

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

A detailed description of a disclosable pecuniary interest is included in the Members Code of Conduct at Chapter 7 of the Constitution. **Please seek advice from the Monitoring Officer about disclosable pecuniary interests.**

**What is a Non-Pecuniary interest?** – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

### Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- Not participate or participate further in any discussion of the matter at a meeting;
- Not participate in any vote or further vote taken at the meeting; and
- leave the room while the item is being considered/voted upon

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

### Non-pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature



You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

## Our Vision and Priorities for Thurrock

An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future.

1. **People** – a borough where people of all ages are proud to work and play, live and stay
  - High quality, consistent and accessible public services which are right first time
  - Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
  - Communities are empowered to make choices and be safer and stronger together
  
2. **Place** – a heritage-rich borough which is ambitious for its future
  - Roads, houses and public spaces that connect people and places
  - Clean environments that everyone has reason to take pride in
  - Fewer public buildings with better services
  
3. **Prosperity** – a borough which enables everyone to achieve their aspirations
  - Attractive opportunities for businesses and investors to enhance the local economy
  - Vocational and academic education, skills and job opportunities for all
  - Commercial, entrepreneurial and connected public services

## Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 9 March 2023 at 7.00 pm

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

**In attendance:** Katie Arnold, Mid and South Essex NHS Foundation Trust  
Les Billingham, Interim Director Adult Social Care  
Louise Brosnan, Service Manager, Contracts and Brokerage  
Tiffany Hemming, NHS Basildon and Brentwood CCG  
Catherine Wilson, Strategic Lead Commissioning and Procurement  
Rhiannon Whiteley, 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. The Chair confirmed that Councillor Fish and Georgina Bonsu were in attendance remotely.

### **44. Minutes**

The minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 12 January 2023 were approved as a correct record.

### **45. Urgent Items**

There were no urgent items.

### **46. Declarations of Interests**

No interests were declared.

### **47. HealthWatch**

No issues were raised by Healthwatch under this item.

### **48. Integrated Medical Centres Update - PowerPoint**

Tiffany Hemming provided the Committee with an update on the IMC's. She confirmed the two updated business cases for Purfleet and Tilbury are still with NHSE. They are still progressing with the development of the Gray's outline business case. They are also working on returning services that were relocated from Basildon hospital to Orsett hospital during the pandemic. Tiffany Hemming further updated the Committee that the Corringham IMC has started its Obesity service. A respiratory hub has also been running over the winter period and she commented that both of these services were good news for the local population. The GP Fellowes continues to successfully recruit

although it is a very slow process. GP's continue to show interest in joining and some have now started. Five GP Practices have been successfully bid for by a provider called Spirit Health and they will be taking them over in the coming months with a view to improving the service provided.

Councillor Potheary expressed disappointment that there is still no feedback on the business cases which have been with NHSE for some time now. She was also disappointed that the GP Fellowes was not moving at the pace she had hoped for. She queried what is being done to ensure interest is actually translating into more GP's in Thurrock. She also questioned which specific services will be moving from Orsett Hospital back to Basildon.

Tiffany Hemming clarified that a huge amount of work is ongoing regarding the GP Fellowes. Purpose built adverts have been created with individual testimonials from GP's working in Thurrock. They are speaking with GP's that are about to finish their training and persuading them to come to Thurrock to work. Some spots that are earmarked are for people who haven't finished their training yet so they cannot progress yet. They have focused on making the job offer as attractive as possible and Fellowes means they come to learn more in their specialist area as well as being a GP. She reassured the Committee that she is of the view that they will secure the 12 GP Fellowes. She also confirmed that the two services returning to Basildon Hospital from Orsett Hospital are Clinical Haematology and Rheumatology Infusions.

Councillor Potheary queried when the 12 GP Fellowes will be in place.

Tiffany Hemming stated that she wouldn't like to speculate.

The Chair asked how many GP Fellowes are working in the Corringham IMC today.

Tiffany Hemming responded that she was unable to answer this question. She clarified that they work out of Corringham IMC as a base and therefore may provide services at different locations. She stated that she will come back to the Chair with exact numbers.

The Director of Adult Social Care and Community Development confirmed that he thought there was 3 in post but that might not be correct.

Councillor Ralph raised that it has been 9 months since the outline business case was put out for the other IMC's, he queried if they are looking at a plan B Tiffany hemming responded that they have started some contingency planning looking at the outcomes they seek to achieve.

The Chair raised the parking situation at Corringham IMC as residents have complained about this.

Tiffany Hemming highlighted that the recommendation to staff is that they park in the two local car parks which are the one behind Morrisons and the one behind the shopping arcade.



**49. Develop a single operating model for pathology services in mid and south Essex - PowerPoint**

Katie Arnold provided a PowerPoint presentation to the Committee on Pathology Services which can be found on the following link:

[\(Public Pack\)Pathology Services Presentation Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 09/03/2023 19:00 \(thurrock.gov.uk\)](#)

Katie Arnold explained that the Mid and South Essex NHS Trust has made a commitment to establish a single integrated pathology service model. Currently, Basildon and Southend Hospital use Pathology First and there is an in-house service at Broomfield Hospital. External consultants are of the view that an integrated service will provide a better service to patients. It will change and simplify laboratory processes. It will not change access for patients and blood tests can still be obtained from a variety of locations. They are currently engaging with stakeholders. The intention is for a full business case to be taken to the Trust Board for approval by late Spring. If approved, a competitive market engagement process will be launched in June 2023, with the aim of completing this by Spring 2024. The aim will be to move to a new integrated service by the end of 2024. The procurement process aligns with the expiry of the contract with Pathology First which comes to an end in 2024. The presentation was paused to allow for questions on Pathology services.

The Chair raised concern that if there was a problem at the one laboratory this could have problems for the whole of Essex.

Councillor Polley highlighted that she was very grateful that blood testing services had returned to South Ockendon and especially to Stephen Porter for making that happen. Councillor Polley noted that it was quite complicated to make an appointment for a blood test and when she had tried to book an appointment at South Ockendon this doesn't come up as an option via Swift Queue.

Katie Arnold responded that the online booking system for blood tests is swift queue. Feedback has generally been positive about Swift Queue. However, when they started the phlebotomy service at Corringham, residents were finding it hard to find the location. This was fed back to pathology first and they corrected it. Katie Arnold stated that she will feed back to Pathology First the issues surrounding the South Ockendon option not showing on the website. They will also update their information about where you can get a blood test. The Thurrock Community Diagnostic Centre will also be offering phlebotomy services when it opens in Spring 2024. Thurrock Community Hospital does offer walk-in appointments too.

Councillor Sammons echoed Councillor Polley's comments and she highlighted that she also did not find Swift Queue very efficient and the

appointments offered were very delayed. It was easier to just drive to Thurrock Community hospital and use the walk-in service.

Councillor Potheary highlighted that when she used Swift Queue the Thurrock locations seemed to be listed under Basildon which might be causing the problems. A separate Thurrock section would be much easier to use.

Katie Arnold agreed to feed back Councillor Potheary's comments.

Katie Arnold continued with the presentation on Community Diagnostic Centres (CDC's). CDC's are new one-stop shops for checks, tests and scans in the heart of communities to increase capacity and make services more accessible and convenient for patients. Public engagement has taken place and useful feedback has been received. The main themes were around requests for more early and late appointments and weekend appointments. Patients wanted to keep telephone booking as well as online apps, waiting times for diagnostic tests too long and Car parking. The feedback revealed that 75 % of patients travelled to appointments by car. The feedback will now be used in service designs. Katie Arnold thanked Thurrock Healthwatch who have assisted them with the public engagement exercise. Business cases have been developed for 3 CDC's in mid and South Essex. One CDC will be located in Thurrock, one in Braintree and the third will be for the largest CDC which is planned for Pitsea. It is hoped a funding decision for this will be made this Spring. In the Pitsea location there will be endoscopy which will be the closest place to offer endoscopy for Thurrock residents. Appointments will be offered 7 days a week and for some services will run from 8.00am – 8.00pm. Katie Arnold explained that it is planned for the Thurrock CDC to be situated where the Alistair Farquharson building is currently. A planning application has been submitted and a decision is expected in late April. It will be part refurbishment and part new-build extension. The aim is to have the centre open by Spring 2024 and to start construction work in late May.

The Chair commented that this is going to bring so much to Thurrock but he stated that he does worry about the parking and the traffic as it is in the middle of a housing estate.

Katie Arnold responded that they have consulted with the design team and car parking improvements will be made to the site. They have calculated the amount of extra staff and patients on site and are confident there will be sufficient parking on site. There is a plan to widen the internal road on the Thurrock Community Hospital site to accommodate larger vehicles.

Councillor Potheary sought clarification on the location of the Grays IMC as it was understood this would be in the building where covid 19 vaccinations were held and this is the Alistair Farquharson building.

Katie Arnold confirmed that the CDC will be occupying the Alistair Farquharson centre and will take over all of that. The vaccination service has stopped and the building is currently empty. Other services are due to move

over from Orsett and can go into the existing buildings or a new build element which attaches on to the CDC but this is also subject to funding approval and capital being available.

Councillor Polley referred to the planning application and noted that 12 parking spaces will be lost initially and then replaced with 32 car parking spaces. She raised concern that the car parking space area is where the Committee had been told the IMC would be situated.

Councillor Polley raised whether it would be beneficial for elderly patients who fall over to be better attending the CDC rather than Basildon Hospital A & E where they are often waiting in a corridor for a long time.

Katie Arnold confirmed that the plan is for the CDC not to be used for emergencies, it will be a ring-fenced diagnostic capacity for elected patients.

The Chair echoed Councillor Polley's concerns that the CDC seems to be on the same footprint as the IMC.

Councillor Potheary queried where in Pitsea is the CDC going to be located and if it will be near the train station as Grays has good train links to Pitsea. She also queried where the current closest endoscopy service for Thurrock residents is located.

Katie Arnold confirmed that the Pitsea location is currently confidential as it has other services in there. It is in a central location in Pitsea and has been chosen because of accessibility. It has good transport links for those local in Pitsea and Basildon too. The current Endoscopy services across Mid and South Essex Trust are in Eastwood, Southend and Braintree. Thurrock residents would go to Basildon hospital currently. It is hoped the extra endoscopy capacity provided by the Pitsea CDC will shorten waiting times.

Tiffany Hemming confirmed that the two projects (CDC and IMWC) are complimentary and allow for both to be on the same footprint. The plan is to re-purpose buildings there and also build some new buildings for the IMWC.

Councillor Polley requested that costings are provided at a future meeting.

Councillor Potheary stated that when the IMWC's were first proposed supposed they were supposed to be purpose built buildings but in reality what Grays is going to get is services flung across an existing site.

Tiffany Hemming responded that internal elements of the buildings will be purpose designed for services going into them. The IMWC will be in multiple buildings adjacent to each other.

The Chair highlighted that the important thing is that the services are being provided. He stated that is not what we were promised but we just need to get these services provided in our community.

Councillor Piccolo queried why there cannot be a terminal in the surgery where the patient can following their GP appointment go out into the reception area and book their blood test straight away in the surgery.

Katie Arnold said she would look into it.

The Chair thanked Katie for the presentation.

## **50. Domiciliary Care and Unpaid Carer Support - to follow**

The Strategic Lead for Commissioning and Procurement presented the report to the Committee. She explained that they are seeking agreement to a contract extension for Domiciliary Care, the Out of Hours Service and the Bridging Service until 31<sup>st</sup> March 2025.

In relation to Domiciliary care there are 2 reasons for requesting an extension. Firstly, there is a need to maintain a stable care market. Care providers worked exceptionally hard throughout the pandemic, and it has taken its toll. The second reason is to allow time to redesign the service. They want to work on an evaluation of the wellbeing teams and create a holistic response for people. Extending the contract for 2 years will give them time to do that.

The Strategic Lead for Commissioning and Procurement explained that the budget is there for the domiciliary care provision as all services referred to are statutory services and within the base budget there is room for a fee uplift for domiciliary care providers if that is decided. Approval of Commissioners and the S151 officer would be required for any fee uplift.

The Strategic Lead for Commissioning and Procurement highlighted that the number of carers went up significantly during the pandemic nationally and also in Thurrock. They are looking to extend the contract for the unpaid carers information advice service by 20 months so that response can continue for carers. They would also like them to complete carers assessments on behalf of the Local Authority. The extension will maintain the stability of the service.

The Chair noted that the report was very detailed. He stated that he understood the market pressures at the moment and the rationale behind the requested extension.

The Director of Adult Social Care and Community Development added that it should be added to recommendation 1.2 that as a result of advice received at informal cabinet on Monday to include after delegation of the S151 Officer and Commissioners, consultation with the Portfolio holder and Corporate Director for Adult, Housing and Health. That addition has been made to the Cabinet report.

### **RESOLVED:**

- 1.1 That Health and Wellbeing Overview and Scrutiny Committee agree the content and approach within the report.**

**1.2 That Health and Well Being Overview and Scrutiny Committee recommend to Cabinet to agree the proposals outlined within the report after delegation of the S151 Officer, Commissioners, consultation with the Portfolio holder and Corporate Director for Adult, Housing and Health.**

**51. Renewing Contracts with Care Home and Supported Accommodation Providers**

The Service Manager for Contract Compliance and Brokerage presented the report to the Committee. She explained that Thurrock historically did not tender residential care contracts. There is a small care market in Thurrock with just 12 homes for elderly residents and 25 for working age adults. In Thurrock they contract with every care provider located within the Borough and have Local authority funded placements in each home. The current contracts expire on 31<sup>st</sup> August. The Service Manager for Contract Compliance and Brokerage confirmed they are seeking a contract period of 5 years which may, by mutual agreement, be extended for a further 24-month period, up to a maximum of 7 years. There will be a 6 months' notice period to exit this contract, if this contractual approach no longer offers value for money for the local authority the contract can be terminated and reprocedured in a different way.

Councillor Potheary thanked the Service Manager for Contract Compliance and Brokerage for the report and for explaining why tendering isn't necessarily helpful. Councillor Potheary noted 40% were placed outside of the borough and queried if there is a breakdown of that 40% in relation to choose versus necessity.

The Service Manager for Contract Compliance and Brokerage confirmed that very little of that percentage would be down to necessity as they manage vacancies well. Sometimes it's not a good idea for service users to be in Thurrock due to drug misuse and it may hinder their rehabilitation to be based in Thurrock.

Councillor Polley commended the service satisfaction levels and queried if there is any concern one provider may apply for all the care homes.

The Service Manager for Contract Compliance and Brokerage responded that it was very unlikely as almost all the care homes were individually owned. The likelihood of them all selling to one organisation would be low.

The Director of Adult Social Care and Community Development highlighted that the relationship with providers is really good, and they are trusted and trust the care homes in equal measure.

The Service Manager for Contract Compliance and Brokerage thanked Councillor Polley for her comments complimenting the carer's care towards residents and stated that she will feed this back.

Councillor Sammons queried if homes didn't win the tender would residents be expected to move.

The Service Manager for Contract Compliance and Brokerage explained that the Local Authority could only give them the rate agreed in the tender process but they couldn't restrict the choice. The Service Manager for Contract Compliance and Brokerage was of the view they would be unlikely to move residents but the rate may change for new residents.

Councillor Polley highlighted that because of the position the council is in, she wants it to be clear that they are not selling off care homes.

The Director of Adult Social Care and Community Development responded that this is about maintaining the market we have without having to involve smaller providers in a lengthy tender process.

Councillor Potheary queried recommendation 1.3.

The Service Manager for Contract Compliance and Brokerage stated that she was on leave and someone else amended the report whilst she was away and paragraph 1.3 shouldn't be in the report.

The Director of Adult Social Care and Community Development clarified that recommendation 1.3 is about agreeing an annual uplift which hasn't been published yet. It can be removed so only 1.1 and 1.2 are relevant tonight and it will be brought back to committee at a later date once the uplift is known.

**RESOLVED:**

- 1.1 That HOSC endorse a waiver from the constitutional requirement for competitive tendering for the provision of care home services for older people, working age adults, and supported accommodation, and approve a single sourcing arrangement for new contracts for care home and supported accommodation placements commissioned by the Council.**
- 1.2 That HOSC endorse the delegation to the S151 officer and Commissioners, in consultation with the Portfolio Holder, the authority to award contracts for care home and supported accommodation services to meet the assessed needs and preferences of older people and working age adults.**

**52. Report of the Cabinet Member for Adults and Health**

Councillor D Arnold explained that Thurrock has the second lowest spend on adult social care in the region. However, one third of the overall budget is spent on adult social care. 85 % of the budget is spent on just 7 % of the people living in Thurrock and that means only 15% can be spent on the remaining 93% of the population. Acute care packages are very expensive

and any reduction in service level would carry enormous risk. Thurrock transformation programme is vital to support people from developing more complex illnesses and helping people stay healthier for longer. Transformation is needed now more than ever. The development of Wellbeing teams will allow for a team of professionals to talk to each other and work off the same assessment benefitting residents from having to have assessment after assessment. Transformation will also benefit staff too, Thurrock has an ageing working population in this area and it is not necessarily a popular career route for young people. Social Work apprenticeships are being offered. Councillor D Arnold highlighted that Thurrock positively has one of the lowest staff turnover rates in Thurrock for social workers.

The Chair raised that Thurrock First can help those with mental health problems where this impacts on them in other ways such as effecting their tenancy.

Councillor D Arnold agreed they could improve the communications around Thurrock First. They can give people that immediate link into help with the wellbeing team and urgent community response teams.

The Director for Adult Social Care and Community Development explained that Thurrock first primarily is a first point of contact for those who require community care or help with mental health. GP's would probably refer those with mental health concerns into Gray's Hall in the first instance. There is nothing to stop the Council increasing the accessibility to Thurrock First. A lot of mental health condition referrals come to their attention through community work. He further explained that a multi-disciplinary approach is required and they are looking to pull together services that can deal with the complexities involved where it is not uniquely mental health or substance misuse that leads to people leading a chaotic lifestyle. Good solutions need to be found and where you live and having a stable accommodation are so important.

The Chair commented that Thurrock carers service appeared to be centralised in Grays and queried if it could be rolled out in Corringham or Tilbury.

Councillor D Arnold confirmed it is an online service too. The Local Area Coordinators pick up carers in the community. They ask people if they know anyone caring for anyone at home.

The Chair raised whether anything more could have been done by the council regarding the IMC's.

Councillor D Arnold said she had not been involved from the start and had been going round in circles trying to unpick what had happened. They need to draw a line under this and move forward. Once it is known what NHS England have got to say about the business cases, we will know more about how we can take the IMWC's forward. Councillor D Arnold highlighted that the Borough has an ageing hospital that will eventually close and services need to be relocated.

Councillor Potheary commented that this seemed like a shuffle away from the Council pushing for purpose-built buildings which is what we were promised - 4 IMWC's in the borough.

Councillor D Arnold stressed that it is her focus to get those IMWC's into the borough and to attract GP's. She explained that the most important thing over bricks in a building is improving healthcare and outcomes for residents and protecting services. She stated that she cannot see it coming in within the original timescales set out.

Councillor Potheary queried proposed cuts to voluntary sector grants for Thurrock MIND and SERRIC.

Councillor D Arnold responded that it is vital that we support the right services and those that fit within our strategy. She commented that she recognises the importance of community and voluntary organisations. The situation financially may mean a shortfall financially, but they are looking at how they can support in alternative ways such as free space, or help them to find other ways to fund or jointly fund them with the NHS.

Councillor Potheary stated that it was encouraging to hear those conversations are already happening.

The meeting discussed delays in discharging people from hospital. The Director of Adult Social Care and Community Development confirmed that they previously were fined for delayed transfers of care if they didn't reach performance indicators and this was reported nationally. Since the Pandemic this has not happened. He confirmed that they are aware of how well they perform and they know how many people are delayed in hospital and share this information regionally. This could be captured in the Portfolio holder report. The medically well has shifted to medically optimised and instead of the test being, is this person fit enough to go home? It is now, does this person need to be in an acute setting? If the answer is no, they are put forward for discharge. A new performance framework will probably be brought out later this year.

Councillor Polley queried if the system is now being supported by virtual wards.

The Director of Adult Social Care and Community Development confirmed that they have kept the hospital team in place which a lot of Local Authorities haven't. They therefore have a dialogue with wards and clinicians and try and ensure for people who are ready for discharge that we are aware of what they need and that we can meet those requirements. We do get some who come out and go back in because not ready for discharge. However, it is better for everyone if they can stop people going into the hospital in the first place.

*At 21.14 standing orders were raised so the meeting could continue beyond 9.30pm*



Councillor Polley discussed a new project at St Luke's called WISH which is a wellbeing information and support hub when people first get diagnosed. She suggested that they should invite St Lukes into the Committee to talk about this.

Kim James confirmed that there is a commissioned service paid for by the better care fund that supports discharge from hospital. She explained that everyone 65 and over and frail will get a welfare call and 6 weeks of visits. They have got a handy man who can move beds downstairs if required. They can install key safes for carers and get equipment. They also collect food bank food for them and help get electricity and gas on. They take on over 250 referrals a month.

The Chair asked Councillor D Arnold if there is anything she could do better or focus on more.

Councillor D Arnold responded that an area she wants to gain more information on is mental health as she hasn't focussed on it much this year and she will be taking this forward next year.

### **53. Work Programme**

The Chair commented that he would like to bring back Basildon hospital to provide an update on the CQC reports for the next meeting. He would also like to schedule an overview on Mental Health.

### **54. Final Market Sustainability Plan**

The Strategic lead for Commissioning and Procurement presented the report. She outlined that in December 2021, the Government published a white paper, 'People at the Heart of Care' that outlined a 10-year vision for adult social care. As part of these reforms the Market Sustainability and Fair Cost of Care Fund was announced. She explained that by having such a low self-funder market and by also allowing people with capital in excess of the existing cap to access our contracts (this is not usual practice in other local authorities that have a larger self-funding population) we are not exposed to the same risks as many other local authorities.

The Local Authority need to complete a market sustainability plan (MSP). The purpose of this is to demonstrate how local markets are sustainable as we move forward with the reforms. The exercise identified positives eg quality of care provided and quality of relationship with providers. The main risk identified is the retention and recruitment of the workforce and being able to maintain a mixed size of homes. Although the reforms have been delayed until 2025, it is still a requirement to submit the final MSP to government. At the time of preparing this report the submission date has not been formally confirmed but is believed to be 31 March 2023.

Councillor Potheary just wanted an update on feedback as in the report at para 2.5 it states *'we were advised that we would receive feedback on the draft to help shape our final submission – no feedback has been received from government'*.

The Strategic lead for Commissioning and Procurement confirmed no feedback has been received as yet. The deadline also hasn't been confirmed but we are working to the 31 March 2023 deadline. They have shared the document with the eastern region and feedback from peers has been good.

The Committee went into exempt session.

**RESOLVED:**

- 1.1 To agree the attached Market Sustainability Plan prior to Cabinet and subsequent submission to the Department of Health and Social Care (DHSC) minus the two bullet points on page 84 of Appendix 1 as the fee has not been agreed yet.**

**The meeting finished at 10.01 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)**

<b>Health and Wellbeing Overview and Scrutiny Committee Terms of Reference</b>	
<b>Appointed by:</b> The Council under section 21, Local Government Act 2000	<b>Number of Elected Members:</b> Six, of whom none may be Cabinet Members or Members of the Health and Wellbeing Board
<b>Chair and Vice-Chair appointed by:</b> The Council	<b>Political Proportionality:</b> The elected Members shall be appointed in accordance with Political Proportionality
<b>Quorum:</b> Three elected Members	<b>Co-opted Members to be appointed by Council:</b> Two, non-voting
<p><b>Functions determined by Council:</b></p> <ol style="list-style-type: none"> <li>1. Provision, planning, management and performance of adult social services</li> <li>2. To review and scrutinise the planning, provision and operation of the health service in Thurrock</li> <li>3. Diversity and equality issues (other than the Authority's human resources policies)</li> <li>4. Work in partnership and act as a member of regional, sub-regional and local health scrutiny networks</li> <li>5. Adult training and skills</li> <li>6. Scrutiny of the Health and Well Being Board</li> <li>7. Public Health</li> <li>8. Libraries</li> </ol>	
<p><b>Functions determined by Statute:</b></p> <p>All the powers of an Overview and Scrutiny Committee as set out in section 21 of the Local Government Act 2000, Local Government and Public Involvement in Health Act 2007, Social Care Act 2001, the Health and Social Care Act 2012 and any subsequent regulations.</p>	

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<b>19 July 2023</b>		<b>ITEM: 7</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>		
<b>ICB Community MSK and Pain Service</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Support for the development of a Community Musculoskeletal (MSK) and Pain Service	
<b>Report of:</b> Community MSK and Pain Service		
<b>Accountable Assistant Director:</b> Emily Hughes Deputy Director of System Pathway Development, Mid and South Essex ICB		
<b>Accountable Director:</b> Gerdalize Du Toit, Community Director, Oversight, Assurance and Delivery Mid and South Essex ICB		
<b>This report is Public</b>		

## Executive Summary

NHS Mid and South Essex Integrated Care Board (ICB) is proposing a new Community Musculoskeletal (MSK) and Pain service for patients aged 16 years and over, serving the whole of Mid and South Essex, to improve patient access, experience and outcomes.

### 1. Recommendation(s)

**1.1 Members of the Thurrock HOSC are invited to support the plans to implement a new single Community MSK and Pain Service, details of which are set out in this paper. The service will offer equitable provision and pathways for all residents of mid and south Essex.**

### 2. Introduction and Background

2.1 Musculoskeletal Service (MSK) is one of the three speciality priorities described in the NHS Planning Guidance 2021/22 to support a reduction in variation in access and outcomes. Within the Mid and South Essex ICS there are six providers providing MSK services across community and multiple NHS and Independent Sector delivering secondary care, which creates a variation in both access to services and pathways being delivered across the population.

MSK transformation includes trauma and orthopaedics, rheumatology, pain management and therapies. Working with stakeholders since Autumn 2021,

the MSK System Delivery Group have developed a new community pathway, for people aged 16 years and over, based on the East of England MSK Pathway Improvement Framework, the BestMSK high impact recommendations and adhering to the Getting It Right First Time (GIRFT) pathway.

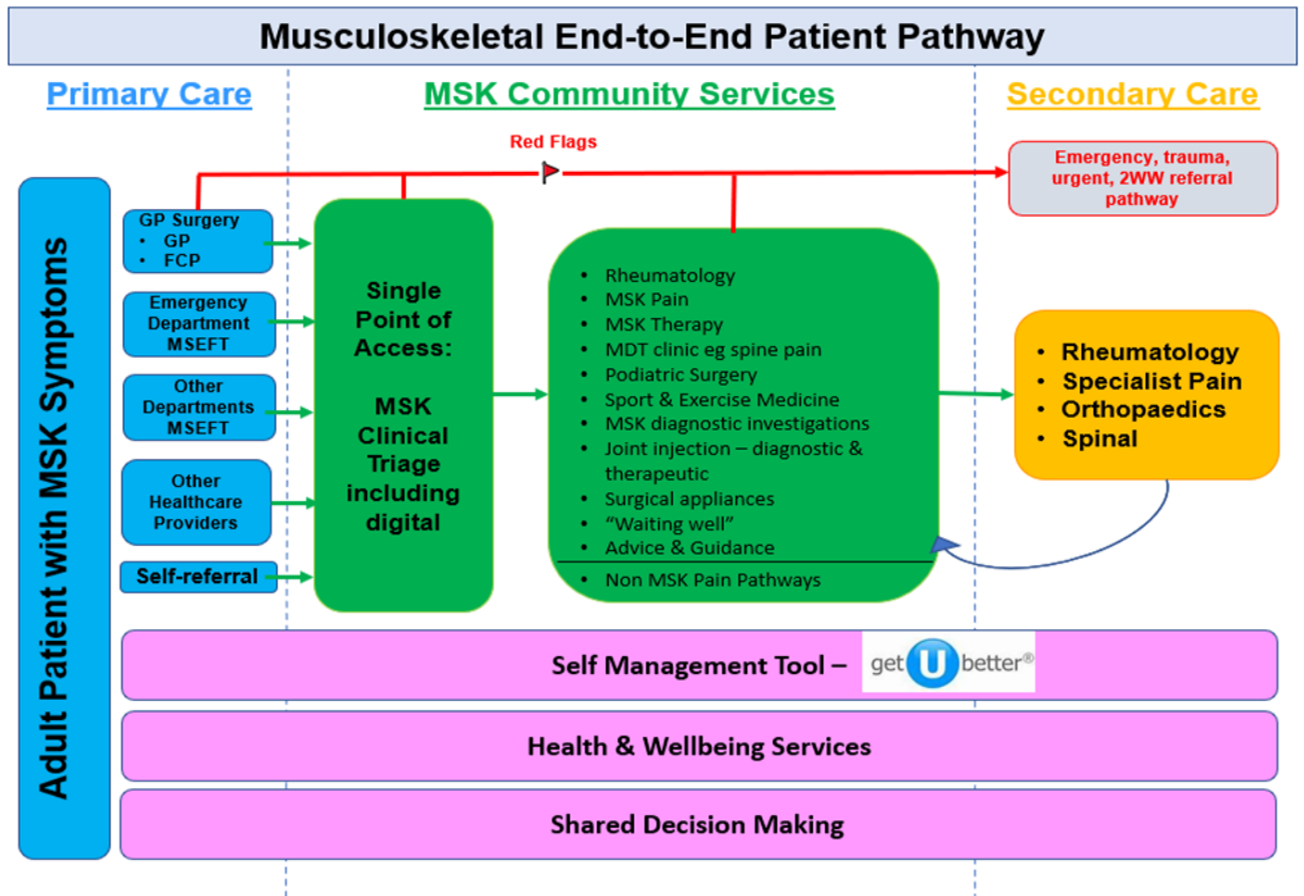
The proposal is to implement a single Community MSK and Pain Service for mid and south Essex which aims to assess and treat more patients outside of acute services and improve outcomes, quality and patient experience of care. Residents that cannot be managed in primary care (including by First Contact Practitioners (FCPs)) will be referred to the community service via a Single Point of Access (SPoA) for assessment, diagnostics, diagnosis, and treatment. Patients who require surgery or specialist assessment and/or treatment will follow a pathway through the community service into an acute service of their choice.

The service will support residents to self-manage their conditions with digital tools and self-management plans, and support waiting list pressures in secondary care for admitted and non-admitted care.

The implementation of the new Community MSK and Pain Service links to the ICS strategic objectives and will ensure that there is equitable access to services across Mid and South Essex. The new service will support the Best MSK core purposes of:

- reducing unwarranted variation and share best practice
- improving access, outcomes and experience of patients and enable best lifelong MSK health within all communities.
- Improving quality and patient safety

The proposed single pathway is summarised in the diagram below.



### 3. Issues, Options and Analysis of Options

#### 3.1

Option	Description	Advantage	Disadvantage
1	Implement a new Community MSK and Pain Service for Mid and South Essex.	<ul style="list-style-type: none"> <li>Improved patient access via SPoA</li> <li>Aligns with national recommendations (GIRFT and BestMSK)</li> <li>Coordinated and integrated care across the full MSK pathway</li> <li>Will help improve the MSK health for the population of Mid and South Essex</li> <li>The streamlined pathways of care will increase efficiency in MSK Pathways</li> <li>Supports the achievement of the RTT standard</li> <li>Reduces inequality of access and provision across MSE</li> </ul>	<ul style="list-style-type: none"> <li>Outcome of the procurement may result in a new provider of care which may disrupt current established relationships</li> <li>Resource required to undertake successful procurement process</li> <li>Risk that no bids are submitted.</li> </ul>

Option	Description	Advantage	Disadvantage
2	Do nothing. Current contractual arrangements remain.	<ul style="list-style-type: none"> <li>Services continue as is with multiple local arrangements with no disruption to care given</li> </ul>	<ul style="list-style-type: none"> <li>Does not align to national best practice (GIRFT and BestMSK)</li> <li>Inefficiencies due to differing service provisions are likely to cause delays in pathways</li> <li>Differing pathways will lead to continued health inequalities</li> <li>Inconsistent pathways are likely to impact RTT waiting times</li> <li>Not compliant with procurement regulations.</li> </ul>

#### 4. Reasons for Recommendation

4.1 The historic commissioning arrangements led to health inequalities in access and delivery of pathways across the ICS. Due to the new ways of working, increasing collaboration, and communication across primary, community and secondary care, implementing a Community MSK and Pain service will ensure there is equitable provision and pathways for all residents of Mid and South Essex.

The community service will ensure patients feel supported, informed and empowered throughout their pathway and will receive the right treatment, in the right place and at the right time.

The benefits of the new service will include:

- Care closer to home with the use of virtual appointments and digitally enable treatment solutions, alongside community locations for face-to-face care.
- Self-management via the use of digital tools and shared decision making.
- The Single Point of Access (SPoA) will provide timely access to specialist advice and guidance, clinical triage and assessment, diagnostic investigations, diagnosis, treatment, and rehabilitation so people are seen by the right person, at the right time, in the right place.
- Delivering follow up care via patient initiated follow up where clinically appropriate, telephone, virtual, face to face and supported self-care or shared care with primary care.



- Providing clinical leadership and MDT case management where appropriate ensuring that care is co-ordinated across the pathway.
- Good quality shared decision making implemented throughout the pathway to ensure service users are fully aware of their care and expected outcomes applying the ethos of 'no decision about me, without me' and to optimise referral management

## **5. Consultation (including Overview and Scrutiny, if applicable)**

### **5.1 Engagement Process**

A pre procurement survey was shared via ICB Communications team in February 2023. This survey was shared with/via:

- Virtual Views members (ICB Citizens' Panel)
- MSE ICS Engagement newsletter
- MSE social media channels
- Connect (internal staff newsletter)
- CVS partners in mid and south Essex
- The three local Healthwatch bodies

From this survey 108 people responded with 46 expressing an interest in future discussions.

On the 11<sup>th</sup> of May 2023 the ICB held a Community MSK and Pain Management Online event. This provided an opportunity to engage with the public on the proposed pathway changes and provide feedback to any questions raised. The event was very well received and some comments from the sessions are included below.

#### Comments

- 'My husband has accessed the Connect Health MSK unit, dismal failure not used since 2019'
- 'I couldn't get past the GP. He missed my two slipped discs'
- 'Better communication from professionals and not dismiss patients as if we are all stupid. We are currently paying privately to help severe pain. Who will oversee the quality of the eservice and if it is working as desired'
- 'New pathway sounds much better as long as it works'
- 'Generally positive re proposals was keen to stress that MSK services required vigorous inspection at all times also questioned availability of future funding streams top support transformation of services'

The comments helped to form the development of the business case.

- Introduction of self-referral and the Single Point of Access should streamline some the access issues. Along with accessing the right community pathway the first time.
- The NHS Integrated Care Board will oversee the management of these services through regular contract meetings alongside our clinical leads in primary and secondary care. These will incorporate input from patient groups/surveys.
- We believe that self-referral will really help.
- The new model should see cost reductions.

A follow up virtual survey was undertaken from the 16<sup>th</sup> of May 2023 to the 5<sup>th</sup> of June 2023, Service Providers encouraged patients to complete the survey at their clinics. The ICB communications team attended MSK clinics at Orsett and Southend during this time to offer support to patients completing the survey.

There was a total of 90 responses, which continued to show positive feedback for the proposed new service (full responses attached as appendix 1) with

- 90% of respondents felt that having a single point of access was a good idea
- 96% of respondents felt that self-referral was a good idea
- 98% agreed that receiving treatment that was personalised was important
- 77% responded as being 'happy' overall with the plans
- 4% responded as being 'unhappy' overall with the plans. These respondents have been invited to provide further feedback.

Examples of feedback shown below:

Based on your own experience do you think having a single point of access is a good idea?

[More Details](#)

[Insights](#)

● Yes	81
● No	3
● Don't know	6



How happy are you with the proposed changes?

[More Details](#)

Very happy	30
Somewhat happy	39
Neither happy nor unhappy	17
Somewhat unhappy	1
Very unhappy	3



## 6. Impact on corporate policies, priorities, performance and community impact

6.1 Not applicable

## 7. Implications

### 7.1 Financial

Not applicable

### 7.2 Legal

Not applicable

### 7.3 Diversity and Equality

The historic commissioning arrangements led to health inequalities in access and delivery of pathways across the ICS. Due to the new ways of working, increasing collaboration, and communication across primary, community and secondary care, implementing a Community MSK and Pain service will ensure there is equitable provision and pathways for all residents of Mid and South Essex.

An Equality and Health Inequality Impact Assessment has been completed which did not highlight any negative impacts.

### 7.4 Other implications

Not Applicable

**8. Background papers used in preparing the report**

Not applicable

**9. Appendices to the report**

- Appendix 1 Full online survey results



Transformation%20o  
f%20Community%20

**Report Author:**

Lisa Offley

Senior Head of Pathway Development Programme

Mid and South Essex ICB

<b>19 July 2023</b>		<b>ITEM: 9</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>		
<b>Direct Payment Support Services</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Key	
<b>Report of:</b> Councillor George Coxshall, Portfolio Holder for Health, Adult Social Care, Community and Public Protection		
<b>Accountable Assistant Director:</b> Les Billingham, Assistant Director for Adults and Community Development		
<b>Accountable Director:</b> Ian Wake, Corporate Director for Adults, Housing and Health		
<b>This report is Public</b>		

## Executive Summary

The report outlines the statutory duty under the Care Act (2014) to provide support services to eligible direct payment users. This service enables vulnerable adults and children to live within their family home and maximise independence and choice of care provision.

This report seeks views from Health and Wellbeing Overview and Scrutiny Committee (HOSC), and then subsequently Cabinet, on a proposed recommendation that the procurement for this service should go to market as an open tender.

### 1. Recommendation(s)

- 1.1 That HOSC support the contract to be put out to tender with no fixed price point enabling the market to price against the activities required to ensure a sustainable service for the lifetime of a contract (four + one + one years).
- 1.2 That the contract be resourced to ensure statutory obligations can be appropriately met and responsibility for the awarding of any tender be delegated to the responsible Director (Corporate Director for Adults, Housing and Health).

## **2. Introduction and Background**

- 2.1 At present Thurrock Council discharges its legal duties to support the use of direct payment, as defined in the Care Act (2014), via a competitive tender process that is currently fulfilled by Purple Zest for the sum of £73,422 per annum. The contract is set to expire on February 1, 2024.
- 2.2 The Adult Social Care contract also covers children's direct payment users at present accounting for nearly a quarter of all direct payment users.

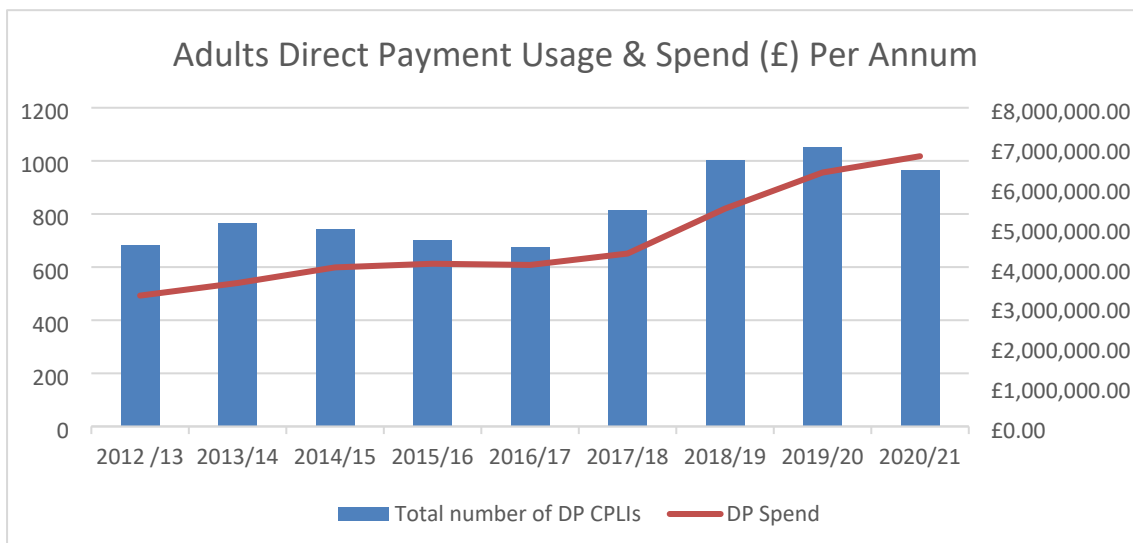
At the time of writing the broad breakdown of service usage is as follows:

- 388 active managed adult account users.
- 489 active adult and 161 child direct payment users provided with information and advice.
- 110 adult and 161 child direct payment users accessing Personal Assistant recruitment and / or payroll support.

- 2.3 The service currently provides:

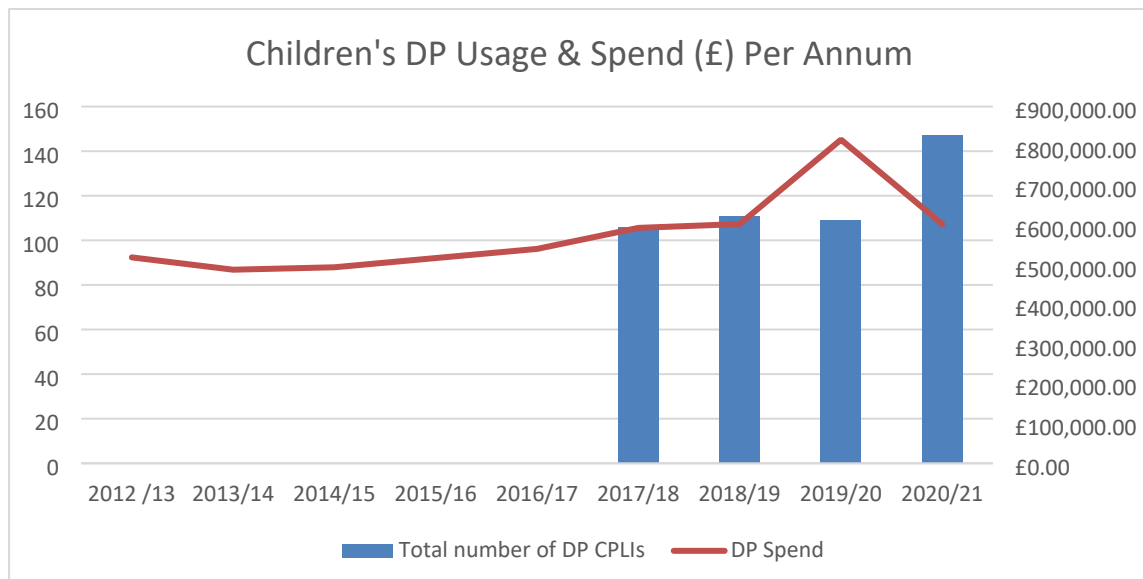
- Personal account manager who will track the account to be able to resolve any issues quickly.
- Direct payment holding accounts for funds.
- Regular statement of client funds in an accessible way to assist the service user to manage their life.
- Monitoring information at agreed times. Processing payroll and pay invoices within appropriate timeframes.
- Pay slips for employees and liaising with HM Revenue and Customs (HMRC) on the client's behalf as the agent.
- Submitting all HMRC monthly and annual returns as required by law and making required monthly payments direct to HMRC.
- Assurance that monies exceeding the eight-week tolerance level are returned promptly to the Authority after all relevant deductions and payments are made.

- 2.4 These are either services that the Council is unable to provide due to lack of appropriately skilled staff or system functionality which precludes the Authority taking on this role. Moreover, the staffing budget required to manage such activities would render internal provision financially unappealing.
- 2.5 Purple Zest was, on the last tender, the only bidder due to the limited funding available. When challenged on the sustainability of the support contract the Provider stated it was only sustainable given the economies of scale they currently operate. Given the current financial climate these efficiencies will be increasingly strained and difficult to maintain.
- 2.6 The last two times the service was contracted for (covering nine years) the funding to support statutory requirements saw no significant increases, being commissioned at a yearly price of £70,200 per annum in 2013 rising to £71,984 in 2019, a rate which is set to last until this contract expires. This equates to only a **4.3% increase over what will be a ten-year period** and has resulted in funding not keeping pace with demand, usage and external pressures.
- 2.7 During this time, although the funding has not increased, direct payment usage and spend has increased dramatically as can be seen below:



- 2.8 Spend on adult direct payment provision over this period has increased by **107%** while volumes of care package line items (individual commitments of spend) have increased by over **41%**. The current Adult Social Care resource panel states all new cases should consider a direct payment, meaning that numbers are likely to continue to rise placing further strain on the contract.

2.9 Children's data below<sup>1</sup>, while less drastic than adults, shows increased usage and spend over the same period and account for only 8% of spend but 23% of overall individuals accessing direct payments in 2020/21.



2.10 Inflation pressures alone would account for a cumulative percentage increase of **23.3%**<sup>2</sup> for 2013 to 2021. This would account for **£16k** on the bottom line of original contract price before demand increases, employer pension contributions, National Insurance rises or demand factors are even considered.

2.11 Soft market testing before the previous tender exercise in 2018/19 indicated that the contractual value was too low. Activity and pricing comparisons against external organisations indicated the funding of the contract was at around only 45% its required level, based on adults users only. A typical account management service, transactional costs and processing costs would amount to over £325 per person per annum (based on only two transactions per four weekly period). This was undertaken again in 2021/22 and a similar level of disparity was found.

2.12 Given the situation outlined above the annual contract price is being reviewed as the current rate is now viewed as unsustainable but options are limited given the financial situation.

<sup>1</sup> Children's service were unable to provide number of individuals accessing Direct Payments before 2017/18.

<sup>2</sup> [RPI All Items: Percentage change over 12 months: Jan 1987=100 - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/rpi/all-items/percentage-change-over-12-months-jan-1987=100)



### **3. Issues, Options and Analysis of Options**

#### **3.1 Undertake Commissioning Exercise with a Declared Price (not recommended)**

This would leave the budget for procuring direct payment support services 'as is' and offer no additional support for the administration of the direct payment support function.

This would limit the effectiveness of any competitive tender, for example only a single bid was received on the last tender exercise due to the extremely low contract value. This option therefore would present the financial risk of an unsuccessful tender process resulting in the need to increase the base funding of this contract as well as the delaying, or inability, to recoup monies above tolerance levels. Additionally, should there be no successful tender a provider would not be in place to ensure payment of invoices, collection of income etc, to ensure the eligible needs of individuals are met thus result in a failing of our statutory duties.

#### **3.2 Undertake Commissioning Exercise Enabling Providers to Competitively Price (recommended)**

This enables the market to set a sustainable price for the lifetime of the contract, though this is likely to cause an increase in the current budgeted amount of up to £120k per annum. Weighting the contract based on price to incentivise more competitive pricing model from potential providers that will mitigate this impact to some degree but still create a financial pressure for the service.

### **4. Reasons for Recommendation**

- 4.1 The recommended course of action would be the only reliable way of attracting competitive bids from the open market, thus ensuring that the Authority can fulfil its statutory requirements under the Care Act (2014).

### **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 Engagement has taken place with direct payment users via the User Led Organisation as well as Thurrock's Direct Payment Officers and Care Practitioners who have reviewed the quality of the Service as well as fitness for purpose of the current service specification. It is felt the current quality of service is high, which is reflected in key performance indicators, and value for money.

## 6. Impact on Corporate Policies, Priorities, Performance and Community Impact

6.1 The contract to provide direct payment support services aligns with the aspirations of Better Care Together Thurrock: The Case for Further Change 2022-2026 and the Corporate Priority:

- *People – a borough where people of all ages are proud to work and play, live and stay.*

## 7. Implications

### 7.1 Financial

Implications verified by: **Mike Jones**  
**Strategic Lead Finance Corporate Finance**

The current funding for the provision of this contract of £73,422 is contained within the Directorate's existing budget allocation. Any cost as a result of a procurement exercise would result in an additional financial risk to the Authority.

### 7.2 Legal

Implications verified by: **Mark Bowen**  
**Interim Head of Legal Services**

The recommendation if agreed is for a procurement process to support the delivery of a statutory duty and is legally sound.

### 7.3 Diversity and Equality

Implications verified by: **Rebecca Lee**  
**Team Manager Community Development**

The provision of this contract will support the Council to uphold responsibilities set out in the Care Act (2014), the Children and Families Act (2014), Equality Act (2010) and Public Sector Equality Duty.

Social value has been considered as part of the commissioning process for this service and will be monitored as part of the standard contract review cycle with the agreed supplier.

7.4 **Other implications** (where significant) – i.e., Staff, Health Inequalities, Sustainability, Crime and Disorder, and Impact on Looked After Children

N/A

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

N/A

9. **Appendices to the report**

N/A

**Report Author:**

Ian Kennard

Commissioning Manager

Adults, Health and Housing

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**Health and Wellbeing Overview & Scrutiny Committee  
Work Programme  
2023/2024**

Dates of Meetings: 19 July 2023, 31 August 2023, 2 November 2023, 11 January 2024, 7 March 2024

<b>Topic</b>	<b>Lead Officer</b>	<b>Requested by Officer/Member</b>
<b>19 July 2023</b>		
Integrated Medical Centres Update (PowerPoint)	Aleksandra Mecan	Members
Terms of Reference	Democratic Services	Officers
ICB Community MSK and Pain Service	Tina Starling (NHS Report)	Officers
Direct Payment Support Services	Ian Kennard	Officers
Verbal CQC report on Basildon Hospital	NHS	Members
Work Programme	Democratic Services	Officers
<b>31 August 2023</b>		
2022/23 Annual Complaints and Representations Report – Adult Social Care	Lee Henley	Officers
Integrated Medical Centres Update (PowerPoint)	Aleksandra Mecan	Members
Safeguarding Adult Board – Three Year Strategic Plan	Jim Nicolson	Officers
Library Strategy	Natalie Smith	Officers
Work Programme	Democratic Services	Officers
<b>2 November 2023</b>		
Exercise on Referral	Jo Broadbent	Officers

Safeguarding Adult Board – Annual Report	Jim Nicolson	Officers
Adults, Housing and Health – Fees and Charges Pricing Strategy 2024/25	Les Billingham	Officers
Integrated Medical Centres Update (PowerPoint)	Aleksandra Mecan	Members
Annual Public Health Report – Fuel Poverty	Jo Broadbent	Officers
Work Programme	Democratic Services	Officers
<b>11 January 2024</b>		
Integrated Medical Centres Update (PowerPoint)	Aleksandra Mecan	Members
EPUT Update	Paul Scott and Alex Green	Members
Domiciliary Care Tender	Sarah Turner	Officers
Bridging (Hospital Discharge Service)	Sarah Turner	Officers
Work Programme	Democratic Services	Officers
<b>7 March 2024</b>		
Integrated Medical Centres Update (PowerPoint)	Aleksandra Mecan	Members
Report of the Cabinet Member for Adults and Health	Cllr Arnold	Members
SERICC	TO BE CONFIRMED	
Work Programme	Democratic Services	Officers
<b>Briefing Notes</b>		

Items for 2024/25 Work Programme:

1.

Clerk: Jenny Shade

Last Updated: May 2023

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