

Minutes of the Meeting of the People Overview and Scrutiny Committee held on 25 July 2024 at 7.00 pm

Present: Councillors Neil Speight (Chair), Roy Jones (Vice-Chair), Ngozi Alike, Deborah Arnold, John Cecil, Tony Fish, Lynda Heath, Cici Manwa, Srikanth Panjala, Elizabeth Rigby and Barry Johnson

Co-Optee- Georgina Bonsu, Thurrock Lifestyle Solutions

Apologies: Co-Optee's Nicola Cranch and Kim James
Michele Lucas- Assistant Director Education Children's Commissioning
Janet Simon- Assistant Director CSC and Early Help

In attendance: Sheila Murphy- Executive Director- Children's Services
Sharon Stoltz- Director of Public Health
Rita Thakaria- Partnership Director
Ian Wake- Executive Director- Adults and Health

Claire Dixon- Overview and Scrutiny Officer
Carly Parker- Senior Democratic Services Officer

Before the start of the meeting, all present were advised that the meeting was being live streamed and recorded.

1. Apologies for Absence

Apologies were received for Nicola Cranch, Kim James, Michele Lucas and Janet Simon.

2. Items of Urgent Business

The Chair raised one item of urgent business. Advising the committee of concerns regarding waiting times for treatment and appointments for children and young people. The committee were advised of the disparity between the regions; Brentwood, Southend, and Thurrock, advising that he wanted a report with further detail from our NHS colleagues at the next meeting.

3. Minutes for the Health and Wellbeing Overview and Scrutiny Committee Meeting 7 March 2024

The minutes were approved subject to minor changes. This included the full list of councillors and officers to be added to the in-attendance section.

4. Minutes for the Children's Overview and Scrutiny Committee Meeting 12 March 2024

The minutes were approved subject to minor changes. This included the full list of attendees in the attendance section.

5. Declaration of Interests

The chair declared that he is part of Essex Partnership University NHS Foundation Trust, and if necessary, he will recuse himself.

6. Overview and Scrutiny Committee Responsibilities

There were no further comments on this item.

7. Thurrock Scrutiny Committee Protocol- Working Document

Members raised the protocol document states there is no power to appoint substitutes. The Overview and Scrutiny Officer advised that there have been several changes since the document was produced and this will be amended. Currently there is a full list of substitutes appointed.

8. Childhood Obesity Task and Finish Group Scoping Report

The Director of Public Health provided a brief overview of the report to the committee. Advising that Thurrock has the highest rate of childhood obesity for children in Reception year and second highest in the East of England region for children in year 6 and is significantly worse than the rate for England.

Thurrock has adopted an entire system approach to tackling obesity and produced a Thurrock Whole Systems Strategy 2018-2021. The Committee was asked to set up the Task and Finish Group, agree the scoping document and Terms of Reference. In addition to this they were asked to appoint a chair and seek nominations for members who will sit on the task and finish group. The numbers should be between 4-7 members. The proposed outcome is to provide a report on themes with recommendations to be reported back to the health and well-being board.

Members questioned the section of the report that stated that officers plan to meet with children to get their views and asked for clarification if parents and carers views would be sought also. It was confirmed that parents and carers views will also be collected during this process.

Members questioned whether there was historical data for Thurrock and whether previous initiatives worked or did not work. Requesting further qualitative analysis and evaluation on what can be done differently. The Director of Public Health advised there is historical data, however previously there was no targeted weight management programs with no investments.

Thurrock have rolled out the Health, Exercise, and Nutrition for Really Young 'HENRY' programme which is a targeted programme. Thurrock will evaluate the programmes to find out if they are achieving outcomes.

Members questioned whether the task and finish group were necessary if Thurrock are already rolling out programmes. The committee were advised it is necessary to gain insight and identify gaps.

The Chair stressed that the task and finish group need to do more for it to be successful. Including having a progress and RAG rating report to evaluate the effectiveness. The Chair proposed officers provide a timeline of all the initiatives dating back to 1994 with detail and honest data and facts.

Members questioned whether a bespoke 1-2-1 programme would be more appropriate. The committee were advised that the 'HENRY' and weight management programme has been running in various parts of the country and has only been in Thurrock for approximately two years. Therefore, it will need time before there is any substantial data. 1-2-1 work would require costing and would be difficult to measure its success in the short term.

Members questioned what success looks like. The Director of public Health confirmed this would be dependent on whether it was good value for money and whether meaningful outcomes were achieved.

Councillor Heath joined the meeting at 19.38.

The Chair questioned whether the portfolio holders had any awareness of the programmes and if information was shared between them.

The Portfolio holders confirmed they were willing to meet with officers to discuss further as it is an important part of Thurrock's strategy with long-term benefits. In addition to this there will be cross service working amongst cabinet members.

Members questioned whether any work can be done with planning, to limit the number of fast-food restaurants. The Chair agreed and asked if members and portfolio holders to push for this and consult with the planning officers. Members suggested they work closely with the Cabinet member for Place.

Members questioned the sample for targeted weight management programme and questioned how they will decide who to meet with and how it will be conducted without stigma. The committee were advised that the team would use health and law policies to approach children and parents with sensitivity. This part of the work has not been completed yet; however, they will work with Children's Services, Schools Council's, and other community groups.

Members argued that obesity has been discussed in several meetings over several years and wanted further information about the origins of the 'HENRY' programme and its success rates. The Director of Public Health advised the committee she did not have specifics; however, she would share information

with Democratic Services who would forward on to members. The committee were advised that the 'HENRY' is predicated on training and existing Childrens Services. It is grounded in prevention from weaning stages onwards. It is embedded into mainstream services.

Action: Director of Public Health to share further information on the 'HENRY' programme with democratic services. Democratic services to forward the information to the committee.

Members stated that officers should consider socio-economic issues in relation to obesity, when considering who to speak to. They should also consider the parents health as often they can be overweight as well.

Member questioned whether they had consent to ask children for their views. The Committee were advised that the Public Health Team would work jointly with Children's Services and involve family hubs to approach the issues of consent. They will need input from Parent and Carers; however, they will link in with existing opportunities.

The Co-optee advised the committee that eating habits from African and Caribbean communities are different and this should be considered as part of the task and finish group.

The Chair asked for insight into what the task and finish group will consist of and who will be leading it. The Overview and Scrutiny (O&S) Officer advised that the Public Health Team will be involved, and O&S will be there to advise and set up, however it will be guided by the Public Health team and Children's Services.

The Committee agreed to the following members to participate in the Task and Finish Group

Chair: Councillor Rigby

Members: Councillor Fish, Councillor Jones, Councillor Panjala

Co-Optee: Georgina Bonsu

The Childhood Obesity Task and Finish Group will begin in September 2024 as agreed by the Committee and will run for a maximum of 10 weeks.

Action: The Overview and Scrutiny Officer to arrange an informal meeting with the Task and Finish Group Chair in August 2024.

9. Integrated Medical and Well Being Centres (IMWC)- Witness Session- Verbal Update

The Executive Director for Adults Health along with the Partnership Director and The Associate Director System Programmes (NHS) provided a verbal update on the Integrated Medical and Well Being Centre's (IMWC).

The committee were advised that there are adults with overlapping complex needs including housing issues, addiction, mental health, and social isolation. As a result, they are historically bounced around to different services having to go through layers of red tape. The IMWC's aim is to bring all these services together as an alliance. It has coordinated services including adult mental health, housing, addictions and the voluntary third sector, all under one roof. They work together to provide a bespoke service to meet people's needs. Their input is included, and they are provided with a holistic approach to their care.

The committee were advised that one of the four centres has been delivered. The Corringham business case was submitted to the NHS however it was deemed unaffordable. Thurrock Clinical Commissioners Group (CCG) and Mid and South Essex CCG has an enormous deficit. Therefore, they have been forced to consider plan B.

The Partnership Director added that minor changes were made to the original plans for the building drawn in 2019. These were reviewed and altered during planning stages and there was on-going engagement with the wider Integrated Medical Centre (IMC) programme and the IMC board during this time. Key changes were noted with regards to the CCG being replaced by Integrated Care Boards (ICB) in July 2022. The final building plans were agreed in 2022 and these were implemented.

Since opening one staff interview room has been repurposed to offer prayer/wellbeing room for staff to use. One original office room is now used to see residents for consultations. There are over twenty-seven teams utilising the centre. This includes Phlebotomy, Thurrock Council, Anti-Social Behaviour Teams, Mind, and Improving Access to Psychological Therapies (IAPT).

On average there are 559 people attending weekly excluding the drop-in/walk in sessions. The Overall daily usage 95% plus capacity. There are more patients who choose to have virtual appointments. The centre is open on the weekends and evenings. Community nurses and sexual health teams use the centre over the weekends. In addition to this there is an Alzheimer's support group, Health Watch and Artism (Autism art support group). Members were invited to visit the centre.

Members questioned if there were any minor eye condition services available at the centre. It was confirmed this was not an intended offer from this site.

The Associate Director System Programmes (NHS) added that they have created an estates group to investigate underused facilities and spaces that could deliver the other IMWC's. Some work has commenced, and the options will be brought back to the committee. A wider model of how things can operate with the other IMWC's, and the framework will be ready by July 2025.

Members praised the IMWC's and wanted clarification on who will be leading operationally with the set-up of the other centres. The committee were advised this would be dependent on the options on existing properties. The

estates review is joint led by Thurrock Alliance and the NHS. The funding is joint capital.

Members questioned whether there were any concrete plans and a timescale to finding alternative provisions. It was confirmed that there are real considerations in Purfleet, along with the Community Diagnostic Centre and multiple options in Grays and Tilbury. The Associate Director System Programmes advised he was confident they will find an alternative space.

Members questioned whether it was replacing services in Orsett Hospital. The Associate Director System Programmes confirmed there were no plans to remove services in Orsett Hospital until an alternative site was completed and ready for use in the community. The portfolio holder for Health and Well Being (Adults) advised that he had called for a meeting to discuss the progress of the repairs needed at Orsett Hospital and transferring services. The Associate Director System Programmes advised this was in the works and they agreed to pick this up outside the meeting.

Action: Associate Director System Programmes to provide the committee with a list of Orsett Hospital Services and locations across the borough they are best suited too.

10. Work Programme

The Chair went through the work programme, and requested the following be added to the work programme.

- A brief report from the chair of the Task and Finish Group regarding any progress that may have been made.
- Report on the Mid and South Essex waiting times for children to access treatment.
- Cabinet Member- Portfolio Holder's position on IMWC'S
- Report on Budget and Finance and how it affects services.

The meeting finished at 21.28

Approved as a true and correct record

CHAIR

DATE

**Any queries regarding these Minutes, please contact
Democratic Services at Direct.Democracy@thurrock.gov.uk**