

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 **17 June 2021**

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

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Membership:

Councillors Shane Ralph (Chair), Victoria Holloway (Vice-Chair), Tony Fish, Terry Piccolo, Georgette Polley and Sue Sammons

Kim James (HealthWatch Thurrock Representative) and Neil Woodbridge (Chief Executive Officer, Thurrock Lifestyle Solutions)

Substitutes:

Councillors Alex Anderson, Sara Muldowney, Elizabeth Rigby and Graham Snell

Agenda

Open to Public and Press

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1. Apologies for Absence	
2. Minutes	5 - 20
To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 4 March 2021.	
3. Urgent Items	
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.	

4. **Declarations of Interests**
5. **HealthWatch**
6. **COVID Update Presentation**
7. **Adult Social Care - Provider Services Transformation** **21 - 38**
8. **Orsett Hospital and the Integrated Medical Centres - Update Report - to follow**
9. **Work Programme** **39 - 42**

As part of the Work Programme item, Democratic Services will discuss the potential for an overview and scrutiny project, and how this will be implemented within the Health and Wellbeing Overview and Scrutiny Committee plus the use of briefing notes, if suitable, throughout the year.

Queries regarding this Agenda or notification of apologies:

Please contact Jenny Shade, Senior Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **9 June 2021**

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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 4 March 2021 at 7.00 pm

Present: Councillors Shane Ralph (Chair), Victoria Holloway, Sara Muldowney, Joycelyn Redsell and Elizabeth Rigby

Kim James, Healthwatch Thurrock Representative

Apologies: Councillor Fraser Massey

In attendance:

Roger Harris, Corporate Director of Adults, Housing and Health
Ian Wake, Director of Public Health

Jo Broadbent, Interim Director of Public Health

Andrea Clement, Assistant Director and Consultant in Public Health

Clare Panniker, CEO of Basildon and Thurrock University Hospital NHS Trust

Mark Tebbs, Deputy Accountable Officer: Thurrock NHS Clinical Commissioning Group

Mark Barker, Chief Finance Officer for the five CCGs across Mid and South Essex

Nigel Leonard, Executive Director of Strategy & Transformation, Essex Partnership University NHS Foundation Trust

Jenny Shade, Senior Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting was being live streamed to the Council's online webcast channel.

91. Minutes

Councillor Holloway referred to page 6 of the agenda and requested that additional wording be added of her concerns that no budget report had been presented to this committee. Councillor Holloway stated that she had raised her concerns and had made several requests for this at previous HOSC meetings. She had also sent emails to the Chair requesting that this committee had the opportunity to overview and scrutinise the budget.

Following this amendment, the minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 14 January 2021 were approved.

92. Urgent Items

No urgent items were raised.

93. Declarations of Interests

Councillor Ralph declared a non-pecuniary interest as he was a private tutor in mental health who had worked for other providers throughout Essex and the wider area including Thurrock Mind.

94. HealthWatch

No items were raised by Kim James from HealthWatch.

95. Update Position on Basildon University Hospital Maternity Services

Clare Panniker presented the report that updated Members on the Care Quality Commission (CQC) inspection of the maternity services at Basildon University Hospital.

The Chair thanked Clare Panniker for attending this evening and was well aware of the amount of scrutiny that the maternity department were currently under and appreciated all the work that had been undertaken.

Councillor Muldowney welcomed the update report where it was evident that progress had been made, the report had answered a lot of the questions raised and was more about the voice of the patient who were actually using the service. Councillor Muldowney asked for further information on what the staff feedback had been on the 1-2-1 training of each band 7 as to how they would own their own incidents and how they closed them down. Clare Panniker stated there were high volume of incidents reported on a daily basis, some minor and some more serious, as staff were encouraged to report incidents. Not only for when things had gone wrong but for incidents such as a piece of equipment missing or if breaks were not taken. For this to be a learning and growing service there was a need for people who were running the labour ward on a daily basis to be review incidents and to make sure that the appropriate action was taken with feedback being provided back to staff members who raised those incidents. That any incidents of a serious nature would be escalated to the daily executive led review group to be properly and thoroughly investigated.

Councillor Muldowney questioned whether staff were happy with this as they would be getting more rapid feedback and rapid action from incidents raised. Councillor Muldowney touched on recruitment and what was being done to recruit more midwives. Clare Panniker stated that all the student midwives who qualified in September had stayed with the unit which had demonstrated they had felt they had a good supported experience. That a campaign approach was being undertaken to make the offer more attractive and more systematic. That head-hunters for the post of director of midwifery was being used to try and find the right person. Councillor Muldowney stated it was good to see that progress had been made and suggested that this item be returned to committee in about six months' time for further updates.

Councillor Redsell thanked Clare Panniker for the update on recruitment and questioned what the hospital was doing within this COVID situation and what were the maternity ward doing to help mums have home births. Clare

Panniker stated the demand for home births was relatively low but was able to facilitate this for those who wanted a home birth. There was a home birth team but at this time was not seen as a high priority as from a staffing prospective the high risk area had been the labour ward.

Councillor Ralph agreed that this item should be added to the 2021/22 work programme to be returned in the next six months.

Councillor Ralph referred to the red flag reporting. Clare Panniker stated that there was currently less of those being reported which was due to the training that had been undertaken in the summer in terms of monitoring of women in labour, known as CTG training which had impacted on the early recognition of any complications during childbirth which had led to less incidents occurring. There had also been a change to the safety culture. Councillor Ralph questioned whether the maternity unit were facing more restraints on the care services that were being offered due to COVID. Clare Panniker stated the challenge had been around visitors, there had been problems of not allowing partners to attend but with the introduction of testing for visitors onto the maternity unit had been a big plus to allow women to now be better supported during ultrasound visits, outpatient appointments and delivery. Clare Panniker stated that COVID had been very significant to the whole organisation but less so in the maternity unit where infectious levels had been much lower than in other areas. Councillor Ralph questioned whether the maternity unit had been affected by staff shortages due to COVID to which Clare Panniker was unable to specifically say how many midwifery staff were off work but in January 2021 there were 1000 staff missing from across the entirety of the trust.

The Chair thanked Clare Panniker for attending this evening.

RESOLVED

An update report will be added to the work programme for 2021/22.

At 7.32pm, Claire Panniker left the meeting.

96. Worklessness and Health Joint Strategic Needs Assessment

Andrea Clement introduced the report by stating the Worklessness and Health Joint Strategic Needs Assessment (JSNA) had been developed to gain an understanding of the relationship between worklessness and health and the scale of this issue in Thurrock with the focus of the JSNA was Employment Support Allowance (ESA) claimants with mental health and/or musculoskeletal (MSK) conditions. The JSNA aimed to understand the barriers to employment in this group and to identify support to overcome these. The importance of assisting people who were able to, to return to work had benefits from both a wellbeing and economic perspective. The JSNA identified several key gaps; notably that there appeared to be no overall strategic approach to worklessness and health. Additionally, whilst there were a variety of local services for worklessness in general, access to support could be unclear and disjointed and services were not always identified to be

person centred or flexible in their approach. The JSNA report made recommendations for addressing the gaps identified in the JSNA which could be broadly categorised into three overarching high level recommendations. These were:

- Development of a worklessness and health strategy with a framework of actions which encompassed both prevention and assisting timely return to work.
- The development of a clear pathway that joined up all services and allowed claimants to be signposted to the most relevant services in a timely and appropriate process.
- Development of a healthy workplace accreditation scheme for Thurrock that ensured good practice in relation to health at work and promotion of good health.

The next steps would be to refresh the data in the JSNA document as this had been prepared pre-COVID which would have had some impact, look at the impact of universal credit and work with the Economic Development Strategic Partnership to develop a strategic approach as this was a live document, the JSNA would continue to be reviewed.

Councillor Ralph thanked Andrea Clement for the in depth report and questioned whether community liaison officers would be more involved on what happened with job recruitment as they would become a major part of the strategy. Andrea Clement stated there would be a whole system approach to the strategy to involve all partners in driving the strategy forward with the engagement and involvement of all different partners.

Councillor Holloway thanked Andrea Clement for the report and had enormous amount of respect for public health colleagues in the amount of work undertaken in putting reports together but had been a little disappointed with this report. Her concern was that the report had focused on money as a key driver rather than the focus of health. Councillor Holloway questioned why the report had been undertaken at this point and questioned whether this had been a massive problem in Thurrock. Andrea Clement stated that work had started in 2019 and agreed that some of the data was now out of date and the JSNA had focused on the subset of people who could potentially be supported back to work. Councillor Holloway also raised an issue with the term “worklessness” and stated that it was horrid and should not be used and an alternative title should be considered. Councillor Holloway summed up by stating the report had focused on finances, there was not enough emphasis on the analysis of what kind of jobs there were in Thurrock, with retail, warehouses and logistics, what were the likelihood of matching jobs with people with those conditions, questioned whether we should be pushing people back into work when they should be left alone to heal, why investments into health services were not being considered, need to invest in mental health services and people might get better to then find work, the report did not work it seemed to be upside down.

Councillor Ralph had some sympathies to what Councillor Holloway had said as there was a fear of getting back into the work place and understood the positive drive, pride and self-esteem that people found when back into the work environment. Councillor Ralph did raise his concerns on the finances and stated that the worklessness statement was for people who could not work.

Councillor Redsell agreed that she did not like the word “worklessness” and although the report had been complex it had focused on finances rather than how it would happen and how we were going to get people back into work. Councillor Redsell stated that people had to be integrated properly into doing something from the beginning and questioned whether the involvement of the voluntary sector or having the opportunity to speak with people had been considered and offered.

Councillor Ralph stated this was only part of the offerings in Thurrock with a lot of other projects on-going such as development programs which were looking at getting people back into some sort of voluntary sector work.

Ian Wake provided members with some history as to the production of the report and how this was so important. That work was the most health protective factor in anybody’s life and there had been evidence that the more people that could be in work and those that want to work, the better it would be for the population in terms of population health. That there was a massive disparity between different wards which had been linked to deprivation, about the number of people with musculoskeletal problems or mental health problems who were unable or who were not in work. That there were two driving factors around the report, one around health inequalities and secondly being in work was the most health protective thing that could be done for the population. In regards to finances, the focus had been on making the decision makers in the system to demonstrate that this was one of the most cost effective thing that could be done. This was not forcing those people back to work who were too ill it was around facilitating and working with employers.

Councillor Redsell questioned with COVID would there be any anticipation of producing more health problems with people going back to work because of how this may have affected many more people. Ian Wake stated that self-isolation may deteriorate or may cause people’s mental health to deteriorate and evidence had started to be seen that was the case. That COVID lockdowns had damaged the economy and risked unemployment and we had to find a way to try and bring those two things together. With a more holistic approach and integrating employment support and mental health was one of those solutions.

Councillor Holloway stated there were also a vast amount of people in that RAG group that do not want to work or unable to work who should be in support groups. Councillor Holloway agreed to send Ian Wake a copy of a report that she worked on in 2016 which contained the recommendations they had given to Government. She welcomed the recommendation to have a standard for employers and wanted to push this forward. It was about national

Government saying to big businesses and to employees to treat staff better, treat staff well but this needed to come from a national level. Councillor Holloway hoped that this could be done locally.

Councillor Ralph also hoped this could be done locally by working together and for Government to see how Thurrock were undertaking the work and be used as an example for this to be used nationally.

Councillor Muldowney thanked Officers and questioned where was the comprehensive evidence and data analysis of the health and wellbeing needs of those with musculoskeletal and mental health conditions. Requested some clarification on how 950 people had cost £47 million to Thurrock and stated that the figures around COVID in the report were very out of date. Andrea Clement stated that this was going to be a live document and agreed that the data was quite out of date, with some of the data going back to 2017. The process of developing the strategy could include going back and checking those changes in data. This had been the first part of the process and when developing the strategy further health would be at the centre of the strategy with the review being constantly reviewed and refreshed. Andrea Clement confirmed that the musculoskeletal condition program had been launched and was available in health hubs and referrals would be made through general practitioners.

Councillor Ralph stated Members had to accept this was a live document and would be updated as it progressed forward.

Councillor Holloway appreciated that this was a working document and thanked Officers for the report but stated that the Thurrock element of the report should be brought to the front and with finances to the back of the report as this would help with the presentation of the report going forward.

Councillor Rigby stated that some of the wording had come across as unpalatable but the basis of what was required had been achieved. This was not all just about the money, there had been a plan and how to help people with musculoskeletal issues, such as physiotherapy, but maybe the report could be worded better.

Mark Tebbs stated his concerns that the report had referenced views that some of the services were kind of siloed, not person-centred and no flexibility. The pathway had tried to have mental health specialists as part of the clinical services so they would be embedded in, embedded in secondary care and in early intervention so that they formed part of the treatment program and be wrapped around the individual and to do this in a kind of holistic and co-ordinated way. Mark Tebbs continued to state that some of the descriptions for the mental health aspects of the report had been quite broad statements and needed to be more targeted. He also stated that he did not agree with some of the conclusions that had been reached particularly on the mental health side.

Ian Wake reconfirmed to Members that this report had been written in 2019 and there had been plans to refresh the entire document to include more data but the timing of that had been unfortunate due to COVID. The report had been presented this evening so that work could continue with the process rather than to start again.

Councillor Holloway stated that conversations had to take place with employers, speak with employers who employ someone with a disability, speak to people with disabilities and use this as an opportunity to delve in and speak with people about the support that they need.

Members discussed whether the report should be presented again once the data had been updated and consultations with groups had taken place and agreed this report should be returned to committee when Officers felt this was appropriate.

RESOLVED

- 1. That the Health and Wellbeing Overview and Scrutiny Committee noted and commented on the content and recommendations contained within the report.**
- 2. An update report will be added to the work programme for 2021/22.**

97. CCG Update: 2019/20 Financial assistance provided to Cambridge and Peterborough STP

Mark Tebbs presented the paper that provided an update to HOSC regarding the repayment of the financial assistance given to Cambridge and Peterborough STP during the 2019/20 planning process. The paper set out the steps taken to date and the overall financial flows in 2019/20.

Mark Barker provided Members with details of the financial NHS allocation process and referred to the funding allocations to the system at the start of 2019/20, the additional funding which flowed into the system during the year and the final 2019/20 year-end financial position. These figures can be viewed on page 112 of the agenda.

Councillor Ralph thanked Officers for the report and update.

Councillor Muldowney thanked Officers for the update and noted that it was good a finance officer was at this meeting to answer questions. Councillor Muldowney questioned whether a letter from the Chair as requested two meetings ago had been sent to the CCG from the committee and whether a response had been received. That it was still unclear from the report whether that money had or would be paid back and was the position that as Thurrock had received extra money in the last year, even though extra money should have been received for the Council to cope with the pandemic, that £480,000 was included in that. It was unclear from the figures in the report what this

extra money was for and did other parts of the system get extra funding. Councillor Muldowney concluded that even though we had received extra funding this did not compensate for the £480,000 and we still wanted this back from Cambridge and Peterborough. This was not good enough for the residents of Thurrock and needed to understand from a finance level that everything had been done and questioned what the chair and the portfolio holder for health were now going to do to take this to the next level and take further action.

Mark Barker stated he was unable to say for certain whether the £480,000 had been received back but was able to confirm that significantly more money had come into the system than was previously lost and significantly more than in 2019/20. That 2019/20 was not a COVID year, 2021 was the COVID year and the system had received an extra £42 million to support COVID expenditure, on top of that another £52 million for other initiatives, £60 million top-up funding and £8 million worth of growth. So significantly greater than the £29 million that was referred to in the report. Mark Barker stated that he was unable to pinpoint £480,000 but was able to pinpoint many figures which were in excess of £480,000. Even if we lobbied NHS England for the return of the £480,000 their answer may be that we had already received it and more in kind from the investments which had been given back. Out of those monies at least £9.2 million had come into Thurrock CCG which was a third of what was received in 2019/20.

Mark Tebbs confirmed that he had received a letter from the Chair requesting a report and for a finance colleague to present at this meeting. He reiterated what Mark Barker had said and that Members may have thought that when this money was returned it would be badged on a spreadsheet as Cambridge and Peterborough but this would not be the case. He believed that the money had been returned to the system into a much greater extent, more than the £480,000.

Councillor Muldowney questioned whether any of that money had actually come from Cambridge and Peterborough to which Mark Barker stated that no it did not come from Cambridge and Peterborough and likewise Thurrock would not have made payment to Cambridge and Peterborough, those monies would be redirected back to NHS England, where NHS England made that allocation to Cambridge and Peterborough. That no third party would be shown in the transactions. Members were reminded that all funding was received from NHS England.

Councillor Muldowney questioned what the transformation support was actually for. Mark Barker stated it was for a variety of transformation initiatives which included digitisation to investment in secondary care in the community. That a full breakdown was not available not could be provided if requested. There were at least 30 to 40 elements to it as allocations were received every month and some months 10 or 12 elements at a time.

Councillor Muldowney questioned whether we were the only system that received extra money in the year 2019/20 to which Mark Barker stated every system would have received some allocations.

Councillor Muldowney concluded that her position was that as Cambridge and Peterborough had received extra money they still needed to repay this money to Thurrock.

Councillor Ralph stated he had written the letter with the portfolio holder and had emailed Anthony McKeever and received a no answer when asked would Thurrock get the money back. That the explanation that the funding had come in which they had viewed as over and above what they had spent. The question raised was how Cambridge and Peterborough had a platinum mental health service when the role out of Thurrock's mental health services had to be delayed, promises had been made that the money would be paid back and that this money had been taken after Thurrock's budget had been set.

Councillor Holloway echoed the comments made by Councillor Muldowney and questioned what did "system" mean? Mark Barker stated this was the commissioners and providers within the Mid and South Essex, comprising five CCGs - Basildon, Thurrock, Mid Essex, Castlepoint and Rochford and Southend, and it also included two providers which were part of our system which were Mid and South Essex Foundation Trust and EPUT.

Councillor Holloway thanked Mark Tebbs for dealing with this issue at this committee and appreciated that Mark Barker was in attendance and was mindful that he had not been in his role for long.

Councillor Holloway stated that this was absolutely not acceptable and mindful that as we talk about system approach we do not know what money Thurrock would be getting but what we did know was that Cambridge and Peterborough were still better off. This was now a point of principle that Cambridge and Peterborough were able to run a platinum health service and Thurrock services had to be delayed. That this had now been going on for too long and was still totally unacceptable. Thurrock had managed a surplus, managed the budget and we were trying to go up at NHS systems level to get the money back at Thurrock CCG level. Councillor Holloway concluded that the money had been taken from Thurrock and we wanted it back.

Mark Barker stated that it was not in his gift to return the money but what had been done was to lobby to suggest that it was not appropriate to take money away from the system and not return it with the responses received that it had been returned in kind with more money on top. Mark Barker stated that they had not given up and continued to lobby for further monies to come back to Thurrock and to question whether this would be realistically achieved.

Councillor Ralph stated he did not foresee getting any different answers to this if we continued to bring this item to HOSC. They were convinced the money had been given back in kind, we know the promise was not kept and was unhappy that Cambridge and Peterborough were now running a platinum

service. Councillor Ralph also stated that he was unhappy that the budget had already been set and Thurrock had plans for that money. That Thurrock did not accept this but would probably be forced to accept it which was unfortunate in the reality of the situation.

Councillor Redsell agreed that the committee should not let this go, if money was given by Thurrock, Thurrock should expect that money back and this committee had the ability to scrutinise that.

Councillor Ralph suggested that another joint letter be written again stating that we wished to proceed further.

Councillor Muldowney thanked Mark Tebbs and Mark Barker for their responses and stated that maybe they had done all that they could at this level and maybe Anthony McKeever had done all that he could at his level and we now needed to think about going to the next level up. Mark Barker stated it was for the committee to decide how best to proceed with his recommendation to continue to lobby for additional monies wherever we could. There was a good relationship with NHS England to secure additional funding and the system had continued to do that successfully in the current financial year. That it may be better to improve the relationship, continue to lobby for additional funding and secure that where we could. That continuing to lobby for a particular sum may damage that relationship and therefore unsettle improvements to funding.

Councillor Ralph stated there was no guarantee that this would keep happening but when someone was getting clearer health service benefits that all other councils were supporting was not good.

Councillor Holloway stated she appreciated the response however this was still not good enough. A suggestion from Councillor Holloway would be that the money had gone into the system and then out, now it had come back into the system and we could have £500K back into Thurrock CCG. We would not be asking for money outside of the system, the money had already gone into the system and all Thurrock were asking was for this be transferred back to them. Mark Barker stated that Thurrock had received £9.2 million so it could well be the £480,000 was part of that £9.2 million. Councillor Holloway suggested this item be taken off line to look at how this could be taken forward.

Councillor Ralph agreed that a line had to be drawn for this item on the HOSC work programme and agreed to contact Members outside the meeting

98. COVID Update

Jo Broadbent provided Members with an update on the latest Thurrock COVID-19 Data and Intelligence:

- Current Picture, Rate per 100K Population and Positivity – Thurrock Overall rate was 98.1 cases per 100K population which had been a

substantial reduction based on figures provided at the January HOSC. Thurrock were still at a higher case rate than neighbouring authorities. Something that will be worked on. The epidemic curve had shown sharp increases over Christmas and New Year and then a substantial decline since then. A small increase in cases last week but seemed to be going down again with the downward trend continuing.

- Current Picture, Positive Tests by Age Band – Still seeing high number of cases in adults aged 22 to 59 and also seeing high numbers of cases within the working age adult population. That low case numbers were being shown in the over 70s. A report published by Public Health England had looked at the effectiveness of the vaccine programme which had shown that the vaccine had been 80% effective in reducing hospitalisation of older residents and between 57% and 73% effective in reducing symptoms of COVID. So although not 100% effective it was having an impact and were seeing some low case numbers in older age groups.
- Current Picture, Asymptomatic Testing, All Ages – There was evidence that there had been a higher take up among women than men.
- Current Picture, Testing Positivity – That between 24 January and 2 March, there was evidence that those aged 10 to 19, secondary school age who had been offered asymptomatic COVID test before returning to school had taken up that test which was very positive. A very small proportion of all asymptomatic tests, 1%, had come back positive which equated to 455 cases that would not have been identified and showed the importance of continuing with this policy.
- BTUH Bed Occupancy – That since early January the numbers had fallen although fallen more gently than and not as sharply as case numbers had. The graph showed that fewer people were being hospitalised with COVID it still indicated that the NHS system was still under pressure.
- Confirmed Cases – One school currently in a recovery outbreak and three care homes with a live outbreak and work would continue to support those care homes. In Thurrock there was 11 local areas where there were no localised infections and when compared to previous data the geographical spread had got such better.
- Members were shown the data that was being published nationally on the uptake of vaccinations under 65s and over 65s first and second doses. In Thurrock over 90% of over 70s had been given their first dose and about 85% of 65 to 69 year olds. Which compared well with rates across the country.
- Members were shown the locations of testing sites within Thurrock and that three new sites would be opening in South Ockendon, Corringham and Tilbury and displayed that better coverage had started to take place across the borough and work would continue on that.

Jo Broadbent concluded that:

- Thurrock's overall rate of positive tests continued to decrease.
- The number of PCR tests taken by Thurrock residents had begun to increase over the recent days.
- The geographical distribution of cases had reduced greatly.

- Hospital beds used due to COVID had continued to decrease.
- Vaccines continued to be administered in line with COVID vaccination priority groups.
- The Key Priority was to update testing strategy including schools, families/childcare bubbles and workers outside the home, especially targeting younger working age males.

Councillor Ralph thanked Jo Broadbent for the report and was encouraged to see the numbers in Thurrock coming down and in regard to the amount of testing being undertaken and to remember that a new spike in data may represent the mass testing covering all the bases in Thurrock.

Councillor Holloway questioned why the vaccine data had not been shared sooner and made a comparison to Thurrock's data of 35K to Cambridge and Peterborough's 235K. Jo Broadbent stated that Cambridge and Peterborough's CCG data covered the entirety of Cambridge and Peterborough who had a much bigger population when compared to Thurrock's population. That the most effective way to compare was to look at percentages and Thurrock was doing well in terms of percentage of the first four cohorts.

Councillor Muldowney referred to the schools being opened from next week and questioned could Thurrock end up going into a third wave before we had recovered from the second wave properly. Jo Broadbent stated the roadmap that had come out of the lockdown had set out the dates and confirmed that checks would be carried out between those dates and would continue to work as we currently were in the Council and stressing to the community on the importance of social distancing, to keep up with infection prevention and control measures. If not, there would be a risk that numbers could go up again. That the R rate had continued to drop even when schools had been open for key workers and for vulnerable children and that testing programs for both secondary children and their family bubbles would need to be promoted and monitored.

Councillor Muldowney referred to the delay in school's closing and questioned whether there were better channels now that we could use to feedback on what was happening in schools into the data that was being analysed centrally so that maybe quicker decisions could be made on whether schools should be closed. Councillor Muldowney also asked whether there was anything else that could be done locally. Jo Broadbent stated that Thurrock was going over and above the national position, all schools and all parents had been written to offering a PCR test to all children the week before they were due to return and those testing positive would not return to school to prevent the spread into their school bubble. Jo Broadbent referred to the good communication that Thurrock education colleagues had with schools, regularly attending to speak with school heads to get the story from the ground. There were a number of communication routes that could be used one of which would be to feed up through Public Health England.

Councillor Muldowney questioned whether any extra measures, such as safety, would put in place in schools. Jo Broadbent stated again that schools and parents had been written to reminding them of the guidance on creating a COVID safe environment which had been the same as before. The change was the regular testing in schools which would continue to be monitored.

Councillor Ralph stated that concerns had been raised by HealthWatch in regards to transport difficulties for residents to the some of the vaccination centres.

Nigel Leonard provided Members with an update on the vaccination programme in Thurrock:

- Introduced himself as the SRO from EPUT for vaccinations centres with the vaccination centre in Thurrock being particularly busy.
- Acute Trusts / MSE Group had also been administering vaccines not only from Basildon but from Orsett.
- PCNs delivering the vaccines and shortly there will also be pharmacists which are currently going through approval process with NHS England.
- Hope that pharmacists would pick up some of the localities within Thurrock.
- There will be a significant increase of vaccines that will be available. Thurrock had received more than its share and worked out on population basis and had therefore been receiving slightly more vaccines.
- Look at the through put at existing sites but working with Council and CCG colleagues to look at pop-up clinics in those harder to reach areas.
- Waiting for national approval for a potential drive through model which may be ideal for some localities in Thurrock.
- Over coming weeks, changes may be seen on the way on how the vaccination service will be delivered with more opportunities on how these are delivered.
- Those hard to reach groups and those on low income to be targeted.
- Rapidly moving through the cohorts and currently on cohort 7 which was 60 years and over.

At 9.27pm, Councillor Ralph suspended standing orders.

- Over the next couple of weeks with CCG, PCN colleagues and the Council to give and maximise the opportunity for those in cohorts 1 to 4 to ensure that the vaccine had been offered to as many people as possible.
- Need to target those harder to reach groups.
- Put on specific events to reach those communities which may have to be flexible in the approach because of the way some communities operate. For example Muslim community may be easier to target the complete family group rather than just offering by age.

Councillor Ralph thanked everyone that had been involved in the vaccination roll out who were doing an extremely good job.

Kim James questioned what the process would be for those residents who were housebound and for informal carers. Roger Harris stated that informal carers would be part of cohort 6 that were being worked on currently and that guidance was due out shortly for those carers who wished to contact the local authority to receive a carer's assessment and a guidance on the definition of who would be eligible. Nigel Leonard stated in regards to housebound residents over 87% had been vaccinated but agreed that had to be 100% or as close to 100% as possible. That a plan was in place to target over the next few weeks to ensure that everybody received their first dose and housebound and care homes would still be top priority.

Mark Tebbs reiterated that the focus was now to make sure that everybody in those initial cohorts had actually been vaccinated and confirmed that the 24 remaining housebound patients had been booked in for their vaccines.

Jo Broadbent reassured the committee that public health were linking in with NHS colleagues and HealthWatch on the inequalities and the targeting of vulnerable groups and that a piece of research had been commissioned on the engagement research with local BAME community to understand issues around vaccines.

Councillor Muldowney commented how good it was to see the vaccination rollout was happening so well and so rapidly and asked for clarification on the process for residents to receive their second dose. Nigel Leonard stated that acute trusts had their own booking system which had been similar to the PCNs that had been tied into the national booking system and those who booked their first vaccination through this could also book their second vaccination. That a number of processes were being put in place alongside PCN and acute colleagues to ensure that everybody got the opportunity to book their second vaccine. Members were informed that when a supply of vaccines were received, 50% were held back so that everyone who had their first dose would be guaranteed a second dose. That a significant uplift in the supply of the vaccines would start to be seen across the UK and these significant numbers would start to hit Thurrock from the 15 March.

Councillor Ralph stated the vaccine rollout had been a good news story for Thurrock and again thanked everyone that was working on this to ensure that everything was being done to keep our population safe.

Councillor Rigby questioned whether there were any figures on the number of residents with long COVID and figures had shown 30 to 39 year olds getting infected and how many were suffering from long COVID symptoms. Ian Wake stated that no accurate data was available and was a difficult syndrome to diagnose and something that was being learnt about at this time. Councillor Rigby questioned whether the data would be available in due course to which Ian Wake stated he suspected it would be under diagnosed so the data received may not be the true picture.

Councillor Ralph questioned whether any new variants had been identified in Thurrock to which Jo Broadbent stated that she was not aware that there was of any of the South African or the Brazilian variants within Thurrock.

99. Work Programme

Members agreed to add the follow items to the 2021/22 work programme:

- Update on the Worklessness and Health Joint Strategic Needs Assessment
- Update Position on Basildon University Hospital Maternity

The Chair thanked Members and Officers for their input into the Committee and he had enjoyed chairing the meetings and hoped to be back as Chair following the elections.

Members thanked Roger Harris for the work that he had undertaken and what a pleasure it had been working with him and wished him all the very best.

The meeting finished at 9.49 pm

Approved as a true and correct record

CHAIR

DATE

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

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17 June 2021		ITEM: 7
Health & Wellbeing Overview and Scrutiny Committee		
Adult Social Care - Provider Services Transformation		
Wards and communities affected: All	Key Decision: Key	
Report of: Dawn Shepherd, Strategic Lead, Adult Social Care Provider Services		
Accountable Assistant Director: Les Billingham, Assistant Director of Adult Social Care and Community Development		
Accountable Director: Ian Wake, Corporate Director of Adults, Housing and Health		
This report is public		

Executive Summary

Thurrock Council Adult Social Care is responsible for meeting the care and support needs of older and vulnerable people throughout the borough. Most care work is commissioned to external providers but the Council retains an internal team known as Provider Services.

Adult Social Care, in co-operation with health and the voluntary sector, have been delivering a transformation programme, which has resulted in new initiatives such as Local Area Co-Ordination, Community Led Support and Well Being Teams. Reviews have shown improved outcomes for residents resulting from greater control and autonomy for both service users and staff.

In particular, the Well Being Teams' work in place-based, small, autonomous teams that develop links within the local community offers a more holistic care service – a new model of care – with far reaching results in terms of much better health benefits and outcomes for residents.

Having successfully piloted the Wellbeing Teams approach in Tilbury and Chadwell, Provider Services are now ready to take the next step towards working to this new model of care but the current structures do not facilitate this proposing to implement the same approach across our directly delivered services, upskilling our workforce to deliver more flexible and holistic care to residents with fewer handoffs between professionals.

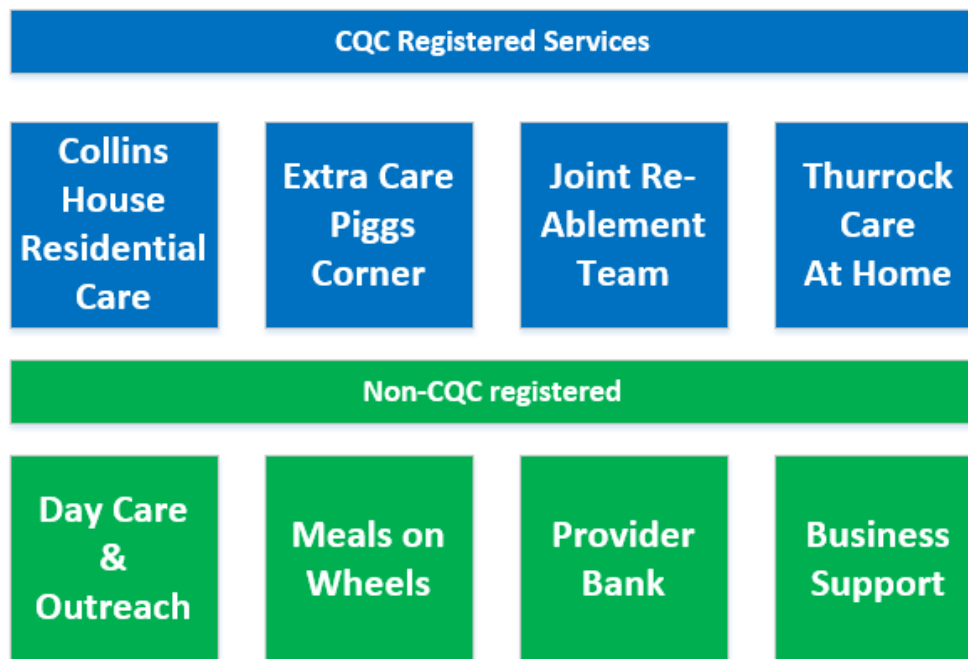
1. Recommendation(s)

1.1 That the Health and Wellbeing Overview & Scrutiny Committee comment on the proposals to transform and improve Provider Services set out in this paper.

2. Introduction and Background

2.1 Adult Social Care has a statutory duty under the Care Act 2014, to provide social care support to all eligible people within the local authority area. This includes residential and home care for older people and adults with a physical or learning disability, and adults who have a mental health diagnosis.

2.2 The vast majority of care is outsourced to external providers but the Council does retain a number of services in-house. These services are grouped together as Provider Services and are represented below:



2.3 The four statutory services are CQC registered and all have a current rating of "Good". In addition, the Council provides Day Care services and Meals on Wheels, which are not statutory services.

2.4 The Council has an overarching strategic direction of travel for Adult Social Care, with a vision for all the main social care and health organisations to be working together to improve how support is provided to people in our communities. This is supported and driven through the Better Care Together in Thurrock Strategic Board.

2.5 This means providing better outcomes that are closer to home, holistic and that create efficiencies of support within the health and care system.

To achieve this better standard of care the following is required:

- Collaborative working with partners such as the NHS, Public Health and the Clinical Commissioning Group (CCG);
- Providing choice, control and independence to all service users;
- Encouraging client self-defined solutions and empowerment for service users;
- Looking for more holistic solutions.

2.6 Initiatives, including Local Area Co-Ordination and Community Led Support, have already been implemented and are seeing results that enable more self-determination for residents, and greater community involvement.

2.7 Well Being Teams deliver a new model of home care and support based on the Buurtzorg¹ model. Teams are small and self-managed, focusing on the client's perspective to provide care solutions that bring more independence and a better quality of life. The teams are upskilled to include healthcare tasks, and are more autonomous in nature, which makes for a more interesting role for staff. Service users are at the centre of the model allowing them to determine how and what care is provided.

2.8 Well Being Teams have been piloted in Tilbury and Chadwell for almost two years and current evaluation indicates a seven-fold reduction in GP appointments, a three-fold reduction in unplanned hospital admissions and high levels of client satisfaction. In summary, the Well Being Teams are providing better outcomes to service users.

2.9 In order to embed Provider Services into the Well Being Team model, a new approach is required – moving away from large traditional service areas to smaller, agile teams that can more readily adapt to meet the service users changing needs.

3. Issues, Options and Analysis of Options

3.1 Inadequacies of the existing service model

3.1.1 Provider Services run to a very traditional “Time and Task” model meaning services are delivered in short time slots, determined in advance, and with a focus only on completing personal care tasks. This creates inflexibilities within the service to meet individual client needs that may change on a daily basis.

3.1.2 Service users are most frequently assessed as needing care following illness, injury or surgery and most new users will be discharged from hospital where they will receive an initial assessment of need by a social worker. Their

¹ <https://www.buurtzorg.com/about-us/buurtzorgmodel/>

pathway is then determined by whether or not they assessed as capable of regaining skills, with some service users referred to a Re-ablement Service and others directly to receive a Home Care package depending on the outcome of the assessment. On occasions, if the Re-ablement team does not have capacity or where hospital discharge is urgent to prevent a delayed hospital discharge, a Bridging Service at the hospital steps in for a short time to provide care.

- 3.1.3 This model incorrectly assumes that not everyone has the capacity to be re-abled and/or that re-ablement is time limited. In reality, almost everyone has some re-ablement capacity, which may require only a few days or can continue for many months or even years.
- 3.1.4 The current pathway can mean service users are “handed over” from one provider to another – sometimes a number of times - before finally settling with a permanent home care provider. This can be confusing and unsettling for the service user and is not conducive to enabling the service user to make decisions around their care.
- 3.1.5 The proposed new solution is a single provider, with carers who support re-ablement alongside personal care and support from day one; the support is holistic and personalised to the individual and re-ablement continues throughout the care provision. This is the Well Being Team model, which is further discussed at 3.4.

3.2 Staff recruitment & retention

- 3.2.1 Recruitment and retention of care staff is a UK wide issue. In line with the national picture, 70% of officers working in the council’s Adult Social Care Provider Services teams have five years or service or fewer. In addition, 43% of the existing workforce are over the age of 50. Whilst an older workforce often brings more experience it poses potential difficulties for succession planning.
- 3.2.2 Difficulty in recruiting and retaining staff can also result in high levels of overtime.
- 3.2.3 Traditionally, care work is low paid and not always seen as a very desirable career. Often, staff report that they choose the role because their other employment options are limited. The challenge is to develop professional and rewarding roles that will attract and retain the right people to work in partnership and revolutionise the service into a model fit for the 21st century.
- 3.2.4 The Well Being Team model provides a role that gives more autonomy and upskilling to carers, making it a career that can be developed and rewarding. Staff can work around service users’ needs and their own family life resulting in a better work-life balance. This will enable better recruitment and retention of staff.

3.3 Fragility of the Care market

- 3.3.1 In 2016, three external private sector run contracts for domiciliary care in Thurrock were either ended, or failed, within a very short period. As “provider of last resort”, this required the council to bring these services ‘in house’, resulting in the rapid development of Thurrock Care at Home in 2016.
- 3.3.2 In a bid to stabilise the market, the Council issued new contracts to three external providers in 2018, based on geographical areas. Despite the new process, one successful provider has required significant performance management and another failed to perform their contract at all. This has resulted in the Council engaging smaller providers on a case-by-case basis to meet the demand. Much of the inability to meet the contractual requirements relates to staffing issues i.e. recruitment and retention. What remains is an unacceptable market fragility, where vulnerable residents could be at risk of not receiving an adequate service.
- 3.3.3 The proposed solution is to re-design the whole model, moving over to small geographically based teams of well-trained and motivated staff working with smaller groups of service users. This model, once successfully implemented for internal services, can be rolled out as the required model for external providers too.

3.4 Independence support teams

- 3.4.1 To address the issues outlined above, a new model of care will need to be developed, based on the principles of the Well Being Team pilot. This will be developed through the in-house service first and can then be spun out to commissioned external providers who are willing to adapt to this new way of working.
- 3.4.2 The new model proposed will consist of small teams of 10 full time equivalent (FTE) independence support workers, alongside a medication support worker and a planning support worker dedicated to a group of individual service users. The teams will be working in either residential or community services with a generic back office support, and a co-ordinator. The planning support worker will become a trusted assessor who is upskilled to make decisions regarding commissioned hours of care, this level of localised decision-making based on service user requirements will lead to better outcomes.
- 3.4.3 The focus will be on achieving outcomes rather than completing tasks. Goals or outcomes have meaning to the individual aimed at promoting wellbeing, autonomy, independence and choice. The service will not be time limited with a hand over from one team to another; instead, one team offering a more holistic service and ongoing re-ablement continuously supports the service user from day one and promotes their choice and independence. Officers will be upskilled and given more autonomy to enhance their job satisfaction which should assist with job retention and recruitment.

- 3.4.4 The service currently has a small healthcare team consisting of one nurse, one physiotherapist and one occupational therapist, who make important and significant contributions within the joint re-ablement team. In the new structure, these professionals will work alongside all the independence teams providing greater integration with health and upskilling of staff.
- 3.4.5 Overall, the new structure and model should achieve better outcomes for service users at a lower cost. This is due to a reduction in management time, and a move to the generic provision of back office services such as administration.

3.5 **Day Care Service Transformation**

- 3.5.1 Before the COVID-19 pandemic, Day Care services ran out of three centres – Cromwell Road, Bell House and Kynoch Court, with 85% of attendees transported to one of the centres via a Council minibus.
- 3.5.2 Bell House is a converted shop within a parade of shops in South Ockendon. It has no outlook to the front except to the shopping precinct, and the back leads out onto a loading bay. Above the shop are Council flats and there are other shops either side. This restricts the natural light to the building and prevents any garden/outdoor activities. It is unsuitable as a 21st century day care facility.
- 3.5.3 Kynoch Court is a sheltered housing scheme; Day care services are run from one of the communal lounges. Space is extremely limited meaning activities are confined to only one room. Sheltered housing residents are generally unhappy with this use of their communal space and this often causes friction between tenants and service users.
- 3.5.4 Cromwell Road is a much larger purpose built site with a number of rooms suited for various activities. It has parking on site for minibuses, outside garden areas that could be further developed and disabled facilities. Almost 50% of Day Care attendees use this site.
- 3.5.5 All three sites have remained closed since March 2020 in line with COVID-19 safety requirements and to protect the most vulnerable residents who attended them. In the interim, alternative arrangements have been made so that staff offer respite within the service users home and this has been much appreciated and has opened up opportunities to involve service users in different activities including linking in with others via online social media such as Face Time.
- 3.5.6 Moving forward, it is proposed to rationalise all day-care services on the Cromwell Road site. This will allow maximum use of the facilities at Cromwell Road and the continued operation of new respite and outreach activities outside the traditional 9am- 4pm period. A new increased menu of activities will be developed and opportunities for informal carers and other community groups to meet and support service users and each other. The new

programme will include support for people who would not traditionally have attended a day centre, through a Virtual Friendship Club.

- 3.5.7 By reducing the number of centres, resources can be concentrated into the one centre and around the new virtual offer. This will produce savings, which are incorporated in the overall restructure with a new Independence Support team working out of the Cromwell Road site to provide the new day care service. There will also be greater emphasis on support for informal carers and opportunities for support groups and other activities to be developed. Additionally, sheltered housing tenants at Kynoch House will be able to have full access to their communal space which will be very much welcomed. In this new model of day care service, all current and future service users can be fully accommodated and the more flexible choice of service provision will again lead to much better outcomes for service users, ultimately giving them personal choice over their care in line with our collaborative communities approach.

3.6 Meals on Wheels

- 3.6.1 It is a requirement that Adult Social Care meets the nutritional needs of people at risk as defined within the Care Act 2014. For many years, this duty was discharged through a contract with the Royal Voluntary Service (RVS) who have traditionally run Meals on Wheels services across the country for many years. However, there is no statutory requirement to meet the nutritional needs of people in this way. RVS handed back their contract to Thurrock Council in April 2019, as they no longer provide this service; Thurrock was the last Meals on Wheels site operated by RVS in the country and today there are only a handful of services left which continue to be operated by local authorities.
- 3.6.2 The Council has continued to run the service in the same format for the past two years. The service operates out of an old purpose built Council owned building in Corran Way, South Ockendon that needs a large refurbishment investment to meet required standards. However, it is in use for only 4-5 hours per day and not suitable for adaption to other use therefore it does not represent good use of resources.
- 3.6.3 Service users pay a fee of £4 per meal but the cost of providing the meal is much higher and is heavily subsidised by the Council with current costs of around £190K per annum.
- 3.6.4 The service is now extremely costly due to its declining popularity, with fewer than 90 regular service users. This represents a reduction of 26% in service users over the past six years and is likely to be the result of newer and more desirable options being available including online food services and improved supermarket delivery of “ready meals”.
- 3.6.5 A recent survey indicated that at least 66% of users could either prepare a meal themselves or had family or others who could prepare one for them.

72% of service users also receive another commissioned service from the Council such as assistive technology, day care or homecare. Service users now also have the option to purchase supermarket ready meals and have them delivered.

3.6.6 This suggests that for the majority of service users, this is a “nice to have” service rather than a necessary one and it is therefore proposed to close the Meals on Wheels service. Alternative options for existing users will be made through community solutions or provision within the other services thus ensuring the council still meets its statutory requirement to relevant service users. There are private services available including micro-enterprises and community groups. The existing manager is considering options to continue the service as a micro-enterprise and the Council will provide any assistance possible to support this. In the unlikely event that no other alternatives can be sourced, a meal could be provided through the day care services at Cromwell Road where a hot daily meal is provided to day service users. No service user who does not have any alternative means of providing a daily hot meal will lose out through this change.

3.7 Financial impact

3.7.1 The move to the proposed new model of care to deliver a more holistic and integrated approach based around smaller teams has an additional advantage of delivering savings through a more efficient model of service delivery based on long term preventative relationships. However, this proposal is about transforming outcomes for service users and was not driven by efficiencies.

3.7.2 It is estimated that £349,000 of efficiency savings can be delivered through the new integrated teams approach and transformation of Day Care services whilst delivering better care outcomes to service users. £190,000 of savings will be delivered by decommissioning Meals on Wheels and re-letting the shop at Bell House will provide a further £15,000 of income per annum. This combined effect of the proposals will be to deliver a total of £554,000 whilst delivering better care outcomes for residents.

4. Reasons for Recommendation

4.1 Fundamentally and firstly, a move to the new transformed way to provide more integrated and holistic care with fewer hand offs will deliver a service than can deliver significantly better care outcomes for some of the most vulnerable service users.

5. Consultation

5.1 No formal consultation with Meals on Wheels service users has been undertaken to date; however, a recent satisfaction survey indicated that 66% of service users had alternative options should the service no longer be available. Options included family members or other services (such as care providers) preparing meals and some indicated they were capable of

preparing a meal themselves. This suggests less than 30 people would be unable to meet their own needs and as the report states, the council will continue to meet its statutory obligations in this area.

- 5.2 Day Care services undertook a survey with their service users in July 2020 after the first Covid lockdown. When asked if they wished to return to Day Care 66% were very keen but naturally, some had anxieties. Feedback confirms that many service users have suffered physically and mentally through the loss of social activities and physical movement during the pandemic. Many are anxious about returning to communal buildings and have enjoyed the home sitting services, implemented during the past year.

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

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

6.1.1 The new the service and model of care provides a higher standard of service to older and vulnerable residents through the provision of a more holistic service, which allows them greater control over their lives. It will build on partnerships with community groups and greater integration between Health and Social Care.

6.1.2 It will encourage a “right first time” principal through greater empowerment of service users in making decisions about their future.

- 6.2 *Place – a heritage-rich borough that is ambitious for its future.*

6.2.1 A number of buildings will be vacated because of the restructure. These can be better utilised to meet the ambitions of the Council to use fewer public buildings whilst providing better services

- 6.3 *Prosperity – a borough that enables everyone to achieve their aspirations*

6.3.1 Increased training and self-managing opportunities for staff will be an attractive opportunity alongside opportunities to upskill. This will encourage aspirations and provide opportunities for self-improvement.

7. Implications

7.1 Financial

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

Reductions in staffing in the new structure will result in annual savings of around £339k. Current vacancies and assimilations will reduce the need for

redundancies; however, it may be impossible to completely avoid redundancies.

Closing of the Meals on Wheels service will result in annual savings of £190,000 i.e. annual cost of running the service including staffing.

A reduction in the use of buildings will be achieved. Bell House Day Care is accommodated in a shop in South Ockendon that, if vacated, could be let commercially. The Meals on Wheels building at Corran Way sits on land that could be developed or sold. Both buildings are assets maintained by the General fund and once vacated will be handed back to the Assets team. Additional savings are achieved through the reduction in building maintenance & utilities.

The savings identified will be include as part of the Council Medium Term financial strategy, and form part of the Department savings target

7.2 Legal

Implications verified by: **Tim Hallam**
Deputy Head of Legal and Deputy Monitoring Officer

The Council has a statutory duty to provide some services under the Care Act 2014. The services proposed to close or reduce are non-statutory services but alternative measures will be undertaken to ensure any statutory duty is met e.g. the provision of nutrition can be met through alternative options within the community or other existing services.

Our evaluation shows that transforming services in the way set out in the paper will make it easier for the council to deliver its legal statutory duties under the Care Act (2014) and that better outcomes for residents will be achieved.

7.3 Diversity and Equality

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

Please see separate report at Appendix 2 outlining the impacts on service users. A further Community Equality Impact Assessment for staff will be completed as part of the formal consultation process.

7.4 Other implications

Increased use of the Cromwell Road site could affect parking and neighbours since the Centre sits in a busy residential street and has already been in use as a day centre for many years. It has a small car park but parking for staff is

also available in a small Council carpark next to the Theatre just a few minutes' walk away, whilst parking for minibuses will remain on site. The centre is self-contained and outside activities such as gardening will only be carried out during the day. The longer opening hours proposed will not be beyond 9pm. Therefore, it is unlikely there will be any extra noise impact for neighbours.

Health & Safety requirements for the building. The Covid-19 pandemic has resulted in new measures regarding social distancing and other requirements in workplaces. Health and safety requirements in a setting for older and vulnerable people will need to be even more stringent. An initial visit from the health and safety team has indicated there is sufficient space for the service to run but extra precautions around infection control will be vital. Advice from infection control specialists will be sought prior to opening, and ongoing training and monitoring of compliance will be essential. The Council's health and safety team, public health and Directors Board will be required to sign off the proposals before the building can re-open in line with current practices.

8. Background papers used in preparing the report

None

9. Appendices to the report

Appendix 1 – Restructure chart

Appendix 2 – Community Equality Impact Assessment

Report Author:

Dawn Shepherd

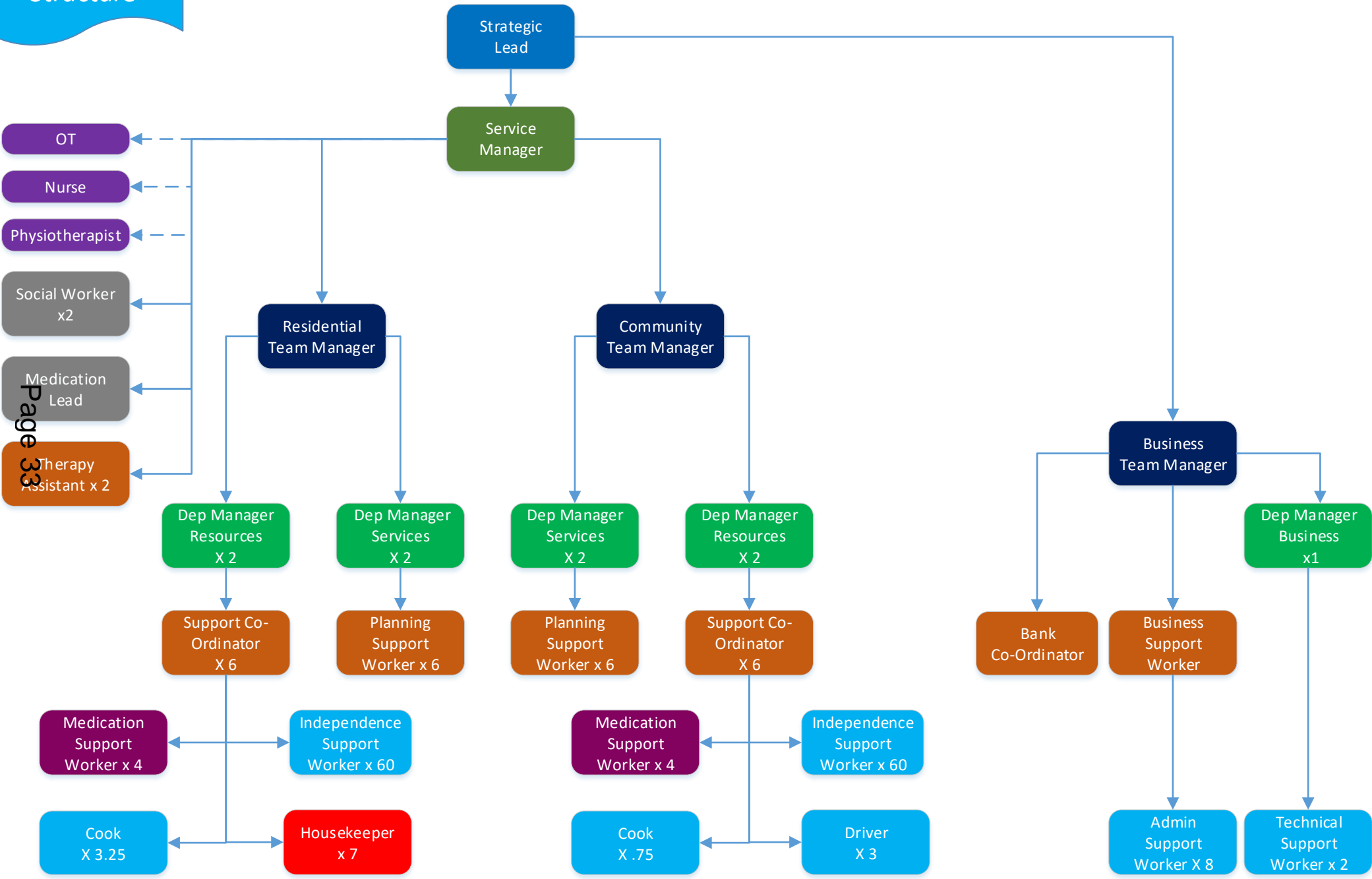
Strategic Lead – Provider Services

Adult Social Care

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New Structure

- Band A
- Band B
- Band C
- Band D
- Band E
- Band F
- Band G



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Appendix 2 - Diversity & Equality Implications

1. Introduction

Personal care, Day care and Meals on Wheels services are provided to people who are older and/or disabled, therefore the impact of making any changes to these services will disproportionately affect people with the protected characteristics of age and disability.

The extent to which they will be affected by the changes outlined in the O & S report depends on the service used:

For people receiving care in their own homes, residential or extra care services, the new models of care will enable them to receive a more holistic service with greater choice and ability to determine the type of service that is important to them. The impact will therefore be positive.

2. Day care

People using day care services will be impacted by the reduction in day care centres, resulting in a reduced choice of venue for some service users and possibly longer travel times.

2.1 Choice of venue

Prior to the pandemic around 109 people attended the three day care centres. A survey was carried out in August 2020 and 102 people responded; the remaining seven were confirmed as not returning to day care.

The breakdown in centre usage was as below which indicates that almost half (49%) already attend the Cromwell Road centre.

	Total	
Bell House	18	18%
Cromwell Road	50	49%
Kynoch Court	34	33%
Total	102	

Therefore, the new proposals affect around 52 people who would need to attend a different centre from the one they attended previously.

Due to the pandemic and forced lockdowns, many older and vulnerable people have deteriorated in both their physical and mental health. This has been recognised by many studies including Age Concern UK¹ who state:

¹ <https://www.ageuk.org.uk/latest-press/articles/2020/10/age-uk--research-into-the-effects-of-the-pandemic-on-the-older-populations-health/>

“Months of being cooped up at home have led to muscle weakness – ‘deconditioning’ as clinicians term it - and sometimes a reduced sense of balance, increasing the risk of falls.

The research also found evidence of new and emerging cognitive decline. In some cases, this might have happened anyway, but families told the Charity they feared it was exacerbated by the very difficult, often isolated conditions in which their loved ones were living, due to the pandemic.”

Whilst carrying out home visits during the pandemic Thurrock Council staff have reported that many service users have experienced the effects indicated in the Age UK report. Providing extra visits has enabled them and their carers to remain linked in, and many have expressed the wish for this to continue even when the service re-opens.

Therefore, it is not anticipated that everyone will want, or be able, to return to day care services; moves to increase social outreach and linking up with virtual groups and connections will enable many to engage without having to physically attend the centres.

For those who do wish to return, the need to change centres may not be their desired option. The survey indicated that 18 (36%) of those attending Kynoch Court and Bell house would be willing to attend another centre meaning that 33 (64%) indicated they would not. We do not know how many of these people would be able, and/or desire to return to a physical day-care but based on the study and experiences of staff outlined above it is not likely to be everyone. Individual needs assessments and conversations will need to be held with service users to determine a tailored plan to suit the individual. If people do not wish to attend the Cromwell Road site then other opportunities, including the virtual day care offer can be offered.

2.2 Travel

Prior to the pandemic around 85% of service users travelled to a centre using one of the Councils minibuses. The minibuses collect people from around the borough to attend their nearest centre. If there were only one centre open, that could mean increased journeys for those people who live further away from Grays. This could affect up to 55 existing service users plus any new users in future.

The chart below indicates pre Covid-19 service users who would need to change centres and the difference in mileage to be travelled.

Ref	Existing centre	Distance to existing centre from home (miles)	Distance to Cromwell Rd centre from home (Miles)	Difference
66364	Bell House	1.5	4.4	2.9
34139	Bell House	1.5	4.4	2.9
87713	Bell House	2.4	7.6	5.2

33011	Bell House	0.4	5.3	4.9
34006	Bell House	0.6	5	4.4
38169	Bell House	0.4	4.9	4.5
3980	Bell House	0.4	4.9	4.5
30155	Bell House	0.7	4.7	4
3949	Bell House	0.5	4.4	3.9
17124	Bell House	0.4	4.4	4
16636	Bell House	1	3.9	2.9
14515	Bell House	2.1	4.4	2.3
8354	Bell House	2	3.8	1.8
90515	Bell House	0.4	4.4	4
18909	Bell House	1.7	4.8	3.1
78245	Bell House	1.7	4.2	2.5
22411	Bell House	4.1	2.6	-1.5
1253	Kynoch Court	4.1	3.2	-0.9
69167	Kynoch Court	5.9	1.2	-4.7
29736	Kynoch Court	0.3	5.9	5.6
19466	Kynoch Court	1.7	6.5	4.8
960	Kynoch Court	3.9	4.6	0.7
36799	Kynoch Court	3.4	4.1	0.7
82048	Kynoch Court	1.4	7	5.6
88088	Kynoch Court	1.4	7	5.6
29758	Kynoch Court	1.3	6.9	5.6
67439	Kynoch Court	1.3	6.9	5.6
92523	Kynoch Court	1.3	7.1	5.8
37204	Kynoch Court	2	7.5	5.5
69436	Kynoch Court	2	7.5	5.5
76248	Kynoch Court	1.8	7.7	5.9
82943	Kynoch Court	2	7.8	5.8
86848	Kynoch Court	1.6	7.8	6.2
85440	Kynoch Court	1.6	7.4	5.8
P177253	Kynoch Court	2.3	7.6	5.3
75465	Kynoch Court	1.4	7.2	5.8
88800	Kynoch Court	1.8	7.4	5.6
75020	Kynoch Court	1.2	6.7	5.5
74661	Kynoch Court	1.3	6.8	5.5
87781	Kynoch Court	1.3	6.9	5.6
89221	Kynoch Court	1.5	7.1	5.6
80839	Kynoch Court	1.9	7.5	5.6
84660	Kynoch Court	2	7.5	5.5
22634	Kynoch Court	1.9	7.8	5.9
31135	Kynoch Court	3.3	9.2	5.9

The differences range from a reduction of 1.5 miles to an increase of 6.2 miles.

The average is an increase of 4.7 miles for Kynoch Court and 3.3 miles for Bell House service users. At an average speed of 30 miles an hour, this will add an average of less than 10 minutes to each journey.

The proposed changes to how day care services will run from Cromwell Road will help to mitigate this impact. Plans include extending the hours into weekends and evenings – this will allow the minibuses to make an increased number of shorter journeys.

An extended programme of activities will mean that service users can choose a morning, afternoon or evening session rather than having to attend for the whole day. This improved menu will run alongside the virtual offer enabling a “Mix & Match” approach so that more choice is available.

3. Meals on Wheels

The service has been running for more than 25 years and is largely delivered in the same format i.e. a driver delivers a hot meal and dessert to the service user and checks on their welfare.

Around 90 service users regularly have a daily meal delivered although there are 105 people for whom the service is commissioned.

In a recent survey, (April 2021) 66% of current service users indicated that they could make their own meal or have someone else who would do it for them.

A report of all service users indicates that 29 people (28%) have no other services commissioned from the Council. There is a danger that this group of people could be particularly disadvantaged however, with everyone having a reassessment this should mitigate the danger.

**Health Overview & Scrutiny Committee
Work Programme
2021/2022**

Dates of Meetings: 17 June 2021, 2 September 2021, 4 November 2021, 13 January 2022 and 3 March 2022

Topic	Lead Officer	Requested by Officer/Member
17 June 2021		
HealthWatch	Kim James	Members
COVID Update Presentation	Jo Broadbent	Members
Transformation of In-House Provider Services	Ian Wake / Dawn Shepherd	Officers
Orsett Hospital and the Integrated Medical Centres - Update Report	Ian Wake / Christopher Smith	Members
2 September 2021		
HealthWatch	Kim James	Members
COVID Update Presentation	Jo Broadbent	Members
2020/21 Annual Complaints and Representations Report – Adult Social Care	Lee Henley	Officers
Personality Disorders and Complex Needs Report	Mark Tebbs, CCG	Members
Safeguarding Strategic Plan 2020/23	Les Billingham	Members
Tobacco Control Joint Strategic Needs Assessment Strategy	Jo Broadbent	Officers
4 November 2021		

HealthWatch	Kim James	Members
COVID Update Presentation	Jo Broadbent	Members
Update on Work and Health Joint Strategic Needs Assessment Strategy	Andrea Clement	Members
Update on the Whole Systems Obesity Strategy Delivery and Outcomes Framework	Helen Forster / Faith Stow	Members
Update on Health & Wellbeing Strategy Refresh 2021-2026	Tba	Members
13 January 2022		
HealthWatch	Kim James	Members
COVID Update Presentation	Jo Broadbent	Members
3 March 2022		
HealthWatch	Kim James	Members
COVID Update Presentation	Jo Broadbent	Members