

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 2 September 2021 at 7.00 pm

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

Tammy Henry, Thurrock Coalition
Kim James, HealthWatch Thurrock Representative

In attendance: Ian Wake, Corporate Director of Adults, Housing and Health
Jo Broadbent, Interim Director of Public Health
Lee Henley, Strategic Lead, Information Management
Jim Nicholson, Independent Chair – Thurrock Safeguarding Adults Board
Mark Tebbs, NHS Alliance Director Thurrock
Rebecca Willans, Rebecca Willans
Catherine Wilson, Strategic Lead Commissioning and Procurement
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 website channel.

9. Minutes

The minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 17 June 2021 were approved as a correct record.

10. Urgent Items

No urgent items were raised.

11. 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.

12. HealthWatch

No HealthWatch items were raised.

13. GP Practice Overview - Briefing Note

Members were provided with a copy of the Briefing Note prior to the meeting. Mark Tebbs provided members with an overview of the Briefing Note that had

detailed some of the current issues facing General Practice and the particular actions being taken in Thurrock to address this. The national Standard Operation Procedure had been developed by NHS England which had set out requirements for general practitioners to reduce face to face contact with patients and adopt total triage to limit the spread of COVID at the outset of the pandemic. The Standard Operation Procedure had since been relaxed and NHS England had made clear that practices should continue to offer a blended approach of face to face and remote appointments. The challenges and frustrations across primary care were summarised for members with one of the areas of frustration being the difficulty of getting through on the telephone. Members were briefed on the actions being taken and were referred to a HealthWatch Facebook live session that had been held to help with communication and to help residents understand the current pressures.

Councillor Ralph referred to the national General Practitioner Patient Survey results which had showed Thurrock had the lowest overall experience rating in Mid and South Essex and stated the main concerns were telephones not being answered and residents being passed about and questioned when were residents of Thurrock going to see some improvements. Mark Tebbs stated there was no quick solution to the current situation that primary care were facing and NHS generally. There were long term impacts that COVID had on operational delivery and delivering of the vaccination program. There were extensive waiting lists in secondary care which had meant burden on primary care had been much greater to provide COVID safe services which had meant additional burdens on telephone lines. That work was being undertaken on the action plan, recruiting to additional roles but as members knew it was very difficult to attract new general practitioners into the area. Plans to improve the estate for a better environment for practitioners and the public but reiterated there was not a quick solution. A comprehensive response would be presented at the next Health and Wellbeing Board and further updates would be provided to this committee.

Councillor Ralph stated there were some brilliant general practitioners in Thurrock but there were some surgeries in need of improvement and questioned had those surgeries been identified and targeted for help. Mark Tebbs stated the vast majority of surgeries in Thurrock were rated good with only one practice in Thurrock rated inadequate. That scorecards, quality visits and work would continue with support and investment of project management support to help primary care network development and how practices could work together in localities.

Councillor Holloway thanked Mark Tebbs for the update and stated this was fundamentally a workforce issue not just amongst general practitioners but all teams. That the recruitment of general practitioners was not just a concern in Thurrock but everywhere in the country were facing the same recruitment problem and would need to be escalated to government. Councillor Holloway referred to additional roles mentioned in the briefing note and questioned how this type of recruitment would help general practitioner and patients. Also how was a picture of a good general practitioner surgery pulled together and questioned was this based on performance, complaints, patient feedback.

Mark Tebbs stated there was a national shortage of general practitioners especially in Thurrock which were experiencing lower levels than elsewhere. As part of the new model of care the number of frontline clinicians had been increased in developing a mixed skill workforce and noted this had taken some time to be communicated to the public. Mark Tebbs confirmed that inspections of surgeries were undertaken by CQC and that scorecards were used to summarise a number of indicators. That practices were encouraged to have a patient participation group and that a number of different routes were used to monitor the effectiveness of primary care as one size did not fit all.

Councillor Fish questioned the kind of challenges that were being faced by surgeries to which Mark Tebbs stated that the majority of surgeries were rated good with only one rated inadequate. The CQC rating system scores were used for practices on safe care, effective care and leadership. As part of the challenges a number of different kinds of criteria would be followed to look for good performing practices.

Councillor Fish questioned what new roles would be undertaken by general practitioner surgeries to which Mark Tebbs stated that would be recruitment but would hand over to Kim James from HealthWatch to touch on social prescribing. Kim James stated that social prescribing offer was ran by the voluntary services and community resources with recruitment being managed by HealthWatch. That social prescribing was a social model to support people to access services that were within the community rather than within a clinical setting. Kim James referred to the live Facebook event that had taken place with over 130 members of public attending with concerns mainly around the access to surgeries and that communication was vital as residents were unsure how the new system was working. Members of the public were encouraged to join a patient participation group so that issues could then be challenged and shared with the CQC. HealthWatch would continue to work independently and monitor with future events to be held and to update this committee.

Councillor Polley questioned the estate issues mentioned in the briefing note and for an explanation on the increase of appointments as to whether these were face to face or telephone appointments. Councillor Polley also questioned how effective the offered triage service was and stated that the current telephone system was ineffective and could be made more simplified and inexpensive to implement. Mark Tebbs stated that the capacity modelling that was being undertaken was delivering more appointments than it was this time last year but agreed with Councillor Polley how these appointments were being delivered had changed. It had also been recognised that the telephone access had been a problem and that residents were waiting longer than normal to get an appointment. Mark Tebbs reassured Members that some of the solutions would be to find the right way of communicating with residents and the 111 website offered a good source of information around the kinds of complaints. General practitioners were encouraging residents to use the e-consult, use of the NHS app for repeat prescriptions, hold more Facebook events, that there was not just one solution there had to be multiple actions. In regards to Councillor Polley's question re estates this was addressing those

older properties which were not purpose built and harder to make COVID safe. That some properties presented more challenges than others.

Councillor Ralph stated that more complex issues were being recorded as patients had not seen their general practitioner and that face to face appointments with general practitioners was what residents wanted. Councillor Ralph thanked Mark Tebbs and asked that an update be provided following the presentation of the report to the Health and Wellbeing Board.

14. 2020/21 Annual Complaints and Representations Report - Adult Social Care

Lee Henley provided Members with a high level summary of the report on the operation of the Adult Social Care complaints procedure covering the period 1 April 2020 to 31 March 2021. This report was a statutory requirement to produce an annual complaints report on Adult Social Care complaints and set out the number of representations received in the year, key issues arising from complaints and the learning activity for the department.

Councillor Ralph thanked Lee Henley for the very positive report and noted that during this period which could have been disastrous due to COVID, it had demonstrated that we cared about adult social care. Councillor Ralph also noted that it was good to see there were no ombudsman complaints within the period and that extreme positives could be taken away from this.

Councillor Fish referred to Complaint 13 of the report and questioned whether this type of training formed part of the induction or initial training. Lee Henley stated this was a complaint from the commission providers and the response would be in terms of a learning activity. Lee Henley provided Members with further information on this complaint that the Deputy Manager of the care home had spoken to the service user's family, the complaint had been discussed and had transpired the complaint was around the lack of communication and not the spilling of the hot drink.

Councillor Polley noted that the number of compliments had also increased and that compliments had been received for the Local Area Co-ordinators and their teams from those who had worked on the Morrison's Food Bank and Friends of Essex and London Homeless projects. Councillor Polley also gave praise to work undertaken by Thurrock First who had provided the solutions to the problems.

Councillor Holloway agreed it was positive that the number of complaints was not extremely high and as it had already been noted the issues of those complaints were being looked into. Councillor Holloway stated the report had been quite upsetting to read and quite worrying around the quality of care and the conduct of some staff. Councillor Holloway questioned whether retraining was an option and how many chances would staff get to retrain and whether there was any kind of dismissal levels. Lee Henley stated he was unable to answer this in his role and asked Ian Wake to respond. Ian Wake provided members with some context that only 16 complaints had been upheld over a

year against the thousands of care interactions that happened every day with hundreds of service users and there had been four times as many compliments as complaints. Ian Wake stated he had spent some time going out to speak with front line staff who had been amazing, putting their lives at risk over the last 14 months. That training was good in challenging circumstances but unfortunately this sometimes did go wrong but there was a strong compliance regime in place, CQC inspections and a really good relationship with providers. That 16 complaints was still too many with the aim always to be zero but was confident that everything was being done systemically to try and keep mistakes from happening. Councillor Holloway agreed and the work of the teams should be commended.

RESOLVED:

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

Lee Henley left the meeting at 7.47pm.

15. Thurrock Safeguarding Adults Board Annual Report 2020/21

Jim Nicholson provided Members with a high level summary of the report that identified all local authorities had a duty to establish a Safeguarding Adult Board and as a minimum must have three members locally executive representation was provided by Thurrock Council, Thurrock Clinical Commissioning Group and Essex Police. The Safeguarding Adult Board had three core responsibilities (1) to produce and publish an Annual Report detailing how effective the work had been (2) in collaboration with stakeholders and HealthWatch, produce a Strategic Plan setting out how objectives will be met and (3) conduct Safeguarding Adult Reviews for any cases which meet the criteria. Members were briefed on the Safeguarding Adult Reviews, the impact of COVID, the financial picture, performance figures, outcomes, the achievements during the first year of the strategic plan and actions planned for the rest of 2021/22.

Councillor Ralph thanked Jim Nicholson for the extremely interesting report and noted that the figures had dropped because people had not seen those people that were in danger and was pleased that those visits were now being made to help those in need and how great it was to see the impact of the local area co-ordinators were doing with linking up with the services. That social media had been pushed out, more awareness had been made and had created more activity.

Councillor Holloway echoed the words of the chair that it was an excellently detailed report and good to see the sexual abuse and violence joint strategic needs assessment being considered and that there was cross working across all the elements of all the important pieces of work coming together and then seeing those being cross referenced. Jim Nicholson stated that one of the main jobs was to make sure that duplications did not happen on what other people were already doing.

RESOLVED

That the Safeguarding Annual Report was noted by the Health and Wellbeing Overview and Scrutiny Committee Members.

Jim Nicholson left the meeting at 7.59pm.

16. Personality Disorders and Complex Needs Report - Presentation

Members were provided with an overview of Personality Disorders Service Offer – Thurrock by a presentation given by:

Jane Itangata – Deputy Director Mental Health and Inequalities

Dr Mhairi Donaldson – Consultant Clinical Psychologist/Associate Clinical Director for Psychological

Kathleen Swearingen – Consultant Psychotherapist/Operational Lead for Specialist PD&CN MDT

Dr Laura Addis – Consultant Clinical Psychologist Head of Service for South West Essex Adult Community

Dr Richard Pione – Clinical Psychologist Head of Step 4 Service

[\(Public Pack\)Item 9 - Personality Disorders and Complex Needs - Presentation Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 02/09/2021 19:00 \(thurrock.gov.uk\)](#)

Councillor Ralph thanked Officers who had displayed their enthusiasm, passion and commitment in presenting the item. Members agreed that the report had been received too late and although this was a very complex report and a lot of work had gone into it, members had found the report quite confusing to follow. Also the use of acronyms had not helped and going forward as a point of information an appendix would be useful explaining each one.

Members referred to the training programme and whether this was a continual rolling programme for all staff; raised concerns that general practitioners were the first point of contact on the Adult Psychology Pathway; sought clarification on self-referrals; interaction with CAMS and for those young adults that were transferred into those services and to ensure there was a safety net in place so that nobody was missed; where the Primary Care Networks were based; who these were available to; when the services were available and stated the service had to also be available outside normal hours.

Councillor Ralph again thanked Officers and suggested that an update report be add to the work programme.

17. Tobacco Control Joint Strategic Needs Assessment

Rebecca Willans provided Members with a high level summary of the report and stated the Tobacco Control Joint Strategic Needs Assessment had been

developed to gain an understanding of the scale and impact of tobacco use and harm in Thurrock, and the effectiveness of Thurrock's current tobacco control strategy in addressing this. That the Joint Strategic Needs Assessment identified the harm and opportunities for improvement across the population; however, it had focused on priority groups where there was either higher smoking prevalence, such as people living in more deprived wards and people living with mental ill health, or groups where the health benefits of quitting smoking were greatest, such as women during pregnancy. The Joint Strategic Needs Assessment aimed to identify aspects of the current tobacco control strategy for Thurrock that were working well and areas where improvements could be made, especially to reduce tobacco related harm for priority groups.

Councillor Ralph thanked Rebecca Willans for the brilliant piece of work, the report was very comprehensive and had set a solid baseline for future works.

Councillor Holloway stated this was another brilliant report from the Public Health team. The report had been really well detailed and well evidenced and questioned how much money had been invested into the stop smoking programs and how long had these programs been in place. Rebecca Willans stated that since the last strategy, which had been some five years ago, Thurrock had a stop smoking service which had been adapted to see services now being brought in house and delivered by Thurrock Healthy Lifestyle Service. That improvements had been seen in terms of engagement of people with mental health and improvement following services being brought in house and offers of the Stop Smoking Service had been more diversified. There were two vape shops and pharmacies that offered stop smoking support. Councillor Holloway was informed that the services had been delivered with services being responded to and adopted over time and engagement with priority groups would continue to ensure the service offer meets their needs. Jo Broadbent stated she did not have an exact single figure to Councillor Holloway's financial question but the in-house service was at a cost of over £200,000 per year, there were two vape shops in the area and had a variety of stop smoking support groups and that costs of external contracts were also around £200,000 per year.

Councillor Fish referenced the service that would involve peers and family members and asked for more details. Rebecca Willans stated this was one of the recommendations and as part of the needs assessment the evidence and research had been reviewed to identify what was more effective. That mass media communications would need to take place and to work with schools and existing structures to make sure that all children and young people get that message that smoking was not good and to work with households where parents smoke and target those services.

Councillor Fish questioned whether vaping was better than smoking as there were not so many harmful substances involved even though there was an element of nicotine in vaping. Rebecca Willans as earlier mentioned that most smokers would attempt to quit without support from the stop smoking services offered and there were currently an increase in smokers who were trying to

quit through e-cigarettes so this approach was combining the most popular means of quitting with the most effective by including behavioural support. Jo Broadbent stated that risks with vaping were significantly lower than cigarette smoking.

Councillor Ralph referred to the report and questioned why the deprived areas were being targeted and not the non-deprived areas. Rebecca Willans stated that in Thurrock the offer of stop smoking services was open to every resident and the report recommended that this continued. The report identified that over the next five years was to target the resources to get things done differently in those more deprived wards. That half of the smokers would be living in those deprived wards and would experience poor health due to other factors linked to deprivation and to also focus on areas where we think can make the most gain. Councillor Ralph thanked Rebecca Willans again for a brilliant report and wished the team well in pushing this forward and to see some big changes coming.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee noted and commented on the content and recommendations contained within the report.

Rebecca Willans left the meeting at 9.15pm.

18. COVID Update - Presentation

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

- Current Picture, Rate per 100K Population and Positivity – Thurrock’s rate had been hovering just below 250 per 100K residents – which was fairly level. In comparison to January 2021 there were 1500 per 100K residents, May 2021 there were about 10 per 100K residents. With neighbouring boroughs all mostly at a similar level to Thurrock. The overall positive levels and positivity rates illustrated had been fairly flat over the past few weeks when compared to the big spike of December 2020. The level of test rates had gone up over the last couple of months but had now levelled off.
- Current Picture: Positive Tests by Age Band – Those known to be positive with COVID in Thurrock for the past few months. Pattern of highest care rates had been in the 10 to 19 and 20 to 29 age groups and there had been a spike in the 40 to 49 this week. The 10 to 29 age groups was where the highest cases were being identified and that teenagers would be going back to school next week. There were some cases in the over 60s which had risen slightly but was lower than it had been.
- BTUH bed occupancy by type – Thurrock and Non Thurrock residents – The number of COVID patients had gone up over the past couple of months with most patients on oxygen therapy rather than invasive ventilation.

- Total COVID Deaths (to 20 August 2021) and Care Home Residents Deaths (to 31 March 2021) – Sadly there had been 489 COVID deaths in Thurrock with around 17%, 86 residents, of those deaths in care homes who had sadly died during the pandemic. Those figures were comparable with neighbouring boroughs.
- PCR testing - Local Test Sites (LTS) were open 8am – 8pm, 7 days a week and located at Grays Beach and Orsett Heath. LTS site at Canterbury Parade South Ockendon closed on 21 August, freeing up car parking spaces for parents at local primary school and for nearby shops. Residents of South Ockendon can access testing sites at Grays or Upminster. Mobile Testing Units (MTU) are open 9am – 3pm, 7 days a week and are at Grover Walk, Corringham and Crown Road, Grays. The Crown Road site would close soon. Lateral Flow testing (LFD) - 31 pharmacies had signed up to the Pharmacy Collect scheme. Residents can also order boxes of test kits for home delivery from gov.uk. The Targeted Community Testing Programme was operating until the end of September and in Thurrock the following groups were able to obtain test kits from their key workers if they could not pick up kits from pharmacies or order for home delivery: Carers, Young people known to the Drug and Alcohol service and Adults known to the Drug and Alcohol service. Additional groups were being explored: travellers, asylum seekers, adults attending contact sessions.
- Vaccinations (as of 1 September 2021) – Priority Groups – that over 90% of over 65s had now had two doses. Rates had increased in the 30 to 39 age group but had a slight concern of the vaccination take up in the 18 to 29 year old age group. The Comms Team were doing a lot of social media messaging aimed at young people. Doing research amongst residents to identify what the concerns were.

Jo Broadbent concluded that:

- Thurrock's overall rate of positive tests had plateaued over recent weeks following a steady increase in the weeks prior. Thurrock's rate remained towards the lower end of those seen nationally.
- Test positivity had decreased to levels similar to those last seen in late early July 2021.
- The number of PCR tests taken by Thurrock residents had increased slightly in recent weeks.
- LFD tests comprised a slight majority of testing, with over 9,000 tests recorded in the last week.
- Geographic distribution of cases showed all LSOAs had seen at least one positive test result in the last 14 days.
- Hospital bed use had increased steadily over the last fortnight. The majority of occupied beds were at the lowest end of acuity, however a small number of critical care beds continued to be occupied. There were five COVID positive admissions for Thurrock residents to BTUH in the most recent week of data.
- Vaccines continued to be administered in line with the COVID Vaccination Priority Groups, now including the 16 to 17 year old group.

- The Key Priorities were to maximise vaccine uptake amongst all priority groups.

Councillor Ralph referred to the fact that Thurrock was slightly behind when compared to neighbouring boroughs with the take up of double vaccines and questioned where Thurrock were facing unique difficulties that was preventing this second dose. Jo Broadbent stated she was not entirely clear as to why but some extensive research had been carried out to understand the reasons why people in Thurrock were concerned about having the vaccine. There had been concerns with safety about the rapidity in which the vaccines were developed. There had been some very unhelpful posts on social media around the impacts on fertility and pregnancy.

At 9.28pm, Standing Orders were extended for 10 minutes to enable the remainder of the agenda to be finished.

Councillor Fish questioned with the schools returning next week what mitigations were in place in Thurrock schools. Jo Broadbent stated herself and Sheila Murphy, Corporate Director of Children's Service, had written to all schools advising them of the current COVID guidance. The secondary school children would be undertaking two lateral flow tests on site in school at the start of the school term. School children, young people and staff are being asked for the rest of the term to do a lateral flow test twice a week. That guidance for schools would remain the same. It was not mandatory to wear masks in classrooms or communal areas but this would be an action taken by schools and to try and maximize ventilation in classrooms. The Public Health team would support the school as much as possible but Thurrock schools had been fantastic throughout the pandemic and praised heads of schools. In Thurrock the schools had a grip on this and was confident they would do the best they possibly could in meeting any challenges ahead.

19. Work Programme

Councillor Holloway requested the following:

- Add the Tobacco Control Joint Strategic Needs Assessment to the 2022/23 work programme.
- Add the Orsett Hospital and the Integrated Medical Centres - Update Report to the 13 January 2022 committee and invite NHS representatives.
- Requested Briefing Note on the update position on Basildon University Hospital Maternity.

Councillor Ralph requested the Personality Disorders and Complex Needs Report be added to the 2022/23 work programme.

Councillor Ralph referred to the scrutiny review and whether mental health waiting times could be considered as a project that could be monitored and reported on throughout the year and asked Members to contact him.

The meeting finished at 9.37 pm

Approved as a true and correct record

CHAIR

DATE

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Democratic Services at Direct.Democracy@thurrock.gov.uk**