

## Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 3 March 2022 at 7.15 pm

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

**Apologies:** Kim James, HealthWatch

**In attendance:** Councillor Huelin, Portfolio Holder for Adult Social Care and Communities  
Councillor Mayes, Portfolio Holder for Health  
Les Billingham, Interim Director of Adult Social Care and Community Development  
Anthony McKeever, Chief Executive (designate) of the Mid and South Essex Integrated Care Board  
Mark Tebbs, NHS Alliance Director Thurrock  
Neil Woodbridge, Chief Executive Officer, Thurrock Lifestyle Solutions  
Jenny Shade, Senior Democratic Services Officer

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Before the start of the Meeting, all present were advised that the meeting was being recorded, with the audio recording to be made available on the Council's website.

Due to technical difficulties, this meeting started at 7.15pm.

### **40. Minutes**

Minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 13 January 2022 were approved as a correct record.

### **41. Urgent Items**

No urgent items were received and no discussion on briefing notes took place.

### **42. Declarations of Interests**

Councillor Polley declared a non-pecuniary interest in relation to her employment with the NHS Ambulance Service.

### **43. HealthWatch**

Due to Kim James sending her apologies, the Chair moved onto the next item.

### **44. Overview of responsibilities of Portfolio Holder for Adults and Communities - Verbal**

The Chair agreed to change the order of the agenda so Item 7 was heard first.

Councillor Huelin, Portfolio Holder for Adult Social Care and Communities presented a PowerPoint on her portfolio holder responsibilities. This PowerPoint can be found from the link below:

[\(Public Pack\)Item 7 - Cllr Huelin - Portfolio Holder Presentation Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 03/03/2022 19:00 \(thurrock.gov.uk\)](#)

Councillor Ralph thanked Councillor Huelin for a brilliant breakdown of her complex portfolio holder responsibilities and questioned what would benefit her as portfolio holder to do the role better, have better access to or help with the challenges of such a complex portfolio. Councillor Huelin stated this would be to have trust and to building relationships, better communications and collaborative working.

Councillor Holloway thanked Councillor Huelin for attending and referred to health checks for residents with learning disabilities and questioned what the portfolio was undertaking to ensure those residents with learning disabilities were receiving their health checks and the health care they required. Councillor Huelin referred to Les Billingham who stated this had unfortunately been an ongoing issue but prior to Covid this figure had improved but was unclear on the situation at present. Mark Tebbs provided members with an update that Thurrock had achieved the national target for checks of 75% in 2021/22. Current performance was around 60%. This was being monitored weekly and every practice had been written to explaining the importance of getting these health checks completed and the financial incentives available. Mark Tebbs continued to state this was a top priority for the NHS.

Councillor Fish stated he was pleased the figures had continued to improve prior to Covid but this was a key issue and was increasingly urgent as some residents were missing out. Councillor Huelin stated she was aware of the issue which had been evident in the increase in the number of care packages for those adults with learning disabilities but due to Covid they were trying to catch up on the checks. Councillor Huelin stated statistics and analysis of data would be available to share with members.

Councillor Fish referred to service users being consulted prior to any vital decisions being made and questioned how the portfolio holder intended to do this to which Councillor Huelin stated this would be through the consultation process.

Councillor Holloway referred to the pressures being faced with the overspend in budgets and questioned what impacts this would have on the service and what the portfolio holder would do to try and mitigate some of those pressures for her services. Councillor Holloway also questioned whether this would have any impact on any of the service users. Councillor Huelin stated the council was trying to identify and understand where those pressures were and would

start with work on some of the external packages. Councillor Holloway stated it would be remiss of the council not to be looking years ahead and not have to worry what was to come and that service user care packages would not be reduced as part of any savings to which Councillor Huelin agreed this was the last thing the council would want.

Councillor Ralph referred to care packages and would there be more of an integrated service provider where the care packages had been designed for individual persons. Councillor Huelin stated this was covered under the transformation programme and the health and wellbeing board. Pilot schemes had worked with service users having more control over their care package. Joint working so care packages could be changed flexibly and quickly, and dignity was a high priority.

Councillor Polley thanked the portfolio holder for attending this evening and working with the committee and referred to care packages. She questioned whether there was any room to make some investments in preventative education which could reduce the demands on adult social care services in the future, such as stop-smoking and obesity campaigns and mobilisation classes. Councillor Huelin stated these were part of the preventative care package where there were helpful leaflets, self-help ideas and links were available on the council web site. There were also a lot of different options and programmes already available for residents. Les Billingham stated Thurrock had over the last 10 years been on a journey looking specifically at prevention and integration of services which had proven highly successful and was acknowledged within the sector as being ground-breaking.

*Councillor Huelin left the meeting at 7.50pm.*

#### **45. CQC - Mid and South Essex NHS Foundation Trust - Inspection Report**

A further brief update was provided to Members in:

- CQC undertook a visit of the whole trust in July and August 2021.
- Visited Emergency Department at Southend Hospital, Medicine at Basildon and Surgery and Maternity across all three sites.
- Report had been published early December 2021.
- The report identified the trust had been rated “requires improvement” overall with ratings of good in caring and effective. The rest required improvement.
- Key highlights had been listed as part of the general services and some of the areas for improvement.
- Pleasing to note there had been a lot of positives around the leadership and good for caring and for the care provided to patients.
- Positive of the removal of the inadequate rating for maternity in Basildon which was due to the hard work of all the staff in that area.
- Noted some outstanding practices.
- There were areas for improvement but positive and there were no surprises as the leadership group were aware of those and had plans in place.

- Listed some areas for improvement in maternity which was across all three sites.
- Next steps – CQC improvement plan reported to quality governance committee which was a sub-committee of the board. This was being revamped to include all the actions. With a particular focus to make sure any actions taken were sustainable moving forward not just a tick box and not just for one particular area but across the whole trust.

Councillor Ralph gave thanks for the updates and questioned whether there was a robust procedure for prioritising those women in triage to which Diane Sarkar stated was correct and a lot of work had been undertaken alongside safety teams from NHSI to offer support around maternity services and gain best practices from other trusts and was being rolled out across the Broomfield and Southend sites. There was also evidence of a good sign of sustainability which was monitored as part of the Section 31 report.

Councillor Ralph questioned what steps had been taken in regard to the cleaning of the hospital and whether this had been a lack of staff or an oversight. Diane Sarkar stated this had not been an oversight there had been a number of challenges during Covid with audits being reduced which had now been picked up. There had been some issues around consistency and continuity of staff but was well on track to ensuring the sustainability of cleaning standards.

Councillor Fish stated his shock on the amount of issues in the report especially those basic issues such as storing of medicines and staff appraisals, but the report had stated the trust had been aware of those problems. He questioned how the trust could be aware there was an issue on how medicines were being stored but took no action. Councillor Ralph agreed with Councillor Fish on these points. Diane Sarkar agreed during Covid the number of times items were checked had been reduced and had been an on-going challenge to ensure checks were undertaken. Diane Sarkar stated it was a challenge but would continue to ensure these were audited and monitored. In regard to staff appraisals there were reductions in the trajectory, the local trajectory had been changed during Covid recognising that these would have been a challenge to achieve during the pandemic. Councillor Fish stated he was not happy with the response and stated there should be an ethos that where these things could happen, everyone should be aware on how they would be sorted out. Diane Sarkar stated the ethos was the leadership team were clear on what the trajectories were, the performance targets and each division were held to account at monthly accountability meetings. These were monitored by the leadership team on a monthly basis, with clear trajectories to achieve them.

Councillor Ralph questioned whether the 40 new members of staff would be for maternity to which Diane Sarkar stated 40 student midwives, newly qualified, had been employed into the maternity unit. This was very positive that the student midwives had been retained.

Councillor Ralph referred to the lack of staffing in the hospital and those shortfalls being covered by general practitioners from other areas and abroad to cover the gaps and asked what that percentage was. Diane Sarkar did not have the exact figure to hand but stated in terms of nursing and medical cover, a report had been presented that demonstrated that safe staffing levels had been maintained for both nursing and midwifery on every shift in January and these were monitored on a daily basis.

Councillor Ralph questioned whether there was a period of training for new members of staff to undertake before starting to which Diane Sarkar stated every new member, agency or locum staff would undergo an induction period, an induction checklist and would be signed off by the relevant departmental manager.

Councillor Polley questioned where she could find the performance ratings of the Cath Lab in the report to which Diane Sarkar stated Cath Lab would be covered under core medical services but had not been part of this CQC inspection.

Neil Woodbridge stated some comments made by the Thurrock Coalition. Those people they supported got quite alarmed when they saw a lot of requiring improvement ratings and a report as this was quite hard for some to understand. A compliment made was they felt well supported through the learning disability extra assistance which had been working very well and pleaded to keep this going as this worked well for vulnerable people. Asked what would be undertaken to ensure the service would be well led going forward to which Diane Sarkar stated the next visit from CQC they would be able to demonstrate a well led leadership for the sustainability for the improvements that had been made.

*Diane Sarkar left the meeting at 8.03pm.*

#### **46. 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 compared to some of our near neighbours, Thurrock's current positive rate was 277 per 100K with intermediate levels at this time. The positivity rate was 13% which was down from 40% at the start of January 2022.
- Current Picture, Positive Tests, Testing and Positivity – Covid rates had dropped dramatically since January 2022 but still had intermediate levels of Covid. The rate of Covid had gone down there was still some Covid transmission within the community with a positivity rate of 13%.
- Current Picture, Positive Tests by Age Band – Highest rates in working aged adults (30 to 39). The rate had fallen in the age bands 0 to 9 and 10 to 19 - this was due to increase of vaccinations in those age groups and that many young people had Covid over the last few months. Rates had fallen in all age bands.

- BTUH Bed Occupancy by Type – Beds still being occupied but mainly Covid-Oxygen beds and not ventilation beds which was good news. There was still a residual number of people who were being hospitalised with Covid.
- Highlights – Vaccinations, First and Second Dose in Thurrock – Rates of fully vaccinated individuals had fallen from highest in the aged 80s, 95%, down the list to the aged 12 to 15 with 21%. These rates had not increased appreciably over the last couple of months.
- Highlights – Vaccinations, Boosters – Similar pattern, high uptakes in the over 60s and then falls gradually down the listed ages.
- Highlights – confirmed cases – Distribution of Covid – Every unique postcode in Thurrock had at least one case in the past 14 days. Three school/college in a live outbreak and three care homes with a live outbreak. These numbers were much lower than previously seen over the majority of the pandemic.
- Living with Covid – Government issued guidance on stepping down remaining restrictions on the 21 February 2022. The Living with Covid plan was structured around four principles – Living with Covid-19, Protecting People most vulnerable to Covid-19, Maintaining resilience and Securing innovations and opportunities. This required action by the council and wider system in three areas – Covid -19 Public Health Management Response, Thurrock Council Operations and Wider Health and Care System.

Jo Broadbent concluded:

- Thurrock's overall rate of positive tests had continued to decrease since mid-January 2022 after seeing the highest rates over December 2021. Nationally, Thurrock sat towards the lower end of the UTLA rankings (89<sup>th</sup> out of 149).
- Test positivity had increased over the last seven days to 13% but was considerably down on levels seen from December 2021 to January 2022.
- The number of PCR tests taken by Thurrock residents had continued to decrease over the last week. Over 300 tests per day had been undertaken over the last seven days, which compared to a figure close to 2000 seen during December 2021. Over 7,300 LFD tests recorded in the last week.
- Geographic distribution of cases showed all LSOAs had seen a positive test result in the most recent 14 days.
- Hospital bed use had increased over the past four weeks but was well below numbers seen in early January 2022. A small number of critical care beds continued to be occupied and there were four Covid positive admissions for a Thurrock resident to BTUH in the most recent week of data.
- Key Priorities were to maximise vaccine uptake through community vaccine champions, focusing on lower uptake communities and pregnant women and to promote EPUTs vaccination bus in the borough during a new eight-week programme.

Councillor Ralph thanked Jo Broadbent for the update and referred to the drop-in testing that were being undertaken nationally, he questioned whether random testing would still be undertaken for different variants in each community. Jo Broadbent stated she was not aware of a plan to do random testing but with symptomatic testing being undertaken where required for health care purposes and ongoing testing in care homes, there would still be PCR tests going through the system just not so many of them.

Councillor Ralph questioned why residents could not or they still needed a timetable slot to visit loved ones in hospital when there were no longer any national restrictions. Hannah Coffey stated there were still national restrictions in health care environments around visiting, the “no visitor” policy had been reduced and residents were now able to book, discretion was also used in exceptional circumstances and referred Members to the new well received initiative, this was being offered by the hospital communications team where notes or letters could be delivered to patients through them.

Councillor Ralph also questioned whether this was still the case for Accident and Emergency attendance to which Hannah Coffey stated generally yes but this was also dependent on circumstances. The restrictions were still pretty strict but recognised this was not ideal for patients, visitors and also staff. Councillor Ralph gave thanks to the security team at Basildon Hospital who had been very helpful.

Councillor Fish referred to the COVID-19 Public Health Management Response of scaling down the response, but with an ability to scale back up if required and questioned how quickly the Key Performance Indicators could be re-introduced in an event of another variant which was highly transmissible or a more severe variant. Jo Broadbent stated the Department of Health and UK Health Security Agency were dismantling a lot of the national infrastructure such as data reporting systems but Directors of Public Health would still need to get the reassurance this data reporting system could be picked up again should the need arise. In regard to local response, the council had learnt a lot over the last two years and therefore had more expertise in outbreak management in the local authority public health team. The team had been restructured and had created a new permanent Health Protection Lead Role, the appointment had been given to someone who had been working for the team for the past two years on Covid. Plans were in place to step up the response very quickly if required as senior contact tracers were council staff. Other staff were agency staff who could be called back if required.

Councillor Polley referred to long Covid, sickness and absenteeism within the workplace and questioned how confident were they there would be sufficient staff to react to another outbreak or another variant. Jo Broadbent stated that part of the Living with Covid guidance was for the council to have staffing contingency plans in place for social care and this would need to be looked into. The council had low levels of sickness absences due to Covid and this had fallen in line with infection rates.

Neil Woodbridge referred to working in the community and it was clear that people working in care homes were having tests daily and questioned whether home care staff were being tested daily as well. Jo Broadbent stated all frontline social care staff would be subject to the same guidance. Although there were some contradictions in the guidance to which some of this needed to be pinned down and then this guidance would be sent out to care homes and others who needed it. Neil Woodbridge stated it would be really good to have some guidance in place as there was currently some anxiety around whether people would have to pay for tests to which Jo Broadbent stated her understanding was tests would be provided to social care staff but was unsure how this was going to work.

*Jo Broadbent left the meeting at 8.25pm.*

#### **47. Progress report on the Integrated Medical Centre programme - Verbal & Presentation**

Anthony Mckeever thanked Members for inviting him to this evening's committee and provided members with an update. He thanked Councillor Mayes for alerting him that this needed to be kept on top of and that every particular had to be right and nailed down. Also thanked and was grateful to Councillor Halden for being involved in all the matters affecting the integrated care system and had continued to brief him and Councillor Mayes on ongoing discussions. Officers in financial departments had explored a range of specific solutions to particular aspects of the complex building schemes and there were two initiatives that would address the remaining aspects of those schemes that they were trying to nail down. Councillor Mayes had been written to outlining the issues that had been submitted to the finance group around the complexities that needed to be brought together such as the contaminated site, flood plain and parking.

Due to technical issues the meeting was paused for four minutes.

Anthony Mckeever continued by stating the two ideas being explored fell into two different camps. The first was technical, such as the period of which a scheme was costed and charged against, looking at discounted cashflow, the most common standard in councils would be towards 60 years that would essentially affect the monthly rental charges. The second was around the concern around the burden on design fees. Anthony Mckeever stated he had been looking at how the NHS could address the concerns of the costs the council had incurred and how to assist with them through funding from the NHS. Anthony Mckeever stated the gap was being closed, with a clear and shared rational but what needed to be done was to keep a close eye on valued engineering of the schemes. All were committed to making this happen as quickly as possible to ensure the right results for residents. The services of an experienced and capable programme manager had been offered who would be in-situ on the programme board who would act on behalf of Anthony Mckeever at all times and make sure all NHS Partners coordinated all their separate elements of the scheme and therefore accounted for the finances.



Councillor Mayes gave thanks to Anthony Mckeever and his team for pushing this item forward and to get this finished.

In attendance on MST for this item – Carmel Micheals, Katie Arnold, Hannah Coffey, Diane Sarkar, Rahul Chaudhari and Martin Mizen

A PowerPoint was presented on the Thurrock Integrated Medical Centre Update which can be found from the following link:

<https://democracy.thurrock.gov.uk/documents/b18604/Item 9 - Update report on the Integrated Medical Centre Programme 03rd-Mar-2022 19.00 Health and W.pdf?T=9>

Councillor Ralph thanked all for the great presentation and referred to the 50 hot desks at the Corringham IMC and questioned whether this was an addition to the plans to which he was informed these were part of the original plan. Councillor Ralph stated he had not seen sight of the travel plan as yet to which Martin Mizen stated there would be controlled parking with no charging facilities on site. Staff and visitors would need to register their vehicles when on site and some negotiations still needed to be had on how this would work. A travel plan had been undertaken and approved as part of the planning consent in July 2021 which had looked at parking on site, green travel, cycle and bus routes but would now need to be revisited now the site was due to open. Councillor Ralph stated this travel plan had not been approved by the council as they had been informed it had been withdrawn. He had concerns on staff using the 50 hot desks where they would park and this could cause a massive problem. Martin Mizen stated the travel plan needed to be reviewed and resubmitted. Councillor Ralph also had concerns how residents using the bus service from Fobbing would be able to access the services as the bus ran only once an hour to which Martin Mizen agreed this could be investigated as part of the travel plan.

Councillor Piccolo questioned once the integrated medical centre was up and running whether any services that were relevant to health and wellbeing could take advantage of any available space on the site which could provide additional income and potentially use the space more permanently. Martin Mizen stated this could be reviewed after the first three months and referred Members to the group spaces where this facility would be available through the weekends and to ensure facilities were being used to their full potential. Mark Tebbs stated the ethos behind the integrated medical centres was around integrated care and prevention and for there to be the opportunity to have health and wellbeing facilities on site.

Councillor Ralph stated how exciting this was and the services being provided would be a positive experience for residents and would like to see mental health support services in each of the centres.

Councillor Holloway thanked Anthony Mckeever and those presenting this evening and thanked Mark Tebbs, Ian Wake and the team who had continued to push forward this very complicated and complex set of projects. Councillor

Holloway had concerns the integrated medical centres had been chipped away at, such as the reduction in square footage in Purfleet, the issues in Tilbury that needed to be readjusted and not even having sight of the Grays site. Felt that Thurrock resident's health was not being considered with the focus not being on patient care. Had concerns how the services from the Orsett Hospital could practically fit into the four integrated medical centres. Referred to Tilbury and questioned what was meant by a "break even" position and who would cover the costs of design. In regard to Tilbury it should have been known about the land which was being built on and concerns in relation to the reduction in square footage at the Purfleet site. Questioned why discussions were being held to understand "if" services would fit on the Grays site and questioned whether a CCDC would be squeezed onto the site. Anthony Mckeever briefly replied to Councillor Holloway by stating "break even" meant the replacement facilities would cost no more than the provision it replaced. He was aware of the design costs and was looking at ways the NHS could contribute to those to alleviate costs to the council. They were working intensely to get these projects across the line and were trying to get all the costs aligned. Mark Tebbs stated there was an absolute commitment to provide all of the existing diagnostic services at Orsett Hospital onto the Grays site and this made sense at this time to explore as an opportunity over and above what was currently at the Orsett site.

Councillor Ralph requested a further update be provided at the next committee meeting.

Councillor Polley questioned whether those unasked questions could be sent to Jenny Shade to be forwarded on for written responses to which the chair agreed this would be a good idea.

#### **48. Work Programme**

Members signed off the work programme for 2021/22.

**The meeting finished at 9.20 pm**

Approved as a true and correct record

**CHAIR**

**DATE**

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