

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 12 January 2023 at 7.00 pm

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

Georgina Bonsu, Co-opted Member

Apologies: Kim James, HealthWatch
Councillor D Arnold

In attendance: Jo Broadbent, Director of Public Health
Alexandra Green, EPUT
Phil Gregory, Senior Public Health Programme Manager
Paul Scott, EPUT
Rita Thakaria, Assistant Director Adult Community Health Services
Navtej Tung, Strategic Transport Manager
Jenny Shade, Senior Democratic Services Officer

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

34. Minutes

Minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 3 November 2022 were approved as a correct record.

35. Urgent Items

There were no urgent items.

36. Declarations of Interests

Councillor Ralph declared a non-pecuniary interest in relation to Item 6 as he was Thurrock Council's Governor to EPUT.

37. EPUT

The following presentation was presented to Members:

[\(Public Pack\)Item 6 - EPUT Presentation Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 12/01/2023 19:00 \(thurrock.gov.uk\)](#)

The chair thanked Rita Thakaria, Alex Green and Paul Scott for being here this evening and presenting to members.

Councillor Polley thanked officers for the report and referred to Safety First and some of the successes and investments, she referred to the 32% reduction in fixed ligature incidents in 2021/22 and noted that surely the aim would be 100%. Councillor Polley stated there were no figures from previous years to compare this figure against and requested that some further data be provided. Alex Green offered to provide this information outside the meeting and stated that an extension programme of work was in place across all the inpatient environments and being ligature free was difficult in an environment that changed all the time with the focus on the reducing the risk of ligature altogether and therefore the self-harming behaviour. To try and create more therapeutic environments, patient face to face, engaging in conversations and deescalating situations. Within the national benchmarking and in comparison, with other providers they were doing reasonably well.

Councillor Polley also referred to the reduction in the data on prone restraint in the presentation and stated this information should be shared with providers as acute behavioural disorders were not necessarily identified to be as acute as they were. Alex Green stated that a lot of work had been undertaken to reduce the number of primary restraints, stated that “no restraint was a good restraint” and why therapeutic time with patients was so important and agreed to share specific data from performance reports around the different types of restraint.

Councillor Potheary stated it was important to know that the fixed ligature was within the national benchmarking and questioned whether this was the same for absconsions and primary restraint. Alex Green stated she would need to check specifically but these were monitored month by month, but the data would include a number of different types of absconsions.

Councillor Potheary then referred to the Channel 4 Dispatches program and questioned whether those people who had been identified in program had been sacked or whether they were still worked within the mental health service. Alex Green stated this was a small number of staff who had now left the organisation.

Councillor Ralph stated he appreciated the report being presented this evening, appreciated the work that was being undertaken and acknowledged the work being undertaken to transform the services but had concerns over the use of the social media by patients which were not giving a true representation of the working being undertaken and questioned whether there were any controls that could be put in place. Paul Scott stated this was a national phenomenon, not unique in Essex, which was quite new as social media had been developed. The approach taken was not to stop them but to try and make sure that person was heard and engaged with. This was a sign that every time sometime someone reached out on social media was because they had not been heard. When those people were heard, action could be

taken and then there would be a lesser need to go onto the social media to express themselves.

Councillor Ralph referred to “being on watch” and questioned what measures were being put in place to prevent staff from falling asleep whilst on duty. Members were informed that a safety alert around sleeping had been implemented to prevent this from happening. There was clear guidance for managers, the wellbeing of staff was important, making sure staff were not undertaking observations for too long, focusing on engagement rather than just observation, site buddies would be in place, undertaking spot checks and there were clear guidance and processes in place to manage this.

Councillor Ralph referred to reoccurring visitors and questioned how that was being managed to which Alex Green stated focus would be on shorter lengths of stays, the work being undertaken on Section 117 and the aftercare of people how to prevent the readmission into hospital was important. The focus would be helping patients at the right time, intervention close to home and prevent hospital admissions.

Councillor Fish questioned what the challenges were of staff recruitment to which members were informed there were not enough clinically qualified staff working in mental health across the country. Therefore, were competing within the mental health trust and the private sector. Continually trying to recruit locally and nationally with focus on overseas for recruitment. With the redesign of workforce to draw on other skills from other different professions.

Councillor Polley raised her concern on the Bank Staff who may also work for agencies and questioned whether there was anything in place to try and monitor and control those staff working evening shifts who may have already worked a day shift. Alex Green stated this was difficult to control when relying on agency staff. There were internal controls, such as the health roster to ensure staff took appropriate breaks, program of works was in place to try and reduce number of banking agency staff. The aim would be to make this a great place to work so that agency staff would want to come and work with them.

Councillor Polley also questioned whether improvements being made on the time a patient would remain in hospital or were longer stays being seen, before they would be stepped down. Alex Green stated that improvements had been seen in the lengths of stay which was really good. Herself and the Executive Medical Director met to consult on a weekly basis to specifically look at length of stay and try to reduce those but was very dependent on individual care and treatment plans. Were very close to the national benchmark for lengths of stay but wanted those stays to be personalised so that people were there for the right length of time and to get them home with the right care and support.

Councillor Ralph thanked officers for the presentation and the committee had learnt a lot from this evening’s questions. Members suggested that an update on this item be added to the work programme for the next municipal year.

At 7.45pm, Alex Green and Paul Scott left the meeting.

38. Integrated Medical Centres Update

The following presentation was presented to members:

[\(Public Pack\)Item 7 - IMWC and Primary Care Update Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 12/01/2023 19:00 \(thurrock.gov.uk\)](#)

The chair thanked Tiffany Hemmings for the report and questioned when the cardiac treatment, heart failure services would be rolled out on to the Corringham site to which Rita Thakaria stated that all services allocated to the Corringham IMC were now fully functional and operational from last year but agreed to take this question away and confirm outside the meeting.

Councillor Ralph raised the issue of staff parking and roads being blocked locally to which Rita Thakaria agreed that a reminder would be sent to all staff of the allocated parking available to them and would raise at the site's user group. Within a specific period of the opening of the building, an audit of the travel plan would need to be completed to ensure further checks and challenges could be made and that some time would be spent out in the community to understand the needs of parking, community needs and requirements and needs of the nurses.

Councillor Ralph referred to the diagnostic centre at the Grays IMC and stated the presentation had indicated that this centre would be the start of the IMC, the IMC was something that had been planned for a long time, the diagnostic centre was a new add-on to the IMC and had new funding. Tiffany Hemmings stated it had a separate funding pot and was an augmentation, but it would be fully integrated within the IMWC and confirmed that the Orsett diagnostics would move into the CDC.

Councillor Ralph also referred to the affordability and questioned whether the NHS were still dedicated and committed to the IMC buildings to which Tiffany Hemmings stated there was a commitment to the vision as specified by local Thurrock residents to deliver the integrated medical and wellbeing centre programme. The ability to fund that vision had been affected by national policy with business cases having had to be taken to the NHSE for approval. There had been no control on that pathway, engagement was being undertaken with NHSE but as this was a national issue there was not enough capital to progress onto so many different projects and programs. Once a response had been received this would be fed back to the committee but at this stage Tiffany Hemmings was unable to promise a favourable response. Councillor Ralph challenged this, but Tiffany Hemmings confirmed that NHSE would need to agree to the business cases before any decisions could be made.

Councillor Ralph referred to the closure date of Orsett Hospital and questioned whether we would now be on the verge of saying that Orsett

Hospital would never close to which Tiffany Hemmings stated there was a commitment to close Orsett Hospital, with the cost of upgrading Orsett Hospital being prohibitive. Members were informed that Orsett Hospital could not be shut until all services had been successfully moved. Councillor Ralph challenged this by questioning whether a commitment was now not to close Orsett Hospital nor to building IMCs just to move the services to which Tiffany Hemmings stated that until the decision had been made no commitment could be made.

Councillor Fish questioned how the urgent treatment centre was going to be upgraded in the minor injury units to which Tiffany Hemmings stated there would be additional capabilities covering a range of illnesses and injuries, such as some treatments that would have gone to accident and emergency would now be seen in the urgent treatment centres. Councillor Fish questioned whether there would be extra staff capacity to cope with the extra level of patients to which Tiffany Hemmings stated these would be sized in terms of the population. With a project group being formed to look at that and to bring an additional business case through the NHS.

Councillor Potheary stated her frustrations that Thurrock residents had been promised four integrated medical centres in return of Orsett Hospital being closed, that services would be relocated before the doors of Orsett Hospital shut. The shift in language was now looking at services rather than buildings and felt this was a betrayal to the people of Thurrock. Councillor Potheary referred to the contingency planning around Purfleet and Tilbury and asked how these would now work to which Tiffany Hemmings stated this was unclear at this time as the process had just started but would look at the different options to be considered and have the right contingency plans in place. Councillor Potheary stated the Corringham IMC had been located in an area of the borough that had the best outcomes where other areas such as South Ockendon, Purfleet, Chadwell and Tilbury had some of the highest and were crucially in need of services, those were the areas that would be left out. Tiffany Hemmings stated that the Corringham IMC had already been underway and designed as a building and already joined in as part of that program.

Councillor Potheary referred to the Grays IMC and had concerns over the timelines that were currently being set and asked how confident the NHS were to get this delivered in 22 months. Tiffany Hemmings stated this was the best estimate currently looking at a phased approach and undertaking this in successive years. The building was refurbished which may make this easier to achieve but was dependent on many different factors, initially the funding and then the business case. Councillor Potheary questioned what residents of Thurrock were losing to accommodate this refurbished IMC. Tiffany Hemmings stated nothing, the buildings were currently unused or underutilised with one of the buildings being the vaccination centre. Councillor Potheary questioned further whether the Grays IMC would be purpose built to which Tiffany Hemmings stated it would be purpose built but within the confines of existing buildings. Members agreed this was not what was

promised and had fallen short of the promise of a purpose-built building to be delivered.

Councillor Ralph stated the initial walk around of the site were obviously not now going to happen and questioned whether the new diagnostic centre would be a new or refurbishment building to which Tiffany Hemmings stated it would be a brand-new building.

Councillor Polley questioned why the CDC was receiving all the drive and delivery where the plans for the IMC changed on a monthly basis and questioned whether the funding for the CDC formed part of the £16 million site plan and had concerns on what would cost £16 million to go into these existing buildings.

Councillor Polley referred to the Fellowship Scheme and questioned the reduction in potential numbers to which Tiffany Hemmings stated there had been six people lined up but had had some withdrawals. That advertising of these roles would continue with 12 vacancies to fill with the potential for more in subsequent years.

Councillor Polley requested from the previous meeting that more information be provided on GP appointment being physical or telephone appointments.

Councillor Piccolo stated his utter disappointment that only one IMC was in place with the other three still being discussed and that hopefully those people responsible could turn it round otherwise it would leave Thurrock being in a worst position that what it had been in the first place.

Councillor Ralph thanked members for their open and honest discussions this evening and the disappointment that the update had provided. This was now a standing item on the work programme and would welcome a more favourable update at the next meeting.

At 8.40pm, Tiffany Hemmings left the meeting.

39. Self-Care in the Context of Living with Long Term Conditions - A Joint Strategic Needs Assessment

The following presentation was presented to members:

[\(Public Pack\)Item 8 - Self Care Joint Strategic Needs Assessment Powerpoint Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 12/01/2023 19:00 \(thurrock.gov.uk\)](#)

Councillor Ralph thanked Jo Broadbent for the very detailed report with a lot of helpful information being provided.

Councillor Ralph stated the peer support programme had been a great idea which had brought a lot of value to people with the risk of developing long term conditions such as Diabetes to meet up as a group and being able to

speak with peers, this was a great benefit and real positive step forward. Referred to cognitive behaviour therapy in that it seemed to not have a positive impact to heart health and referred to page 94 of the agenda felt there was some contradiction as it stated improved mental health but based on no changes to behaviour but was referring to CBT. Jo Broadbent stated that when looking at the terms of evidence around those interventions and impact on behaviour it would be best to look more broadly at impact on a wider range of conditions and for a greater number of people as this was a single relatively small study. In terms of quantifying the impact, in particular around behaviours, it was difficult to measure but the trial had shown some effectiveness.

Councillor Ralph referred to page 112 of the agenda “Develop queries to aid GPs with finding the missing thousands (from disease registers) and patients who are on registers” and questioned how long this had been going on for. Jo Broadbent stated this was the strategy that had been put in place following the Annual Public Health Report in 2016. This year’s Annual Public Health Report, considered at the last meeting, has shown that the rate of diagnosis of conditions such as blood pressure had increased in the intervening years in Thurrock due to the initiatives that had been put in place. Councillor Ralph referred to the missing thousands and to ensure that money was put in the correct places going forward.

Councillor Ralph questioned whether the “Brain in Hand” service was a free APP or something was being charged for to which Jo Broadbent stated she would find out and let members know.

Councillor Fish agreed the holistic approach would work best for residents and would definitely agree to the recommendations to which Jo Broadbent agreed this needed to be part of the holistic patient centred approach, which would help residents and would make better use of NHS resources and other services. Councillor Ralph agreed the IMCs should be part of the future plan as they demonstrated how well they worked.

Councillor Polley asked for an explanation on what Substantiality Transformation Partnership (STP) was to which Jo Broadbent stated the report had been written some 12 months ago, so now the STP was the Mid and South Essex Integrated Care System, the partnership that included the NHS and councils within Southend, Thurrock, and parts of Essex County Council geography. This covered all the services within that geographical patch.

Councillor Polley questioned whether personal centred plans were already in place with social prescribers to which Rita Thakaria stated the social prescribers were the start of the journey, who were there to support and work with individuals to manage their conditions and wellbeing. Although for fully integrated holistic support, a whole system approach was needed and therefore Better Care Together had been embarked upon. Alongside social prescribers there were co-ordinators and others that could offer support within the community.

RESOLVED

That the Committee reviewed the needs assessment and the recommendations contained within the report and provided comment.

40. Adult Substance Misuse Needs Assessment

At 9.15pm, the chair suspended standing orders for the meeting to continue until 10.00pm.

At 9.15pm the meeting was paused and restarted at 9.21pm.

The following presentation was presented to members:

[\(Public Pack\)Item 9 - Adult Substance Misuse Needs Presentation Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 12/01/2023 19:00 \(thurrock.gov.uk\)](#)

Councillor Ralph thanked officers for the brilliant report and commended them on the details within the report as he had been requesting information and data on this subject, especially around alcohol use within Thurrock, for some time. Noting that alcohol could also play on physical health as well as mental health and how manpower and hours off work were being lost through alcohol misuse and questioned whether the focus was only on those that were known about. Philip Gregory stated the service had an educational element promoting healthy activity, what were safe levels of consumption and treatments, and that would be captured by the current services.

Councillor Ralph stated the report had been written with the four integrated medical centres in mind and questioned whether a contingency plan would be in place to ensure this service was rolled out into the PCNs. Phillip Gregory stated the service worked well with the concept of moving this to the IMCs would be to improve the service but would depend on the recommissioning process and would await further updates on the IMCs to understand more on what the plans would be.

Councillor Ralph referred to page 181 of the agenda and thanked the Police for the work that they had currently carried out within Thurrock.

Councillor Ralph referred to page 103 of the agenda where it had identified that teams needed to work together, recognised how each team worked and how important staff training was.

Councillor Ralph also referred to page 202 of the agenda and questioned whether Thurrock had a lead or joint commissioning across mental health services and local public health, alcohol/drugs/tobacco sectors. Phillip Gregory stated that Thurrock did not have this post in place and was one of the recommendations to approve and look at how this could be implemented.

Councillor Potheary thanked officers for the thorough and detailed report and questioned when the recommissioning of the service took place what the level of involvement of service users would be with that. Councillor Potheary also referred to the key findings on the success rate of treatment completions with the target met for opiate treatments but stated there were more inconsistency for successful completion rates for other substance types and questioned why this might be. In response to the second question, Phillip Gregory stated this was down to the complexity of cases. An opiate issue could comfortably be dealt with through a clinical model but with a combination of complex issues, treatment would be more difficult to successfully complete. This issue has been discussed at the performance meetings and Public Health were keen to look at to ensure the best possible outcomes. Regarding the first question, service users' views had been captured in the needs assessment and were quite positive about the service received, with more work to be undertaken when the new service specification was in progress. As this would be an evolving contract that would be in the service specification, a fluid approach must be maintained as the service was delivered which would be based on many outcomes but also on the perspectives of the experiences of people who were accessing the service, in line with a Human Learning Systems approach.

RESOLVED

That the Committee reviewed the needs assessment and the recommendations contained within the report and provided comment.

41. Active Travel Needs Assessment

The following presentation was presented to members:

[\(Public Pack\)Item 10 - Active Travel Needs Assessment Presentation Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 12/01/2023 19:00 \(thurrock.gov.uk\)](#)

The Chair thanked officers for the presentation and report which had demonstrated the good working being undertaken. Councillor Ralph referred to the active travel plan and referred to a previous initiative to extend the footpath from Stanford le Hope to Basildon Hospital along the old A13. He referred to the good cycling network in the borough, referred to the school action plan and how important it was to safeguard children and others by installing zebra crossings outside schools.

Councillor Potheary thanked officers for the report and appreciated the work undertaken and what was trying to be achieved and the borough really needed this type of work to be undertaken. Councillor Potheary referred to section 5.6 of the report, a statutory duty for local authorities, to have Sustainable Modes of Travel Strategy for schools. However, the latest school sustainable modes of travel strategy for Thurrock, which ran from 2015 to 2018, had not currently been updated due to reallocation of transport funding to other areas and consequently there was no strategic guidance in place.

Councillor Pothecary stated that schools were perhaps not being given the strategic guidance they needed. She also referred to the proposed cuts to the school bus from St Cleres School for children in East Tilbury and hoped that work was being undertaken with the education department to say this would just not work. Councillor Sammons also commented on the school bus route and how unacceptable it would be to expect children to have to walk alongside a busy road or across fields to get to school.

Councillor Polley stated the report was not inclusive enough with no reference to reduced mobility users, electronic bikes or scooters and mixed abilities of children. Councillor Polley also stated paths should be implemented where there was a desire to have one, consultation with residents was vital to understand where people choose to walk or cycle, and this report had given her the most concerns this evening.

Councillor Piccolo agreed Thurrock had good traffic links between Thurrock and Southend and into London, but Thurrock people required a car to travel to places like Brentwood where there were no easy transport links unless you travelled further out and picked up connections. That those connectivity routes needed to be made more accessible.

Councillor Ralph agreed that working with local schools was a must to understand their needs.

Councillor Ralph thanked Members for their contribution this evening and officers for the well-presented reports.

RESOLVED

That the Committee reviewed the needs assessment and the recommendations contained within the report and provided comment.

42. Report of the Cabinet Member for Adults and Health

This item was deferred to the 9 March 2023 committee at the request of the portfolio holder.

43. Work Programme

Members discussed the work programme and agreed to add an Update from EPUT on the work programme for the next municipal year.

The meeting finished at 10.19 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