

<b>17 June 2021</b>		<b>ITEM: 8</b>
<b>Health &amp; Wellbeing Overview and Scrutiny Committee</b>		
<b>Orsett Hospital and the Integrated Medical Centres – Update Report</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-Key	
<b>Report of:</b> Ian Wake, Corporate Director of Adults, Housing and Health; Mark Tebbs, Alliance Director, NHS Thurrock Clinical Commissioning Group – Joint Chairs of the Integrated Medical Centres Strategic Programme Board.		
<b>Accountable Assistant Director:</b> n/a		
<b>Accountable Director:</b> Ian Wake, Corporate Director of Adults, Housing and Health		
<b>This report is</b> Public		

## **Executive Summary**

The Council and NHS partners have been working together to develop a new model of care that will provide integrated health and social care services, delivered from modern, high quality premises, and able to attract the best staff. Four new Integrated Medical Centres (IMCs) will locate the new model of integrated care in the heart of the communities they serve, bringing a greater range of health, social care and third sector services under one roof, and improving and simplifying care pathways for residents and patients.

Despite the impact of the pandemic, particularly on acute services provided by Basildon University Hospital, good progress has been made with planning, financing and service transformation for all four IMCs, and dedicated programme management continues in place. This report updates the Committee on progress of the IMC programme, and the proposed closure of Orsett Hospital.

### **1. Recommendation(s)**

- 1.1 The Health and Wellbeing Overview and Scrutiny Committee is asked to consider and note this report.**

## **2. Introduction and Background**

- 2.1 The Committee will be aware that the quality of health provision in several areas of the Borough falls below the standards that the Council and NHS partners would like to see achieved. The Council, with its NHS partners, now have an exciting opportunity to address this underachievement. New Integrated Medical Centres will improve the health and well-being of the population of Thurrock by moving from outdated facilities and fragmented services, improving the capacity and capability of primary, community and mental health care, and delivering an integrated health, social care and community/third sector care model with Thurrock's residents at its heart.
- 2.2 To this end the Council entered into a Memorandum of Understanding – Replacing Orsett Hospital with four new Integrated Medical Centres (IMCs). The MoU, agreed in May 2017 with Basildon and Thurrock Hospitals NHS Foundation Trust (BTUH) – now Basildon University Hospital, part of Mid and South Essex NHS Foundation Trust (MSE Group), Essex Partnership University NHS Foundation Trust (EPUT), North East London NHS Foundation Trust (NELFT), and Thurrock Clinical Commissioning Group (the CCG), ensured that our strategy evolved from the broad concept of Integrated Healthy Living Centres into a firm commitment to deliver the four IMCs in Thurrock. A dedicated programme management resource, reporting to an alliance of the Council and health partners, was established to oversee delivery of the IMCs.
- 2.3 The IMCs will serve local populations and will be located in:
- Tilbury - to primarily serve Tilbury and Chadwell;
  - Corringham – to primarily serve Stanford and Corringham;
  - Grays – to primarily serve Grays but also to act as a Central Hub for the whole of Thurrock; and
  - Purfleet – to primarily serve Purfleet-on-Thames, Aveley and South Ockendon.
- 2.4 The Council has been working with the CCG and health providers to develop the detailed concept of the IMCs which will provide an integrated model of care, in high quality premises located in the communities that they serve. The IMCs, will be crucial to the introduction of the New Model of Care as presented by the Director of Public Health, including the new Primary Care offer, Well-Being Teams and Technology Enabled Care.
- 2.5 Discussions have been held with health partners over the future provision of community mental health services with the aim of improving accessibility to those services. The Mental Health Peer Review in 2018 was clear that, where possible, mental health provision should be integrated into the proposed IMCs and officers are now working to see this implemented.

### **3. Issues, Options and Analysis of Options**

#### **The Operating Model for the IMC Programme**

- 3.1 The new model of service provision which will be delivered from the IMCs is focussed on integration of health and care services across provider boundaries. With the exception of the primary care areas (which have a distinct funding mechanism), providers will not have dedicated rooms that may stand empty outside of set clinic hours, instead the rooms will be multifunctional and therefore interchangeable across services.
- 3.2 Providers have agreed a set of financial principles which seek to share the risk and rewards created as a result of actual occupancy levels when the IMCs are operational, and reflecting the principle of integrated services in shared spaces. The shared approach to risk incentivises all partners to maximise utilisation of the Centres. These broad principles are agreed by all partners in the Thurrock Integrated Care Partnership (TICP). TICP is the overall umbrella group established by all NHS partners and the Council locally to take forward our integrated health and care agenda.
- 3.3 To ensure this shared approach results in effective, efficient and economic use of space, Public Health worked with the Adult Social Care staff, NHS providers and the CCG to identify all anticipated health and social care service activity data for the IMCs. The following has been confirmed:
- Service activity across Thurrock has been apportioned to each IMC;
  - Health planners have been engaged to finalise the design requirements;
  - Future proofing will address Thurrock's planned population growth.
- 3.4 Consideration is being given to services operating at different times to improve space utilisation, along with new ways of working, and maximising agile working. Confirmation of the design requirements from all parties has been obtained for each IMC, and detailed funding and other commitments agreed. NHS Thurrock CCG has agreed in principle to commit growth monies to support the funding of the IMCs.

#### **Stanford and Corringham IMC**

- 3.5 The delivery of the Stanford and Corringham IMC, on the site of 105 The Sorrells, Stanford Le Hope, is being led and funded by NELFT. Planning consent for the IMC was secured in 2016 and amended in 2018 to extend the proposed opening hours.
- 3.6 The building will accommodate the following clinical services:
- GP practice (estimated 2,000 patient list size)
  - Adult Services - Integrated Community Teams
  - Diabetes Services
  - Cardiac & Respiratory Services

- Therapy and Rehabilitation (incl. Hearing Therapy)
- Sexual Health Medicine
- End of Life and Palliative Care
- Children's Services
- Universal Children's Services
- Specialist Children's Services
- Community Children's Nursing Teams
- Therapy and Rehabilitation (incl. Speech and Language Therapy)
- Emotional Wellbeing Mental Health Service (EWMHS)
- Visiting clinicians

3.7 The Business Case for the development was approved by the NELFT Board on 24 March 2020. The contract for the development was awarded Nellcott Construction in October 2020, and start on site was made in January 2021. In May the steel frame and metal decking were completed, and the first floor concrete slabs were poured. In June the metal framing system to the external walls will be installed, together with roof coverings, mechanical and electrical works and masonry. With an estimated build period of 15 months, it is anticipated that the IMC will be operational from spring 2022.

### **Tilbury and Chadwell IMC**

3.8 Since the Council took the decision to lead on the delivery of the Tilbury and Chadwell IMC on the site of the Community Resource Centre in Tilbury, work has progressed significantly. The financing of this scheme has been modelled by the Council using prudential borrowing.

3.9 The Council, CCG and service providers have worked collaboratively to develop a schedule of accommodation that can be provided at Tilbury and Chadwell IMC. This accommodation schedule fully subscribes to the integrated vision and includes provision for:

- Multi-functional consultation/examination rooms;
- therapy rooms;
- treatment rooms;
- interview rooms;
- group rooms;
- phlebotomy bay;
- mobile imaging docking bay;
- shared workspace;
- library;
- community hub; and
- public access meeting rooms.

3.10 The suite of flexible clinical rooms enables multiple services to make use of the space meaning patients can access the range of services they need on a single site. The community elements in the IMC, including the library and community hub, have a key role to play in addressing the wider determinants

of health. The linkage to the Towns Fund bid will mean the IMC will also form a significant part of the new town centre for Tilbury.

- 3.11 The design team from Pick Everard have completed the design to RIBA Stage 2. A design review is now being undertaken to establish how to meet the new NHS requirements for Net Zero Carbon. This will involve consultation with the Sustainability Team at NHS England on the detailed design requirements, and also how the associated additional capital costs will be met. In view of these changes the development programme is also under review but it is hoped the IMC will be completed in 2024/25.

### **Purfleet IMC**

- 3.12 The Purfleet IMC will be delivered as part of the wider Purfleet town centre regeneration scheme. An outline planning application which included medical facilities was approved in March 2019, together with a Section 106 Agreement which commits Purfleet Centre Regeneration Ltd (PCRL) to develop the facility. The Purfleet IMC is part of the Phase 1 development proposal from PCRL, and, together with the remodelled station, is a key element of the scheme.
- 3.13 The schedule of accommodation for Purfleet IMC has been agreed with partners and initial floor plans (commissioned by PCRL) have been produced by the design team at Alford Hall Monaghan Morris. Workshops to review the designs with key stakeholders, including members of the Purfleet-on-Thames Forum, are to be held on 17 June. It is understood the programme for this phase of the Purfleet town centre regeneration scheme is currently under review and it is hoped the IMC will be completed by mid 2024.

### **Grays IMC**

- 3.14 Thurrock Community Hospital has been designated as the new IMC for Grays, and is the only IMC which will be predominantly a refurbishment of an existing healthcare facility rather than an entirely new-build development. The site is owned by EPUT which leases part of the site to NELFT, and third sector providers. The site currently has 19 separate buildings, with over half of the buildings vacant or underutilised which means the estate is inefficient in use and offers an opportunity to reconfigure and redesign to improve delivery. The layout of the site lends itself to the zoning of two main areas: a "Health Village", incorporating quieter and more long-term activities, and a "Day Hub", the space where service users and patients would come for appointments and more short term activities.
- 3.15 As the only site already built, Thurrock Community Hospital offers the opportunity to renovate and redesign facilities to accommodate services, with the potential to bring some services on line in a shorter time frame. The CCG is also in consultation with relevant primary care providers to ensure that there is a significant primary care service on site. Progress has been delayed over the last year because of COVID-19. However, the masterplan for the site was

reviewed during January to March to take account of the impact of the pandemic on outpatient services, and the Project Board has been re-established so that plans can be taken forward. The Grays IMC is expected to be operational in 2025.

### **The proposed closure of Orsett Hospital**

- 3.16 MSE Group remain committed to the long term closure of the Orsett site and the relocation of services accessed by the Thurrock population into the four IMCs, with the dominant presence in Grays IMC. A project group was established to progress the detailed planning but this was put on hold due to other priorities in the Trust following the COVID-19 pandemic. It was planned to restart this work in October, but due to increased risk of the second COVID wave work has only now recommenced. As noted in a previous report, part of the COVID restart programme is the relocation of outpatients and diagnostic services into community locations to free up space on the main hospital sites. This programme of work will provide a good foundation for the Orsett project once it restarts and will increase the range of services available closer to home for the Thurrock population.

### **The Programme Business Case for the IMCs**

- 3.17 The development of the four IMCs required the development of a Programme Business Case. The purpose of this Programme Business Case was to obtain approval from the Mid and South Essex Health and Care Partnership, the Boards of the NHS providers and from NHS England / Improvement for investment in the four local Integrated Medical Centres in Thurrock. The Programme Business Case was produced using HM Treasury's Five Case Model for business cases, and this sets out the economic assessment of the social costs and benefits of the new policies, projects and programmes associated with the IMCs. It was approved in November 2020.

## **4. Reasons for Recommendation**

- 4.1 Delivery of the IMC programme is essential to securing high quality health outcomes for Thurrock residents. The Council has agreed to take the lead on the delivery of the Tilbury and Chadwell IMC and has already committed funding to the initial design phase. It remains closely involved in the design and delivery of all 4 IMCs, both through the overarching programme board, and its contribution to the development of each individual project.

## **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 Reports were presented to Planning, Transport and Regeneration Overview and Scrutiny Committee and Health Overview and Scrutiny in September 2018, and Health and Well-Being Board in June 2019. Public consultation on Corringham IMC was undertaken during the course of the planning application process, and again more recently as the development gets under way.

Further consultation with local communities on the specifics of each of the other three IMCs will be undertaken as part of the planning process.

- 5.2 Health Watch have organised a People's Panel to gain public input into the development of all four IMCs.

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

- 6.1 The IMC programme supports all three subsections of the 'People' element of the Council's corporate vision and priorities.

- 6.2 The programme also supports the four principles stated in the Thurrock Health and Wellbeing Strategy 2016-2021 and has a specific reference under 'Goal 4 Quality care, centred around the person' of the same strategy.

## **7. Implications**

### **7.1 Financial**

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

This report presents details of the current proposals for the development of 4 integrated medical centres. The financial implications related to the proposals in this report will be considered in detail when the final decisions on the scheme are undertaken. .

### **7.2 Legal**

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

This report presents details of the current proposals for the development of 4 integrated medical centres. Any legal implications related to the proposals in this report will be considered at the time decisions related to the proposals are to be taken.

### **7.3 Diversity and Equality**

Implications verified by: **Becky Lee**  
**Team Manager - Community Development and Equalities**

The IMC programme is crucial in addressing the health inequalities currently experienced in some areas of the Borough. All buildings developed as part of the programme will need to comply with equalities legislation and pay

attention to the particular needs of the visitors to the centre a high proportion of whom are likely to be vulnerable.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

7.4.1 The development of the Tilbury IMC will allow staff from several Council departments to work in the community that they serve improving public access to vital services. There is a clear health benefit to pursuing this programme of work.

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None

9. **Appendices to the report**

- None

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