

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 13 January 2022 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

Apologies: Kim James, HealthWatch

In attendance: Councillor Alan Mayes, Portfolio Holder for Health and Air Quality
Ian Wake, Corporate Director of Adults, Housing and Health
Hannah Coffey, Deputy Chief Executive, Mid and South Essex NHS Foundation Trust
Mark Foster
Ian Gleadell, Commissioning Manager, Disability, Adults, Housing & Health
Kerry Harding, Director of Estates for CCGs in Mid & South Essex
Jane Itangata, Deputy Director of Mental Health and Inequalities (Interim), Mid and South Essex Health and Care Partnership
Wendy Robertson, Deputy CEO, Thurrock and Brentwood Mind
Diane Sarkar, Chief Nurse and Quality Officer, Mid and South Essex NHS Foundation Trust
Mark Tebbs, NHS Alliance Director Thurrock
Catherine Wilson, Strategic Lead Commissioning and Procurement
Jenny Shade, Senior Democratic Services Officer

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

30. Minutes

Councillor Holloway referred to page 14 of the minutes and requested the last paragraph be removed from the minutes to avoid any confusion that Councillor Mayes had actually attended that meeting.

31. Urgent Items

No urgent items were received.

Members discussed the Integrated Medical Centre briefing note sent to Members on the 17 December 2021 and all Members agreed the briefing note had raised some concerns. The Chair had invited Councillor Alan Mayes, Portfolio Holder for Health and Air Quality to the meeting to update members

on the current position. Councillor Holloway questioned why Councillor Mayes was presenting this item and this was not appropriate at this scrutiny meeting. Councillor Ralph welcomed Councillor Mayes to the meeting and asked him to read out his statement from Cabinet this week. Councillor Mayes took this opportunity to thank members for inviting him this evening to talk about this issue as he knew it was very important to everyone on this committee.

“On Tuesday I met with Anthony McKeever who is the Chief Executive Designate for Mid and South Essex Alliance, Thurrock CCG, Alliance Director, Chief Finance Officers of the five CCGs and Mid and South Essex ICS along with Councillor Coxshall and Council officers to discuss the current issues with the IMC programme. All present at this meeting reaffirmed their commitment to delivering the four IMCs in Corringham, Tilbury, Purfleet and Grays with all services relocating from the old Orsett Hospital site before its closure in 2025. There was no cold feet from all sides on delivering this plan and although issues could arrive with a project that was ambitious and complex we, the chief executives designate of MSE ICS had said he will remove every barrier on the NHS side to get the outline business cases for Tilbury and Purfleet IMC signed off by the 31 March 2022. This will allow the IMC to progress to the next stage of full business case and then delivering them by 2025. The current IMC is due to open in the second quarter of 2022 and the Grays IMC is due to open in 2025. Everybody in the meeting on Tuesday acknowledged that Thurrock health needs were growing and integrated medical centres had a vital role in improving health care for our residents”

Councillor Holloway referred to the three specific areas the SFLG committee have asked for and that the work would be led by the CCG, questioned how far forward were they on points 1, 2 and 3 of information gathering. Mark Tebbs introduced Kerry Harding, MSE Estates Director who had undertaken an enormous amount of work on the medical centres. Mark Tebbs stated that as part of the internal process before it went to NHS England and England HSI we had taken the financial elements to the system finance leaders group who had asked for further clarification on a number of issues relating to affordability. It was agreed to go back to SFLG in January for the Purfleet OBC and then in February for the Tilbury OBC. By splitting them out enabled the focus on the specifics of each case to be undertaken to look at the commercial aspect. Whether there could be any other cultural related services that could be part of the IMCs and to quantify the impact of the integrated IMC delivery model on wider systems particularly acute needs and looking at the ultimate disposal of other premises that were no longer required as the IMCs came on board. Mark Tebbs stated the alarm caused from the briefing note had not been intended and should have said there was absolute commitment in moving forward with the IMCs and Orsett closure as this was part of the normal scrutiny process expected to justify the affordability and value for money of those centres.

Councillor Ralph thanked Mark Tebbs for the update and questioned whether it was known yet where services from Orsett Hospital would be allocated such as the eye department. Mark Tebbs stated there was an overarching plan for

the four integrated medical centres which included the relocation of all of the services from Orsett Hospital. The Grays IMC was the least developed of the other business cases and did not have the same level of detail as the project was at a less mature stage. Kerry Harding stated services were being looked at as part of a wider project but buildings would be designed around the services and would not be squeezing services into buildings. Councillor Ralph questioned whether any new buildings were being built as part of the Grays IMC to which Kerry Harding stated we would use what we had first and what was practical and suitable for use. When it had been established that buildings would not be practical or suitable then new locations would be looked into, but this did not necessarily mean a new building. Services were being looked into as to where they needed to be and was the buildings fit for purpose.

Councillor Fish referred to the questions in the briefing note around affordability but this evening it was being said this was part of the ongoing process to look at what was affordable to which Mark Tebbs stated the reasons should have been more about value rather than affordability. The assistance finance leaders groups were making sure there was a strong commercial case for buildings, maximising the disposal of older estates which were no longer useful, described the impact model on demand and maximising use of space. The questions were around the business cases and the phrase “affordability” had caused alarm in that there had been a change of commitment from the NHS but as the chair had said following meetings with finance director and chief executive designate the message was absolutely clear that the NHS were fully committed.

Councillor Fish thanked Mark Tebbs for the response in that IMCs would be based on services and not the other way round then questioned what other medical services might be involved in the IMCs to which Mark Tebbs stated this could be a pharmacist or a dentist.

Councillor Holloway stated the briefing note had covered what had actually happened and there must have been concerns around affordability issues for these to have been flagged and had concerns that after the 31 March what was the timeline. Questioned when the timeline would be available to show what services will go where and when the medical centres would actually be open and needed some reassurances. Mark Tebbs stated the Corringham IMC would be open and seeing patients in the next financial year so progress had been made but agreed with Councillor Holloway’s comment it had been a long time in the planning. Councillor Holloway requested for Anthony McKeever to be invited to the next meeting to hear those reassurances from him before the 31 March.

Councillor Holloway stated the briefing notes had to detail what was actually happening and officers should be honest with Members and appreciated and acknowledged the amount work that was being undertaken and stated again for this report to be formally returned to committee in March so that Members can make sure it was on track before the 31 March.

Councillor Ralph stated as chair of this committee he felt a compromise could be found to ensure he received more regular updates via telephone call or by more detailed briefing notes. He felt this was essential between now and the next committee and agreed with Members that a full report be presented at the March committee.

Councillor Polley stated there was a sense of nervousness on the timings of the IMCs and had always been under the impression the IMCs were additional facilities or an increase in capacity of services. In Purfleet this had been promoted as additional doctor surgeries. Councillor Polley had concerns on who deemed where affordability allowed a clinic to run and questioned whether this would be based on need, statistics or footfall through clinics. Mark Tebbs stated factoring growth in general practitioner list sizes would be taken into consideration especially in the Purfleet IMC and would be reflected in the size of the practice needed to support the local population. The IMCs were more than just primary care, not just serving the list size they offered a wider service offer and delivered integrated care and this was some of the complexities being modelled.

Councillor Ralph stated he had his concerns eased about what and how the services going into the Corringham IMC would work and stated this was a flag-ship opportunity to identify any flaws for the rollout of the rest of the programme.

Kerry Harding left the meeting at 7.35pm.

32. 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.

33. HealthWatch

In the absence of Kim James, no HealthWatch items were raised.

34. CQC - Mid and South Essex NHS Foundation Trust - Inspection Report - Verbal Briefing

The Chair had requested this item following concerns on the “requires improvement” rating of the recently undertaken inspection report and invited Hannah Coffey, Deputy Chief Executive, Mid and South Essex NHS Foundation Trust, and Diane Sarker, Chief Nurse and Quality Officer, to present a verbal update to Members. Members were referred to some of the items raised in the final report: had the skills and abilities to run the trust; recognised strategy had been focused on improvement and sustainability of services; working with providers within the wider health to improve patient pathways; focused on needs of patients receiving care; had effective governance processes throughout the trust and partner organisations although it had been recognised this required further embedding; recognition

leaders and teams managed performance of staff; good engagement with patients, staff, equality groups, public and location organisations to plan and manage services; recognition leaders were encouraged and innovated to improve patient outcomes; continue to learn from incidents and sharing across the trust. It had been identified work was needed in terms of responses and accountabilities for managing risk across the organisation. Members were referred to the inspection rating for maternity at Basildon Hospital had moved to required improvement with care and treatment being observed based on national guidance and evidence based practice, the effectiveness of care and treatment and that staff worked together for the benefits of the patient. Improvements on mandatory training and appraisal rates had been noted and an improvement plan had been reviewed and updated.

Councillor Ralph stated this item had been received at the committee twice before and had hoped for better improvements. It appeared that no lessons had been learnt from previous inspections as it was the same issues being raised every time.

Councillor Holloway questioned why she had not had sight of the inspection report prior to the committee and requested this item be added to the 3 March 2022 committee and requested a full report be added to the agenda. Councillor Holloway requested the report should include copies of the inspection report and any relevant reports or documents. Councillor Fish echoed Councillor Holloway's comments. Councillor Ralph also agreed and requested this item be added to the work programme for the 3 March 2022 committee.

Hannah Coffey and Diane Sarker left the meeting at 7.50pm.

35. Overview of responsibilities of Portfolio Holder for Health - Verbal Briefing

Councillor Ralph welcomed Councillor Mayes to the committee in his role as portfolio holder for health and air quality. Councillor Mayes thanked Members for inviting him this evening and stated his portfolio of health and air quality had been heavily dominated by the COVID pandemic which had reached every area of the health system and council. Some of the items covered by his portfolio were: working cross party with Brighter Futures on drug and alcohol support, obesity, tobacco and health and wellbeing strategies, mental health steering group, the importance of air quality; working with partners including the Alliance Director and working with partners on broader strategic view to ensure all was being done to ensure the best outcome for residents was achieved. Councillor Mayes was happy to then take any questions from Members.

Councillor Ralph questioned whether there was anything outside of the portfolio holder's remit that could be added that would make his job easier and have more control. Councillor Mayes acknowledged one of the frustrations for residents was general practitioner appointments and acknowledged primary care was essential in the health and wellbeing of all residents and more

importantly for this care to be best it could be in Thurrock to prevent serious illnesses at an early stage. So having more control and commented on the ongoing work by officers on the ICB Strategy where community leaders would have more input in that which would be fantastic.

Councillor Holloway referred to the Lower Thames Crossing and asked what interventions had the portfolio holder made to ensure air quality was measured to which Councillor Mayes stated the dedicated Air Quality officer would feed into modelling, especially traffic modelling, so get a better understanding and this would then feed into the future years. Looked into what could be done and delivered. Councillor Holloway asked for clarification as to whether any interventions had taken place with the Lower Thames Crossing people, such as meetings being held or letters sent, around air quality to which Councillor Mayes stated the Lower Thames Crossing was not within the remit of his portfolio, but air quality was and were doing what we could and what we had control over. Councillor Mayes referred to the work being undertaken by the Lower Thames Crossing Task Force and would continue to challenge where possible on the health impact assessments.

Councillor Holloway asked for a progress update on the Air Quality Strategy to which Councillor Mayes stated the Council did have an Air Quality Monitoring Strategy and had sensor testing units around the borough and were actively monitoring and checking levels. The full air quality review refresh was coming through and would be presented to this committee and to the Cleaner Greener Safer committee as well. Councillor Holloway stated this was some 12 months ago that Councillor Mayes had promised this refresh and questioned when the committee would finally see the report. Councillor Mayes stated that in his portfolio holder report to Council he had said this was not the time to do this as with the pandemic the monitoring of air quality would not be the same as people were working from home, so less traffic on the roads. This would need to be undertaken when it was near as possible as before so an accurate review could be undertaken rather than refreshing a model that would not be fit for purpose.

Councillor Holloway referred to the Better Care Fund and asked how much money was currently in the Better Care Fund and as portfolio holder ensured it was used for essential projects. Councillor Mayes stated this was a fund that came in from Public Health and he met regularly with officers to discuss items related to public health and look at what could be done, invest in and look at innovative ways to deliver the best result.

Councillor Holloway questioned whether any of the current commissions in the public health responsibility would change over the next 12 months to which Councillor Mayes stated contracts came up for renewal at certain times and when they did these would be discussed between himself and directors who had the experience and expertise to input into those discussions.

Councillor Ralph referred to the lack of general practitioners in Thurrock and questioned the portfolio holder on how he thought general practitioners could be encouraged to have practices in the borough. Councillor Mayes stated the

commissioning of general practitioners was the responsibility of the NHS in terms of how many and where they were based but the council was encouraging new general practitioners through the integrated medical centres that would provide state of the art centres that offered integrated care.

Councillor Ralph questioned whether the portfolio holder had been provided with enough information during the COVID pandemic and what else would have helped him in his portfolio holder at that time. Councillor Mayes stated he started his portfolio role eight weeks before the COVID pandemic and had worked with officers and colleagues almost daily, sometimes multiple times, to look at all aspects as the situation was for ever changing and confusing at times. The process had been extremely challenging and very dark at times but everyone had done their best in such a challenging situation.

Councillor Holloway agreed officers were brilliant and did so much work but questioned what Councillor Mayes did in his portfolio role around attending meetings and questioned how many meetings had he attending regarding the relocation of Orsett Hospital to Grays and what practical steps had he taken to ensure all the services remained. Councillor Holloway also questioned how many letters had he written and how many motions had he submitted. Councillor Mayes stated there was an MRU, a secretary of state directive in place for letters but what was needed was constructive working with partners and having input at meetings and he speak regularly with the Alliance Director, directors and NHS partners.

Councillor Mayes left the meeting at 8.10pm.

36. Commissioning Report - Advocacy

Catherine Wilson presented the report that detailed the proposed commissioning of statutory and non-statutory Advocacy services and detailed the legislative framework required to operate to safeguard vulnerable people. The report also outlined the proposed changes to existing arrangements to ensure they were more responsive and streamlined. The new approach would also address current issues with securing advocacy for those service users placed in a neighbouring borough.

Councillor Ralph thanked officers for the report.

Councillor Fish questioned what this arrangement would mean for individual service users to which Catherine Wilson stated this would be an easier referral process with advocates being trained in all areas so there would only need to be one advocate for an individual.

Councillor Ralph stated his concern around ease of access and how users would benefit and questioned the process if a resident were to move locality would that advocacy continue to help them through the process. Catherine Wilson stated where people did move locality they would absolutely ensure they kept the same advocate, as long as they moved within Thurrock.

Councillor Ralph referred to the consultation and whether those needing help to complete their forms would receive a follow-up conversation and the help required to which Catherine Wilson stated they would be telephoning people to ask if they could have a discussion about their experiences of advocacy and asking whether they would like a face-to-face meeting as it was important to talk to people and understand about their experiences.

Councillor Holloway referred to paragraph 3.7 of the report “currently unsure whether Thurrock CCG will wish to access the contract when LPS is introduced” and asked for some clarification. Catherine Wilson stated CCG colleagues or health colleagues could refer people to the advocacy services. This was a section within the contract where CCG or health colleagues can utilise the contract with the service definitely being available for them. Councillor Ralph agreed this was an easier access point for the CCG.

Councillor Polley referred to paragraph 2.8 of the agenda and questioned how many individuals were receiving advocacy services to which Catherine Wilson stated she did not have the figures to hand but would find out and circulate to Members.

Councillor Polley questioned apart from the people that were currently being supporting at the moment whether the number of users would increase rapidly due to the new legislation to which Catherine Wilson stated it was always hard to know how many people would need this service but felt there may well be an increase in number.

Councillor Ralph asked for reassurance again that those people requiring help with the consultation would receive it to which assurance was given by Catherine Wilson.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee commented on the proposals and recommend to Cabinet that the new Advocacy contract was procured in line with the contents of this paper.

37. 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 had the highest rate. The overall rate is 1800 per 100K residents which was higher when compared to last January.
- Positive Rates had been over 40% in the first couple of weeks of the year which again had been the highest positivity rate we had seen, highest rate amongst nearest neighbours, Thurrock was 69th in the country out of all the upper tier local authorities.

- Current Picture, Positive Tests by Age Band – Rates currently highest in younger adults aged between 20 and 40. Period before Christmas the highest rates were in the 10 to 19 age group with very high rates circulating amongst the secondary age young people. Since then Under 18s rates have fallen. Rates in all the adult age groups had increased over new year but have now started to decrease with a low rate in the over 60s.
- BTUH Bed Occupancy by Type – Massive spike in January 2021 with a lot of people in hospital requiring ventilation compared to rates. There had been an increase of hospitalisation in 2022 but nowhere near to the same extent with the numbers requiring ventilation and not just oxygen therapy being much lower.
- Vaccinations, First and Second Dose – Over 50s had very high rates of uptake and very high in the over 65s but with lower rates in younger adults. Those aged between 16 and 40 the percentages had not changed that much over the past few months.
- Vaccinations – Boosters – Very high rates of uptake of the booster in over 65s and high numbers in the over 50s. Lower vaccination uptake in adults is a typical pattern seen with vaccination rates in Thurrock.
- A lot of work had been carried out about engagement and communications with a lot of social media activity targeting different age groups. Working with EPUT to provide local non primary care vaccination clinics to look at other locations in the borough, having weekend pop up clinics at various locations around the borough. Weekend pop up clinics would be supported by the national surge Rapid Response team. Secured funding from the Community Vaccination Champions Fund and would work with CVS colleagues to develop an action plan around community vaccinations and recruit champions to engage with particular groups in the community.
- Highlights – Confirmed Cases – 11 schools with a live outbreak, 16 care homes with a live outbreak or in recovery from outbreaks, community transmission had decreased in recent week, evidence of high activity in care home settings and evidence of high activity in educational settings.

Jo Broadbent concluded that:

- Thurrock overall rate of positive tests had decreased over the past few days but remained towards the higher end of those seen throughout the pandemic.
- Test positivity remained towards the highest levels recorded during the pandemic and well above this time last year.
- The number of PCR tests taken by Thurrock residents had decreased in the last week but remained high.
- LFD tests comprised the majority of testing with over 18,000 tests recorded 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 decreased in recent days but remained higher than observed throughout most of the last 12 months.

- Grays Beach and Orsett Health testing sites extended to May/June 2022. Targeted Community Testing extended to 31 March 2022, Critical Worker test programme to start.
- Key Priority would be to maximise vaccine uptake amongst all priority groups through Community Vaccine Champions and targeted surge.

Councillor Ralph thanked Jo Broadbent for the update and questioned whether the slight drop of PCR tests on the 7 December 2021 had been due to the lack of PCR tests available to which Jo Broadbent stated she was not sure.

Councillor Ralph questioned how the money would be spent to increase the vaccination figures, apart from the pop up events and education how was the money going to benefit this program and whether a better idea would be to pay people to have the vaccine. Jo Broadbent stated an action plan was being developed working closely with the CVS to try and recruit community champions, working in particular communities where they would understand the barriers and concerns of those within these communities. A lot of work had been undertaken and there would always be people who did not want the vaccine. It had to be made as easy as possible for people to get the vaccine which having the pop up events in local areas may help. Councillor Ralph noted the community champions were being paid to do this to which Jo Broadbent stated additional would be paid on publicity and communications and this was a way of engaging with the community in the right location to get the right message across.

Councillor Piccolo suggested an example of increasing vaccine numbers would be to work with the CVS to hold a music / open air event and to offer free entry to those with proof of vaccination which could attract a reasonably good number if the right acts were performing.

Councillor Fish stated that education was important for the younger age bracket on how COVID and the effects of long-COVID could affect each person differently. With the CVS already successfully engaging in the community to make individuals more aware.

Councillor Polley endorsed the work the community champions would be undertaking as having volunteered on the three day vaccination programme had walked into a few shops and spoke to people in their working capacity and understood how hard it was for some to get time off to make an appointment.

Councillor Ralph stated the vaccination web sites listed on the website had to be kept up to date and regularly checked.

38. Update on the New Primary Care Mental Health Service Offer in Thurrock

Members were provided with an update of the work undertaken in Thurrock to transform the community mental health service offer. This update report focused on the Primary Care Networks (PCN) Mental Health Integrated

Teams and the Severe Mental Illness (SMI) Psychological therapies service offers. A PowerPoint presentation was presented and can be viewed from the link below:

[\(Public Pack\)Item 10 - Integrated Primary and Community Care Mental Health Presentation Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 13/01/2022 19:00 \(thurrock.gov.uk\)](#)

Members were encouraged to view a video described the existing transition service offer, the platform on which the 18-25 offer would be co-produced and implemented.

<http://www.youtube.com/watch?v=7wLOUMiGHO>

Councillor Ralph questioned whether this had made a real impact on where it was needed to which Mark Foster stated absolutely that real changes were being made where there had previously been massive gaps in the past. This transition period would enable people to learn the functions of adult services, changes in rules and understanding their changing responsibilities and to get the support to make those changes has had a real impact. Also with the increase of communications between services, professionals talking together in ways they had never talked before, had been a game changer and had a significant impact on patients.

Councillor Ralph questioned whether there were anything fundamentally different in how you prepare people to move into the next stage of their transition. Wendy Robertson stated this was very much around personalised care, to personalise the service around the individual. To be able to support people with their wellbeing approach so conversations could take place to find out what they really wanted and what they needed. To have the time to work with someone to help them establish their goals and what their aspirations were and what they wanted to achieve.

Councillor Holloway thanked officers for a fantastic piece of work and the report and presentation had been excellent.

Councillor Ralph thanked officers for the report and all the hard work that had been undertaken and appreciated those efforts.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee noted the contents of this update report.

39. Work Programme

Members discussed the work programme and agreed the following:

To add CQC - Mid and South Essex NHS Foundation Trust - Inspection Report to the 3 March 2022 committee.

To add a Progress Report on the Integrated Medical Centres to the 3 March 2022 committee and to invite Anthony McKeever to attend to present the report.

The meeting finished at 9.17 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**