

## Health and Wellbeing Overview and Scrutiny Committee

11 January 2024

### **Briefing Note: Integrated Health and Wellbeing Centres (IMWCs) and co-location opportunities across Thurrock.**

**Purpose of the briefing note:** The purpose of this briefing is to provide HOSC Members with an update on Integrated Health and Wellbeing Centres (IMWCs) Programme (1) and opportunities for co-location in Thurrock (2).

#### **PART 1: Summary of progress of IMWC Programme**

In May 2017, a Memorandum of Understanding (MoU) was signed between the council and NHS organisations in Thurrock. This anticipated the planned closure of Orsett hospital and represented a joint commitment to re-provide displaced services, at four locations: Corringham, Grays, Tilbury, Purfleet on Thames. The new buildings envisaged were subsequently named Integrated Medical Wellbeing Centres (IMWCs). This paper considers how to progress these shared objectives captured in the MoU against the backdrop of the local current health and care environment. The agreed outcomes partners committed to work towards can be summarised as follows:

- An enhanced and more resilient Primary Care that attracts the best clinicians to Thurrock.
- Bringing outpatient, diagnostic and other hospital services closer to the communities they serve, supporting centres of excellence where there is a clear evidence base and community support.
- An integrated care model that encompasses primary, secondary, community and mental health care together with social care and community and third sector organisations.
- A reduction in avoidable demand for hospital and residential care services.
- Improving the health and wellbeing of the people of Thurrock by working collectively to tackling the causes of ill health.

Ultimately, these represent a lasting commitment to delivering services that are both integrated, effective and preventative. This is rooted in close partnership working, the very thing the Integrated Care System (ICS) was created to enhance. A second MoU in September 2018 paved the way for this by setting out specific commitments to underpin integrated working locally.

Since 2017, the NHS commissioning landscape has changed significantly. MSE Integrated Care Board (ICB) has replaced the five local CCGs. But neither the NHS's continuing commitment to integrated care as reflected in both MoUs, nor its commitment to delivering the Better Care Together Thurrock strategy, have diminished. The ICB remains committed to integrating care as the best path to delivering better outcomes for people in Thurrock. We must nonetheless recognise the limits of our respective roles and the financial reality that all partners in Thurrock face. For healthcare, NHSE is ultimately in charge of capital deployments for new Primary Care estate, and the financial pressure on revenue budgets has increased significantly. Indeed, the ICS incurred a significant deficit last year and we expect similar challenges in the future financial years. Whilst a huge amount of work is underway to address matters, these two factors have a significant impact on our ability to create and fund new buildings.

There are several enablers set out in Better Care Together Thurrock strategy. The replacement of services currently provided on the Orsett Hospital is central to this. Not only because it would make a contribution to capital costs, but also because it will free up staff and other resources that can be re-invested in the local economy. Indeed, these planned changes now represent a higher priority for stakeholders in terms of patient safety and experience; Orsett Hospital currently has a significant backlog maintenance requirement. Progress has however been made to improve other aspects of the estate in Thurrock, such as through the opening of the Corringham IMWC. The development of the other sites will inevitably face serious constraints, including:

1. Limited revenue and capital available to support a range of schemes in the pipeline system wide.
2. Lack of OBC approval for Tilbury and Purfleet on Thames from NHS England (now formally confirmed in Nov 2023).
3. Lack of capital available for the Grays scheme.
4. Lack of NHSE approval to spend more revenue per m2 than district valuer valuation.

These factors represent significant challenges to progressing the remaining three schemes. However, there are also several opportunities that have accompanied the advent of the MSE ICB. For instance:

1. **Corringham IMWC.** The centre is open, active, but currently underutilised, and we are therefore not seeing all the benefits anticipated in relation to more integrated, cross-organisational working. In part, this is no-doubt a reflection of the way that working practices have changed post-pandemic. We have an opportunity to significantly increase the value to the system of this asset and realise the potential of co-location of a range of services if the planned model for the centre is adapted accordingly. This in turn would further strengthen future business cases for any other integrated health and care sites.
2. **Void primary care space in Thurrock.** We currently have void space (both clinical and collaborative working space) across a number of buildings in Thurrock, including Stifford Clays Health Centre and South Ockenden Health Centre. These present an immediate opportunity to develop our integrated

ways of working, in Grays and the Purfleet areas, with co-located services as appropriate.

3. **Integrated Neighbourhood Teams (INTs)/Integrated Locality Teams.** In Autumn 2023 Integrated Neighbourhood Teams began to bring together statutory and non-statutory services and assets that reflect the strength of the community where residents identify and serve to keep people well physically, mentally, socially and economically. This aligns entirely with the principles set out in Better Care Together Thurrock. A shared commitment to progressing this important initiative will therefore be required to maximise the benefits of the Transfers of Care Hubs (TOCHs) being established to ensure that people leaving hospital benefit from all partners in Thurrock working together to organise their ongoing care and support.
4. **Community Diagnostic Centre (CDC).** Mid & South Essex has been successful in securing capital for new CDCs, one of which will be situated in Grays. This creates scope to shift some of the diagnostic services current accommodated on the Orsett Hospital site and expand upon this range of services significantly. The CDC, which has ready received planning permission and building is due to commence in January 2024, and will over time integrate with the four INTs that must be developed across Thurrock. The CDC could thus quickly substantiate and become the first phase of Grays IMWC.
5. **Additional Roles Reimbursement Scheme (ARRS):** Recruitment via the ARRS has continued to increase in Thurrock. As of November 2023, 80 FTE staff are now employed via the scheme in Thurrock, with a further 10 FTE staff planned to be recruited by the end of the 2023/24 financial year.
6. **Core General Practice Workforce:** Over the last three months, the general practice workforce has remained stable, except for admin and non-clinical staff group which has grown by 10 headcounts over the last 12 months.
7. **GP Fellowships:** In 2022/23, a fellowship programme for Thurrock GPs was created. The aim of the programme was to retain and provide enhanced opportunities for newly qualified GPs working in Thurrock. The programme provides GPs with 50% clinical practice, 25% personal and professional development, and 25% specialist interest training over a two-year period. It is envisaged that GPs who enrol on the programme will be supported to develop specialist skills that will enhance patient care once they complete the fellowship. The programme was launched system wide in 2023/24, with some small amendments to help scale the opportunity, and has been received well by GPs across the system. In Q4 MSE ICB advertised the opportunity for a final time in 2023/24 and our focus is attracting GP trainees in Thurrock to take up the scheme post-qualification. To date 7 GP trainees, have either commenced, or are due to commence, the programme early this year.
8. **Education Capacity and GP Recruitment & Retention:** The long-term plan for recruitment and retention of GPs in Thurrock is orientated around Educator and Learning Organisation expansion. Three of the four PCNs in Thurrock were awarded funding in March 2023 to develop PCN training teams (ASOP, SLH and Tilbury and Chadwell). The aim of this programme is to grow the number of multi-professional educators within PCNs, expand multi-professional placement capacity, create rich training environments to grow and retain a skilled primary care workforce, expand clinical and non-clinical training capacity, and develop action plans on how the PCNs will retain

learners post-training. In addition, with ICB's increasing focus on growing the number of GP educators and learning organisations at a practice level in Thurrock, we hope this will result in an increase in GP trainee and clinical placements – which will lead to an increased inflow of newly qualified GPs and other staff in Thurrock PCNs / practices. Thurrock has also seen an increase in the number of GPs working in the alliance. 80 FTE GPs are currently working in Thurrock, the highest number recorded since March 2016.

To realise these opportunities to deliver the greatest value to Thurrock residents, and in accordance with the MoU that was agreed upon, the following actions were proposed by IMWC Programme Board and endorsed on 19<sup>th</sup> December 2023 by Thurrock Integrated Care Alliance (TICA) which is a place-based sub-committee of MSE ICB.

1. **Agreed the design and implementation of a refreshed model of care / joint working for Corringham IMWC** through the Thurrock Locality Board and Thurrock Integrated Care Alliance Board, to maximise the value from the site, reduce void space and create a powerful case study of co-located joint working. This must factor in changes to working practices and clinical methods that have changed since the pandemic.
2. **Agreed to accelerate the development of four Thurrock integrated neighbourhood teams** through the Thurrock Locality Board and Thurrock Integrated Care Alliance Board and continue to channel ICB resource towards supporting INTs as a way of achieving the Better Care Together Thurrock vision. This will bring together all relevant providers around a shared mission on a geographic footprint that communities recognise.
3. **Agreed to repurpose void primary care space** in Thurrock to contribute towards the objectives of the IMWC programme and to plan such refurbishment of the estate as required. This should align with emerging INT principles and priorities and be fit for purpose for collaborative working. (Note part 2 of this report).
4. **Establish a detailed programme plan for Grays IMWC** building on the imminent development of the CDC as the first phase of work, with clear milestones and timeframes to proceed with further development as soon as the requisite capital is identified.
5. **For Orsett Hospital:** The system partners acknowledge the challenges around affordability of the Tilbury and Purfleet centres, and this will inevitably impact our plans to some extent for re-location of services from Orsett Community Hospital. However, the majority of services at Orsett Community Hospital have always been planned to be re-provided at Grays IMWC, and Mid and South Foundation Trust, who own the site, remain committed to developing proposals for this location. The benefits of co-location of services remains clear, with the new Thurrock Community Diagnostic Centre opening on the Grays IMWC site in providing improved buildings for our patients is also hugely important to all system partners. Any activity that can no longer be provided at the previously planned Tilbury and Purfleet sites will remain within Thurrock, and the Trust and system partners will seek to explore alternative options to deliver this. Clearly each service move is likely to require capital funding and, until this funding is available, services will remain where they are

currently based at Orsett Community Hospital. Mid and South Foundation Trust and MSE Integrated Care Board remain committed to retaining local services in Thurrock. Until suitable alternative provision can be realised, Orsett Hospital will remain open to facilitate this.

6. Based on the above, both the programme team and the IMWCs Programme Management Board were stood down in the current form, with a recommendation from TICA that overall coordination of building programmes are led through existing system-wide Estates Board.

## **PART 2A: Co-location opportunities across Thurrock**

In order to progress with principles underpinning integrated health and wellbeing centres health and care teams across Thurrock Alliance undertook analysis of co-location sites across Thurrock and identification of potential sites to support Integrated Neighbourhood/Locality Teams (INTs/ILTs).

The ambition of Thurrock Council and Mid and South Essex Integrated Care Board (MSE ICB) under the Better Care Together Thurrock (BCTT) programme is to transform, improve and integrate health, care and third sector services for adults and older people to improve their wellbeing. The strategy is to redesign, implement and evaluate a new model of integrated care, delivering blended health and care roles that improve access to services for the communities they serve. This means focussing on how community resources are supported and utilised to address the needs of the population.

This part of the briefing sets out the current distribution of community health and wellbeing services, specifically Community Led Support (CLS), Housing Surgeries, Local Area Coordinators (LAC) and Integrated Locality Teams (ILTs). It also seeks to identify further potential sites for the co-location of services such as the Integrated Neighbourhood Teams (INTs) utilising void space in the borough. This work will further allow MSE ICB to explore improvements that will contribute to diagnostic capacity in the borough which will be detailed in a separate report.

**Community Led Support (CLS)** are social work teams able to provide a coordinated response to the community utilising a network of allied professionals. They provide drop-in sessions – ‘Talking Shops’- across the borough in local shops, church halls, cafes and libraries. They are split into four teams:

- Team 1 - Tilbury, Chadwell, East Tilbury, West Tilbury & Linford
- Team 2 - Aveley, South Ockendon and Purfleet
- Team 3 - Grays, Chafford Hundred, Stifford Clays, West Thurrock & Riverside
- Team 4 - Stanford-le-Hope, Corringham, Horndon and Bulphan.

A full list of locations of the CLS ‘Talking Shops’ can be found here:

<https://www.thurrock.gov.uk/adult-care-and-support-drop-in-sessions/talking-shop-session>

**Housing Surgeries** are delivered by Thurrock Council Estate Officers supported by other council departments and agencies offering advice to residents on housing issues. Residents can access this service online at the following link:

<https://www.thurrock.gov.uk/estate-staff-and-tenant-surgeries/housing-surgeries>

### Housing Surgery locations

Place	Day	Times
South Ockendon Centre, Derry Avenue, South Ockendon, RM15 5DX	Monday	10am to midday
Chadwell Community Room, George Tilbury House, Chadwell St Mary, RM16 4TF	Tuesday	10am to 11am
South Ockendon Centre, Derry Avenue, South Ockendon, RM15 5DX	Tuesday	10am to midday
Aveley Community Hub, New Maltings, High Street, Aveley, RM15 4BY	Tuesday, fortnightly	10:30am to 11:30am
Hardie Park Café, Hardie Road, Stanford-le-Hope, SS17 0PB	Thursday	9:30am to 11am
Corringham library, St Johns Way, Corringham, SS17 7LJ	Thursday	2pm to 4pm
Purfleet Community Hub, 53-54 River Court, Centurion Way, Purfleet-on-Thames, RM19 1ZY	Thursday	2pm to 4pm

Figure 1 Housing Surgeries Thurrock

The Local Authority Housing Department also conducted a mapping exercise in 2023 which explored customer interaction with the service.



Appendix 1.xlsx

Local Area Coordinators (LACs) host weekly drop-in sessions in each PCN, though these are not advertised on the Thurrock website. There are currently fourteen Local Area Coordinators covering the four PCNs. The LACs role is primarily to develop a detailed understanding of all community assets, networks, services and groups and work with residents to find pragmatic solutions to problems. Residents are encouraged to contact the LAC team via a generic email: [localareacoordination@thurrock.go.uk](mailto:localareacoordination@thurrock.go.uk) Posters and leaflets are used to advertise the service in the local communities.

Integrated Locality Teams (ILTs) referred to in the Fuller Stocktake as Integrated Neighbourhood Teams (INTs), will operate across the four PCNs and are representative of all health and care service providers. There are two that are operational currently (Stanford Le Hope and Grays) and ASOP and Tilbury and Chadwell will be operational by the end of January 2024. The strategic aim is to embed multiple services capable of addressing all aspects of health and social care, allowing professionals to build relationships with each other and residents to co-design integrated solutions rather than simply relying on assessments and referrals. The INTs will bring together statutory and non-statutory services and assets that reflect the strength of the community where residents identify and serve to keep people well physically, mentally, socially and economically. This aligns entirely with the principles set out in Better Care Together Thurrock. A shared commitment to progressing this important initiative will therefore be required in order to maximise the benefits of the Transfers of Care Hubs being established to ensure that people leaving hospital benefit from all partners in Thurrock working together to organise their ongoing care and support.

The INT Incentive Scheme improves the foundations for more integrated working. Related PCN initiatives are as follows:

- Cardio-Vascular Disease Case Finding for Hypertension in partnership with Community Pharmacy
- Learning Disability & Autism– Increasing Awareness & Uptake of LD Health Checks
- Tackling Health Inequalities - Anticipatory Care for Complex Patients & Preventative Care - Patient Identification and Segmentation
- Quality Improvement – Directory of Services
- High Intensity User Project – Reducing System Pressures
- Obesity and Weight Management Project in collaboration with TICA & PCN Colleagues, Thurrock Council and Public Health - Increasing Referrals and Impacting Longer Term Outcomes
- Population Health Management – ‘Reducing the Odds’ Project
- Complex Care and Frailty

- Screening and Immunisation in Underserved Groups
- Access and Urgent and Episodic Care.

## **Part 2B: Maximising void space to accommodate INTs**

The development of the INTs has been challenged by a lack of suitable estate to house the teams and facilitate true integration of Multi-Disciplinary Teams (MDTs). Stanford-Le-Hope INT holds weekly MDT meetings at the Corringham Integrated Medical & Wellbeing Centre (IMWC) and being in the same building has already resulted in excellent examples of cross organisational working, providing timely interventions to individuals in need.

Part two of this report highlights potential spaces which supports the ambition of MSE ICB in achieving 75% utilisation of NHSPS void space as part of the revised Estates Strategy.

***(THIS PART OF THE REPORT IS COMMERCIALY SENSITIVE THEREOFRE NOT AVAILABLE IN PUBLIC DOMAIN)***

### **Summary**

The NHSs commitment to integrated working for the benefit of the people of Thurrock remains undiminished. However, the context we find ourselves in has changed dramatically over the recent years. The financial constraints faced by all statutory organisations in Thurrock have deepened, the pandemic has left a last legacy on all health and care services, and models of care and ways of working have also transformed accordingly.

NHS and Local Authority along with all Thurrock Alliance Partners remain committed to improving the health and care estate in Thurrock.

Corringham IMWC is already live and we continue to optimise the way that its used, to demonstrate the value of collaborative working hubs in practice. It is the way we work together, rather than where we work together that has the greatest bearing on outcomes for residents, so we are continuing to develop integrated neighbourhood teams together, and channelling improvements to workforce, estate and digital enablers to these INTs accordingly will support this.

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