

Thurrock - An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future

Health and Wellbeing Overview and Scrutiny Committee

The meeting will be held at **7.00 pm** on **14 January 2021**

Due to current government guidance on social-distancing and the COVID-19 virus the Health and Wellbeing Overview and Scrutiny Committee on 14 January 2021 will be held virtually online. The press and public will be able to watch the meeting live via the Council's online webcast channel: www.thurrock.gov.uk/webcast

Membership:

Councillors Shane Ralph (Chair), Victoria Holloway, Fraser Massey, Sara Muldowney, Joycelyn Redsell and Elizabeth Rigby

Kim James (Healthwatch Thurrock Representative)

Substitutes:

Councillors Alex Anderson, Tom Kelly, Cathy Kent, Sue Sammons and Sue Shinnick

Agenda

Open to Public and Press

	Page
1. Apologies for Absence	
2. Minutes	5 - 22
To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 5 November 2020.	
3. Urgent Items	
To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	

4. **Declarations of Interests**
5. **HealthWatch**
6. **COVID Update**
7. **Proposed Charges 2021/22 for Adult Social Care (Non-Residential)** **23 - 30**
8. **Accessing GP Appointments / Think 111 Campaign** **31 - 36**
9. **Verbal Update on Orsett Hospital and Integrated Medical Centres**
10. **Work Programme** **37 - 40**

Queries regarding this Agenda or notification of apologies:

Please contact Jenny Shade, Senior Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **6 January 2021**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

When should you declare an interest *at a meeting*?

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

A detailed description of a disclosable pecuniary interest is included in the Members Code of Conduct at Chapter 7 of the Constitution. **Please seek advice from the Monitoring Officer about disclosable pecuniary interests.**

What is a Non-Pecuniary interest? – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- **Not participate or participate further in any discussion of the matter at a meeting;**
- **Not participate in any vote or further vote taken at the meeting; and**
- **leave the room while the item is being considered/voted upon**

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

Non- pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature



You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

Our Vision and Priorities for Thurrock

An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future.

1. **People** – a borough where people of all ages are proud to work and play, live and stay
 - High quality, consistent and accessible public services which are right first time
 - Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
 - Communities are empowered to make choices and be safer and stronger together

2. **Place** – a heritage-rich borough which is ambitious for its future
 - Roads, houses and public spaces that connect people and places
 - Clean environments that everyone has reason to take pride in
 - Fewer public buildings with better services

3. **Prosperity** – a borough which enables everyone to achieve their aspirations
 - Attractive opportunities for businesses and investors to enhance the local economy
 - Vocational and academic education, skills and job opportunities for all
 - Commercial, entrepreneurial and connected public services

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 5 November 2020 at 7.00 pm

Present: Councillors Shane Ralph (Chair), Victoria Holloway, Fraser Massey, Sara Muldowney, Joycelyn Redsell and Elizabeth Rigby

Kim James, HealthWatch Thurrock Representative

In attendance: Roger Harris, Corporate Director of Adults, Housing and Health
Ian Wake, Director of Public Health
Tom Abell, Deputy Chief Executive Mid and South Essex NHS Foundation Trust
Mark Brooks, Mankind
Lynnbritt Gale, Associate Director, Community mental health services Mid and South STP
Margaret Hathaway, Basildon and Thurrock University Hospitals NHS Foundation Trust
Frances Leddra, Principal Social Worker and Strategic Lead, Safeguarding and Complex Care
Nigel Leonard, Executive Director of Strategy & Transformation, Essex Partnership University NHS Foundation Trust
Dr Donald McGeachy, Medical Director Mid and South Essex Joint Commissioning Team (STP)
Jim Nicholson, Independent Chair – Thurrock Safeguarding Adults Board
Mark Tebbs, Deputy Accountable Officer: Thurrock NHS Clinical Commissioning Group
Sue Waterhouse, Director of Mental Health, South Essex
Robert Waugh, Inclusion
Catherine Wilson, Strategic Lead Commissioning and Procurement
Jenny Shade, Senior Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting was being live streamed to the Council's online webcast channel..

69. Minutes

Councillor Muldowney referred to the recent Clinical Commissioning Group update on the 2019/20 Financial assistance provided to Cambridge and Peterborough STP and stated that this was unacceptable that Thurrock would not be getting this money returned and requested that a recommendation be added to this item for Councillor Ralph as Chair of the Health and Wellbeing Overview Scrutiny Committee or jointly with the Portfolio Holder for Health to reply to this update to seek further clarifications. Councillor Holloway stated that this was outrageous and that reassurances were required. Councillor

Ralph agreed that this was totally wrong and would write a letter on behalf of all HOSC Members. Mark Tebbs stated that further discussions would take place with Maria Wheeler and suggested that further updates be provided at the next meeting when the right people would be available to answer Member's concerns but Members agreed that updates were required before the next meeting in January.

Councillor Holloway raised her concerns on the absence of any appointment to Vice Chair and questioned what Councillor Ralph was doing to address this and whether Councillor Ralph had been invited to any meetings that he had been unable to attend that the Vice Chair may have been able to attend. Councillor Ralph stated the position of appointing Vice Chair was important and that no Labour nominations had been made at Council and questioned whether the Labour Leader had offered this position to his Members. Councillor Holloway stated that it was not just Labour Members who sat on this committee who could be nominated for this vacant post and again raised her concerns that the committee should have a Vice Chair as this provided a layer of security and would cover any absences of the chair. Councillor Holloway questioned Councillor Ralph whether he had spoken to the Leader of the Council about this vacant post. Councillor Ralph stated he had approached other Members and to which Councillor Massey stated he felt he did not have the experience yet and was not the right person at this time to fill that vacant post.

Councillor Holloway referred to paragraph 3 of the work programme minutes "Councillors Holloway, Muldowney and Massey requested a detailed Fees and Charges Report for November committee" had been inaccurately captured and this was not what had been requested. Members had asked for a line by line budget option providing the options that had been given to the portfolio holder, taking into account that the Council had to make £20 million of savings next year which was a very large amount of money that would not have had any scrutiny. Councillor Holloway stated it was unacceptable that there would be no financial scrutiny being undertaken at this scrutiny committee. Councillor Holloway referred to Councillor Ralph's response in the minute which had also been inaccurately captured. Councillor Ralph had said "if appropriate" and questioned whether Councillor Ralph had thought this was now appropriate and why he had not pushed for a detailed financial report for this evening's committee. Councillor Ralph stated it was based on what was asked for and referred to a later report in the agenda that would provide that financial update.

Following those amendments of the minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 3 September 2020 were approved.

70. Urgent Items

No urgent items were raised.

71. Declarations of Interests

Councillor Massey declared that through his employment provided Thurrock Mind with ICT hardware and services.

Councillor Ralph declared that he was a private tutor in mental health who had worked for other providers throughout Essex and the wider area including Thurrock Mind.

72. HealthWatch

HealthWatch had no matters to raise.

Councillor Ralph congratulated Thurrock HealthWatch on their recent award and asked Kim James to update Members on this achievement. Kim James stated that as part of the National HealthWatch Awards, Thurrock HealthWatch had submitted a piece of work around the work undertaken last year with Public Health on the loss of funding to the violence against women and girls agenda and had come second and highly commended which was really good for such a small HealthWatch out of the 153 across the country. Kim James was pleased of the outcome for the people concerned and for the residents of Thurrock and now that piece of work had been secured it would now be going forward. Councillor Ralph also thanked Councillor Holloway who had highlighted this and had pushed through. Councillor Holloway echoed Councillor Ralph's kind words to HealthWatch to be rewarded for an excellent piece of work and that Thurrock was lucky to have this team locally that supported the work of the Council, supported the work of the team and more importantly supported residents to ensure their voices were heard.

73. Basildon University Hospital Maternity Services

Clare Panniker presented the report that updated Members on the Care Quality Commission (CQC) inspection of the maternity services at Basildon University Hospital on Friday 12 June 2020. Following this inspection and a review of Trust incident reports, the CQC published its report on Wednesday 19 August 2020 which had rated the service as Inadequate. The Trust had been disappointed but had accepted the findings of the report and had taken urgent and significant action to improve the service. Residents were assured that Basildon Maternity Unit remained safe but had not kept pace with the increasingly complex demands being put upon the service. Claire Panniker stated that a number of changes had already taken place such as changes to the leadership team, investing in the recruitment of 29 midwives and two additional consultations, improving security, restructuring of ward facilities and had increased the bed capacity on the delivery suite and cedar ward. That time would be required to embed these changes to put in place an enhanced robust process so that the maternity unit could deliver to the highest standards.

Councillor Muldowney had concerns that some of the issues identified in this recent inspection had been the same issues that had been identified and signed off by the Trust in February 2019 and questioned what was being

undertaken this time to ensure those changes made were for the better and stayed for the better. Clare Panniker stated that the Trust Board and Executive Team had asked the same questions and going forward a lookback exercise would be undertaken to see what could be learnt from their governance and assurance processes to ensure the same scenario would not happen again. That time was required for the changes to be embedded and for these to be implemented and evidenced as working. That the leadership team had received additional help with a director of midwifery to sit above the maternity services at all three sites and an Improvement Director to support and deliver the changes being made.

Councillor Muldowney thanked Clare Panniker for the response and understood that time was needed to embed these changes and recommended that this item be added to the work programme for the 4 March 2021 committee for a further update.

Members agreed that this report should return for a further update.

Councillor Ralph stated that this was a very damning report that had evidenced that basic errors were being made and this was unacceptable when dealing with people's lives. Councillor Ralph stated he would like to see the second CQC report when this was available.

Councillor Redsell agreed that the report was very damning and the seriousness of some of contents of that report especially around the deaths of babies and also questioned why there was nothing in the report about home births. Clare Panniker referred to the report where it had stated that six babies had been classed as serious incidents and that following difficult births one of those babies had unfortunately some ongoing concerns with the other five babies being discharged home and stated that women were at no greater risk having their babies at Basildon Hospital and if CQC had thought that they would have shut the maternity unit down. That Basildon Hospital had a home birth service and supported this but this report had focused on the labour ward where the highest risk ladies were giving birth. Councillor Redsell stated this could have been an opportunity to demonstrate that something good was happening. Clare Panniker suggested that reports on other services from the leadership team could be brought to committee.

Councillor Ralph stated this report had a start and end date as to when cases were being looked into and unfortunately there had been other incidents that had fallen outside of those dates. Clare Panniker stated that these cases had been reported to the CQC. Councillor Ralph asked was this after the whistle-blower to which Clare Panniker had stated the incidents being reported to the CQC and the whistle-blower had incidentally happened at the same time. Clare Panniker stated that everything was reported to the CQC within 48 hours so as to remain transparent.

Councillor Ralph acknowledged that Members had been invited to attend the hospital but due to COVID this had not been possible.

Councillor Holloway thanked Claire Panniker for her time this evening and stated that it was a very hard report to read and questioned whether all staff were now in post. Clare Panniker stated that by January 2021, if no further changes there would be six vacancies for midwives so would be fully established. There were no consultancy vacancies, 38 student midwives had qualified and opted to stay with the NEC Group and those that had trained at Basildon had opted to stay at Basildon which was a reassuring message.

Councillor Holloway emphasised that those concerns raised needed to be sorted as soon as possible and would be reviewed again very soon by the committee. Clare Panniker stated she really did care and would undertake this role personally and had spent time with the leadership team to get this unit to the right place.

Councillor Massey stated he was saddened there had been some shortcomings and this needed action as soon as possible and recommended again that this be brought back to committee with perhaps with some members of the leadership team.

Councillor Ralph questioned the opening hours of the scanning facilities. Clare Panniker stated there was currently no routine seven day scanning facilities. Currently as a priority, there were plans to establish this scanning facility, seven days a week, at one location over the three sites. Councillor Ralph stated that it was very important to get a 24 hour scanning facility.

Councillor Rigby questioned the low completion training rates and although due to COVID, with staff not completing this mandatory training would this not affect their professional practice ability and questioned whether more training had been completed since the report had been published. Clare Panniker stated yes the rates of compliance mandatory training was now significantly higher up in the 90s%. That across the trust mandatory training had to stop due to COVID. That 97% of clinical staff had now undertaken a weekend training programme with external trainers. That the levels of incidents in the unit had fallen with a number of quality indicators going in the right direction. Councillor Rigby questioned whether these weekend training sessions would be refreshed to which Clare Panniker stated there would not be the need for a further two day session as these would be refreshed over a six month period.

Councillor Redsell referred to the report where it had stated “not assured that the service made sure staff were competent in their roles” and added her concerns. Clare Panniker stated that this would be covered by the mandatory training and the two day weekend training programme which had now been put in place. That training was important and this had now been caught up.

Councillor Muldowney questioned whether anything else had been moved on since the investigation. Clare Panniker stated that the government structure had been revamped with national support. That the hospital was up to date with investigations and that learnings needed to be learnt. That the hospital was now in a good position on the number of incidents for the CQC to sign off on. There were now champions undertaking walkabouts, talking with patients

and staff, there had been further CQC visits. For some external reassurances, the lead nurse for the CQC had spent time on the maternity unit and had reported back as having had a good experience. The maternity leadership team reported to the board more frequently and had involved the help of HealthWatch to ensure the voice of women were heard.

Councillor Ralph asked what was being undertaken to reassure those who attended the maternity unit. Clare Panniker stated that lots of open listening events had taken place, hearing and talking with staff on an informal and formal basis and staff had been given the opportunity to talk.

Councillor Ralph thanked Clare Panniker for attending this evening and that the committee's concerns had been noted. Clare Panniker would be happy to return to the committee to provide further updates and suggested the right time for this would be when the CQC had identified that the maternity unit had improved.

RESOLVED

That the Members of the Health and Wellbeing Overview and Scrutiny Committee noted and commented on the report.

74. ManKind - Male Victims of Domestic Abuse - Presentation

Councillor Ralph introduced this item to the committee following the concerns of the Cabinet Member for Health as there were no refuges or safe houses for make victims in Thurrock or even in Essex. Mark Brooks from ManKind provided an update to the presentation on Male Victims of Domestic Abuse and highlighted:

- 1 in 6 men and 1 in 4 women would be a victim in their lifetime
- 800,000 men and 1.6 million women were victims of domestic abuse
- 5,988 men and 17,018 women reported to Essex Police in 2018
- No refuge or safe house in Essex
- Nearest was in Northamptonshire
- Male victims 49% were nearly three times as likely than women (18%) not to tell anyone they were a victim
- 15% men and 18% women would tell the Police
- 53% men who had called the Mankind Initiative Helpline had never spoken to anyone
- There was no stereo type of a male victim
- Barriers such as masculinity, societal belief systems, lack of visible services and public policy & story

The full presentation can be found from the following link:

<https://democracy.thurrock.gov.uk/documents/g5789/Public%20reports%20pack%2005th-Nov->

Councillor Ralph thanked Mark Brooks for the update and stated his concern that there was no refuge or safe houses in Thurrock and had noted that even the safe house in East London was no longer available.

Councillor Redsell stated she would raise the committee's concerns with the Police and Crime Commissioner as she was a member on the Essex Police Fire and Crime Panel.

Councillor Massey thanked Mark Brooks for the good work that was being undertaken and had been surprised that there were no safe houses in Thurrock or even in Essex. Councillor Massey asked Mark Brooks to explain the processes that had taken place with the Police and Crime Commissioner to which it was explained that a survivor had approached him with concerns and these were raised and had worked together with the Police and Crime Commissioner and with the unitary authority Cabinet Member to see how a refuge or safe house could be set up locally and urged the councils to move this forward. Councillor Massey asked whether the Chair could use his influences to get the first safe house in Thurrock. Mark Brooks stated that it would be the same organisations that funded women's refuges and safe houses that would be used to fund this.

Roger Harris stated this would be picked up and had been discussed previously under the Community Safety Partnership and agreed that this would need to be looked at on a larger footprint not just in Thurrock and would raise with Julie Roger who would lead on this.

Councillor Ralph thanked Mark Brooks for the presentation and highlighting those concerns and requested that the safeguarding policy and literature should be all inclusive to include male victims. Councillor Ralph agreed to raise his concerns with the Cabinet Member for Health and would feed back to the committee at a later date.

75. Mental Health Update

The following providers had been invited by the committee following the presentation of the Mental Health Transformation Programme at a previous meeting, to present and to provide information of their service provisions:

- Nigel Leonard, Executive Director of Strategy and Transformation, Essex Partnership University NHS Foundation Trust
- Jane Itangata, Associate Director of Mental Health Commissioning Mid and South Essex Health and Care Partnership
- Robert Waugh, Manager, Thurrock Inclusion
- Catherine Wilson on behalf of Thurrock Mind

These presentations formed part of the agenda pack and can be found from the following links:

<https://democracy.thurrock.gov.uk/documents/g5789/Public%20reports%20pack%2005th-Nov-2020%2019.00%20Health%20and%20Wellbeing%20Overview%20and%20Scrutiny%20Committee.pdf?T=10>

<https://democracy.thurrock.gov.uk/documents/b17973/Integrated%20primary%20and%20community%20care%20mental%20health%2005th-Nov-2020%2019.00%20Health%20and%20Wellbeing%20Overv.pdf?T=9>

Councillor Ralph thanked all the providers for their presentations and opened the item up to questions.

Councillor Muldowney questioned what was being done to address the digital inclusion / digital exclusion as this had been highlighted more now due to the COVID lockdown, to reach those people who were unable to access the services and how access to these services could be improved as we head into the second lockdown. Lynnbritt Gale referred to the care phone loan scheme that EPUT had and reassured Members that they were not just going digital appointments. It had become apparent from the first lockdown there were people who did not cope well without having face to face appointments so action had been taken to ensure those who had previously had face to face would receive this either at home or within their services and that those services would carry on.

Councillor Muldowney stated it was clear that everything was being done to help staff and users to make that digital change and questioned the decline in referrals and asked whether there had been any issues accessing services and whether any lessons from that could be learnt. Lynnbritt Gale stated that the number of referrals were being monitored which had dropped off considerably at the beginning of COVID by about 50% when compared to previous levels but with the main referrals normally coming from GPs but with those practices now working differently this may have been the reason for the decline in referrals. That levels were now up to pre COVID levels and would include within the winter pressures further welfare support.

Councillor Muldowney suggested whether any links could be made with the local COVID Community Action Group where a lot of volunteers had signed up with CVS if it became the case the Mind required more volunteers to run their services.

Councillor Ralph stated that the initial drop off in referrals may have also been down to those people with mental health or anxiety coming into a lockdown situation where they may have felt safe and secure and maybe they felt they did not need to access the services. Councillor Ralph asked providers where they felt they had got the most right and where they could have improved coming into lockdown period.

Robert Waugh stated that they could have done better with their IT, where the transition onto Microsoft Teams coincided with the Trust having problems with

their network which had taken time to configure group sessions and agreed that this delay could have been done better. Robert Waugh also stated that referral levels from GPs had dropped considerably as users were not going to their GPs during lockdown and that nationally in April referrals had dropped by 75%.

Sue Waterhouse stated a drop in referrals had been seen across all services in the initial stages of the pandemic and some people did not want to engage but to shut down and step away. That figures were now back to those compared to in 2019 and in some areas above that figure and could not see that kind of drop again. That they had done technology very well with training that would normally take 18 months had been picked up in days and had worked well with the local authority, clinical commissioning group partners and that barriers had fallen away when people were called for action.

Councillor Ralph stated that stepping and looking back now and seeing what had been achieved was a great credit to all.

Councillor Redsell stated that providers have had to learn to do things differently but had concerns that there may still be a core of people that had not got in touch. Sue Waterhouse stated there would bound to be a core of people who had not reached out yet and to do that had to understand the different stages on the impacts of a pandemic. That forecasts had predicted an increase of 60% in demand for services and that the impacts of COVID were likely to be delivered in a very complex way at different stages.

Councillor Redsell questioned whether people were being picked up before their situation got too bad such as suffering from anxiety or worry. Lynnbritt Gale stated that new models of care and transformation were being looked into and that the new models of care being developed would be around early intervention, preventative measures and building a resilience around people so there was not such a heavy reliance on services. Councillor Redsell said it would be good if there was a “buddy up” service where people could just talk to each other. Roger Harris reassured Councillor Redsell that during COVID the Council’s outreach services such as the Local Area Coordinators, Housing Outreach Team had been operating and had been visiting users in line with Public Health guidelines and had continued to work closely throughout the community at local level.

Councillor Holloway stated this was such an important item as the number of people who would have mental health problem was so high.

Councillor Holloway referred to the Trauma section of the report and asked Robert Waugh how many team members were qualified at trauma level and what qualifications did they have. Robert Waugh stated that all CBT therapists had more than one year post qualification experience would be trained in EMDR with the majority of those being trained on Focus Trained CBT.

Councillor Holloway asked all providers whether their referrals were seamless so that the user would not need to keep repeating themselves as some of

those situations for users could be very upsetting. Sue Waterhouse stated that all the new transformation work that was being undertaken was that when a referral was received and although that referral may not be for that person, that person would take on that referral and ensure that it was directed to the right person.

At 9.15pm Councillor Ralph suspended standing orders to extend the meeting.

Councillor Holloway had concerns on the 37 day wait time and questioned how this could be reduced and how could the support of Members and officers help. Robert Waugh stated this was not a 37 day wait, people would be seen within two weeks were an initial risk and needs assessments being completed and even at this time some people were being seen within a week. Where a treatment plan would be agreed and the majority of those would go onto a group time for change to help them identify how the therapy would work, what needs and what changes to bring about in preparation for therapy.

In regards to the resident's journey and questioned when residents required services where would they go, who would they contact and what steps were in place to ensure those people were directed to the right place. Roger Harris stated in Thurrock there was Thurrock First who was the single point of contact for adult social care which had been integrated across the three organisations.

Councillor Holloway questioned how residents could be protected from being contacted by those who did not hold any mental health qualifications or had not undertaken the appropriate training to offer such services to residents. Councillor Ralph stated he was a private tutor in mental health who had worked for Thurrock Mind and asked Catherine Wilson to provide a list of courses available and names of those people who ran those courses. Catherine Wilson stated she was here on behalf of Thurrock Mind but would obtain this list and email out.

Councillor Ralph thanked all the providers for their time and contribution to this item.

76. COVID Update Presentation

Ian Wake, Director of Public Health, provided Members with an update on the latest Thurrock COVID-19 Data and Intelligence.

- Current Picture, 7 Days, Positives per 100K – Thurrock had continued to be ranked towards the bottom of the list and currently at 127.3.
- Thurrock ranked 106 out of the 149 Upper Tier Local Authorities.
- Historical: 7 Day, Positives per 100K and Rank – Good news that those figures had started to fall over the last week when compared to the historical rates and ranking.
- Current Picture: 7 Day, Positives per 100K, Aged 60+ - There had been some concerns on the rate of positives per 100K of population aged over

60 with some thinking from Public Health England that might have moved Thurrock up to Tier 2. This had been resisted and referred Members to Pillar 1 which had been due to outbreaks in Basildon Hospital and in a care home which was now under control. The chart showed that Pillar 1 figures were now reducing where Pillar 2, outbreaks in the community, had started to rise and was the most concerning at this time. Although numbers were relatively small the majority of those were related to young or middle aged adults.

- Current Picture: Bed Occupancy BTUH – Bed occupancy at Basildon Hospital showed figures had dropped slightly over the last week or so. The number of patients on Mechanical Ventilation had risen and although the numbers were still quite small. Members were reminded that these were patients in Basildon Hospital so not necessarily all Thurrock residents.
- Residents testing COVID-19 positive on admission or within two days of admission to Basildon Hospital – One positive element of the data had identified that community transmission in Thurrock at the moment and was not having a particularly high demand on Thurrock Hospital.
- Current Picture: Outbreaks – Care homes remained the biggest concern. One outbreak in a Thurrock care home was now under control.

Ian Wake concluded that:

- Thurrock's overall rate of positive tests and ranking had fallen in the last seven days.
- Pillar 1 rate of tests in those aged 60+ had fallen substantially, although positive tests amongst older people in the community continued to rise.
- Hospital bed use due to COVID-19 had declined but ITU use had increased.
- Numbers of Thurrock residents testing positive for COVID-19 in hospital on or within two days of admission had fallen and overall numbers remained low.
- Care home outbreaks remained a concern.
- The key priorities would be to enhanced measures for care homes including IPC and staff testing, communication messages to residents at higher risk including older people and those who were CEV and Contact Tracing at local level which was working well but under strain and was out to recruitment.

Councillor Holloway asked Ian Wake to elaborate on his concerns on care homes. Ian Wake stated there would always be a risk of worry for care homes as the setting was easy for COVID to spread, easy to contract and the level of health of those in care homes. That arrangements were working well with care home hubs now being set up with daily calls being made to care home managers, PPE was well supplied, with additional health arrangements in place and good care planning.

Councillor Holloway questioned the strictness of the lockdown and questioned who Members should contact if they were aware of large events or gatherings. Ian Wake stated this would depend on what the breach was but every call would be investigated and it would be in the first instance to engage

and educate but where those who were still breaching there were robust enforcement powers in place to close settings and thankfully in Thurrock these had not been used as yet. Ian Wake welcomed any intelligence from Members as this would be useful and reassured that they would always be actioned. Councillor Holloway thanked Ian Wake for the reassurances provided in his presentation and for everything that Ian Wake and his team were doing.

Councillor Muldowney thanked Ian Wake for provided a local picture and questioned whether there were any further plans for Mayfield Ward at Thurrock Hospital. Ian Wake stated there had to be a designated setting to enable discharged patients to self-isolate for 14 days before going back into care homes and in Thurrock, Oak House was being used for this. Roger Harris stated that Mayfield Ward had been re-opened but was not a specific COVID ward. This took patients from Basildon Hospital who had been discharged from hospital but not well enough to return back home but did not need to be at an acute hospital site. This was being kept under review with twice daily calls to assess any escalation levels to ensure there was a flow of patients out of hospitals.

Councillor Muldowney asked for reassurances that the beds would not be returned to Brentwood. Roger Harris referred to the report that was presented at the September committee and the critical element of that was staffing to ensure that the maximum use of specialist staff and equipment. Roger Harris stated there were no discussions taking place on this at the moment but it was important to ensure that the right number of beds were in the right place and were properly and safely staffed.

Councillor Muldowney asked whether the second wave was hitting just as any immunity from the first wave levels was wearing off. Ian Wake stated that nobody was 100% sure what the true level of immunity was in the population.

Councillor Rigby asked what the success percentage rate was for Trace Contacts in Thurrock. Ian Wake stated this was dependent on who was doing this. Tier 3 and 2, the national response was about average 60%. Tier 1, the Health Protection Team in conjunction with Ian Wake's team in specialist settings such as care homes and schools was almost 100%. That a local service had been set up that picked up all the routine work that the national and regional team were supposed to do and every resident who had tested positive would receive a call whether they had been contacted or not by the national team. The offer of welcome calls were supported and were able to identify additional contacts. This information would be added to a database where this could be cross referenced.

Councillor Ralph thanked Ian Wake and Roger Harris for their time and for constantly being on call when required.

77. Thurrock Adult Safeguarding Board Annual Report

Jim Nicholson, Independent Chair of Adult Safeguarding presented the report that highlighted the role of the Board was to ensure that robust safeguarding procedures were in place across the borough, to protect those adults more vulnerable to abuse and/or neglect. The Board provided a strategic and operational scrutiny of the three statutory core partners; these being the Local Authority, Police, and the Clinical Commissioning Group. Where abuse and neglect occurred the Board and its partners were committed to tackling this and promoting person-centred care for all adults experiencing such abuse or neglect. Members were provided with an overall of the report that presented them with some key data and the strategic priorities of the Board.

Councillor Ralph thanked Jim Nicholson for the very informative report and how evidenced it was that the workload had increased.

Councillor Redsell questioned what help was there for residents who had been scammed. Jim Nicholson stated there was excellent connections with the Police with regular updates and national information available to prevent such crimes. The Police had invested a lot of effort and time and stated that any contact made with them would be pointed in the right direction. Councillor Redsell questioned whether there was good communications with the Police and Members to which Jim Nicholson stated there was an absolute commitment with local level police and with the police crime commissioner being fully engaged.

Councillor Muldowney questioned where residents should report such crimes to which Jim Nicholson stated they should contact the Police in the first instant and this would then be forwarded on as necessary. Councillor Muldowney would speak to Jim Nicholson outside the meeting in regard to a member enquiry.

Councillor Ralph thanked Jim Nicholson for the report and wished him well.

RESOLVED

- 1. That Members of the Health and Wellbeing Overview and Scrutiny Committee noted the report.**
- 2. That Members of the Health and Wellbeing Overview and Scrutiny Committed were presented with some of the key data and strategic priorities of the Thurrock Adult Safeguarding Board.**

78. Orsett Hospital and the Integrated Medical Centres - Update Report

Roger Harris provided an update on the Integrated Medical Centres:

Corringham – Good progress had been made with the building contractor being appointed. The expected start on site date had been slightly delayed until the New Year due to the impacts of COVID.

Purfleet and Tilbury – The program had progressed at pace but due to the impacts of COVID these had paused but was on course to be delivered by the end of 2023.

Grays – This IMC had suffered the impacts of COVID as discussions were taking place on what services would be moved out of Orsett Hospital.

Tom Abell provided Members with an update on the proposed closure of Orsett Hospital.:

- The Board had met this month to look at processes for the next steps.
- COVID had stopped all service mapping and had not restarted as yet.
- COVID permitting, this work would recommence in January 2021.
- The closure of Orsett Hospital would still be 2025.
- Decisions needed to be made on how to keep Orsett Hospital up and running until 2025.
- Changes to services had been made with more services being moved from Basildon Hospital into Orsett Hospital such as CT scanner and potentially an MRI scanner, Day Unit and more work on Outpatients.

Tom Abell stated there was a commitment to deliver working with all the partners involved and apologised that this had taken longer than had hoped but due to COVID the hospital staff had worked flat out and was trying to get services restarted.

Councillor Muldowney thanked Tom Abell for the update and appreciated the delays were due to COVID and was grateful to all the NHS staff for all the work undertaken and requested that this report come back to committee and to also reference the recommendations made by the Orsett Hospital Task and Finish Group. Tom Abell suggested that the 14 January 2021 committee would be a good time for this report to be presented again.

Councillor Muldowney referred to the potential IMC Phase 2 in South Ockendon as mentioned in the report and questioned why this was included in the report if this was not to be an IMC as this caused confusion. Roger Harris stated it was too early to say in regards to a Phase 2 and this item in the report referred to the health centre expanding onto the White Acres site which would provide a potential wider primary care service on that site.

Councillor Ralph referred to the Grays IMC and questioned what services would now be offered there. Roger Harris stated that an update would be provided at the January committee as discussions were still taking place. Councillor Ralph stated that it was good news on the progress of the Corringham IMC.

Councillor Redsell stated that the Grays IMC was not being built in Grays but in Stifford Clays and had concerns over the amount of vehicles that would need to be parked on that site and this had to be a priority when considering the plans.

Councillor Ralph referred to the Grays IMC and questioned whether the services and plans would now change for this site and was this still the proper site with Orsett Hospital having to close in 2025. Tom Abell stated that service mapping would need to be carried out over time which would incorporate a new mix of services which would provide a better outcome of service provisions. Members agreed that this had to be done right.

RESOLVED

That Members of the Health and Wellbeing Overview and Scrutiny Committee considered and noted the report.

79. Verbal Update Targeted Lung Health Checks

Dr Donald McGeachy provided a quick update by stating that the program had been due to start in March/April 2020 but had been delayed due to the COVID pandemic. Plans had been looked into to start the scanning at the beginning of October 2020 with staff now on board who had received the appropriate training but unfortunately due to some technical difficulties at Luton Hospital this would probably now be delayed until January 2021. Members were informed there may be a small chance to start the scanning in Thurrock for two weeks in December before the Christmas Break. That the national program, due to the pandemic had now been extended to the end of March 2024. There was a national priority not to have screening for lung cancer shut down due to the pandemic and to get this up and running again and every effort had been made but with technical difficulties this had not been possible.

Councillor Ralph thanked Dr Donald McGeachy for this update and questioned that the program had been set up for 55 year olds and overs. Dr Donald McGeachy stated this would be for those between the age of 55 and 75, for those that had ever smoked and that a risk assessment would be undertaken to assess risks of lung cancer. Those at high risk of lung cancer would then have a Mobile CT Scan as part of that risk assessment. That the mobile CT scanner would be based at Thurrock Hospital and other supermarket sites around Thurrock.

Councillor Ralph questioned whether Vaping was still being encouraged instead of smoking. Dr Donald McGeachy stated that this did not form part of the program but for those existing smokers. Ian Wake stated Public Health were working very closely with this program to integrate the stop smoking services and that Vaping had been considered safer than smoking.

Councillor Holloway stated that a symptom of lung cancer was a cough which was also a symptom of COVID and questioned whether residents were being deterred from having checks or had the confusion of symptoms caused an increase in cases in Thurrock. Dr Donald McGeachy stated that as the program had not started yet it was unclear what the effects of COVID would be on those that come forward.

Councillor Holloway referred to the number of general practitioners who were registering smokers or those who had smoked in the past and questioned how many people had been registered and how many people had been screened to ensure that the data from general practitioners was accurate. Dr Donald McGeachy stated that a lot of work had been undertaken between the Clinical Commissioning Group and Public Health and the data presented now would be more accurate than that previously presented to the committee. Councillor Holloway stated that this item had now been presented to committee on several occasions and it was the committee's commitment to keep an eye on the accuracy of the data to ensure those figures had improved. Ian Wake stated prior to COVID a lot of work had been undertaken on this with 95% coverage of smoking status recorded.

80. Verbal Update on Detailed Fees and Charges Report

Roger Harris referred Members to the recommendation to the report "Proposed Consultation on Adult Social Care (Non-Residential) Fees and Charges 2021/22" and agreed by HOSC Members at the 3 September 2020 committee to support the three options going out to public consultation. That the process of the consultation had been agreed with HealthWatch and commenced on the 5 October 2020. The consultation was due to finish on the 12 December 2020. That all domiciliary care service users had been written to, the consultation was available on the consultation portal website and as of two days ago there had been 120 responses. Members would be provided with an update on the outcome of the results at the January 2021 committee with any recommendations going to Cabinet for the budget Council in February 2021.

Councillor Ralph asked Councillor Holloway whether she would like this opportunity to comment on the report or to email the chair what exactly she would like to see brought to the committee. Councillor Holloway thanked the chair of the offer to speak but thought this update would be a wider financial update and had no further questions. Councillor Holloway stated the timing of the report to cabinet had not provided the opportunity for scrutiny committee members to comment on the financial update before the final report being presented to Council in February.

81. Work Programme

Members reviewed the work programme and agreed that:

- Add "Basildon University Hospital Maternity Services Update" to the 14 March 2021 committee.
- Councillor Ralph would feedback in the new municipal year on the work being undertaken on refuges and safe houses for male victims of domestic abuse.
- Add "Orsett Hospital and Integrated Medical Centres" and make reference to the recommendations made by the Orsett Hospital Task and Finish Group to the 14 January 2021 committee.

The meeting finished at 10.26 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**

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14 January 2021	ITEM: 7
Health and Wellbeing Overview and Scrutiny Committee	
Proposed Charges 2021/22 for Adult Social Care (Non-Residential)	
Wards and communities affected: All	Key Decision: Key
Report of: Catherine Wilson, Strategic Lead Commissioning and Procurement	
Accountable Assistant Director: Les Billingham, Assistant Director Adult Social Care and Community Development	
Accountable Director: Roger Harris, Corporate Director Adults, Housing and Health	
This report is Public	

Executive Summary

This report details the outcome of the consultation supported by Health and Wellbeing Overview and Scrutiny Committee on the 3 September 2020 and agreed by Cabinet on the 16 September 2020, together with the recommendation regarding proposed charges for Domiciliary Care.

As highlighted in the previous report presented to Health and Wellbeing Overview and Scrutiny Committee on the 3 September 2020, and noted again here, the financial challenges facing the Council are significant. At the same time Adult Social Care has a statutory duty under the Care Act 2014 to deliver care services to our most vulnerable residents.

Each year, as part of the budget setting process, the Council considers the level of charges in those areas of service where we have local discretion. This is to ensure that we maximise resources to the Council but also that any charges are set fairly so as not to discourage service users from accessing services they need. As part of this process we went out to public consultation regarding Domiciliary Care charges

The strategic ambition for Thurrock is to adopt a policy on charging that aligns to the wider commercial strategy and ensures that all discretionary services will full cost recover. However, at the same time certain duties are placed on Local Authorities by the Department of Health and Social Care, the most important being the requirement to assess the individual's ability to pay.

Proposals were outlined to Health and Wellbeing Overview and Scrutiny Committee and Cabinet for charges relating to Domiciliary Care and these were subject to public consultation which ran over 8 weeks. We received 172 responses and of these responses over half stated that they did not want to see an increase to the current charges.

However, given the Council's current financial situation the charging options have been fully reviewed and the recommendation of a phased increase to the charges for Domiciliary Care is being made.

1. Recommendation(s)

1.1 For Health and Wellbeing Overview and Scrutiny Committee to review the results of the Consultation regarding proposed charges for Domiciliary Care Services detailed in section 2.4

1.2 For Health and Wellbeing Overview and Scrutiny Committee to review the three options for charging for Domiciliary Care detailed in section 3.1.

1.3 For Health and Wellbeing Overview and Scrutiny Committee to comment on the recommendation to introduce a phased increase in charging for Domiciliary Care Services detailed in section 4.1.

2. Introduction and Background

2.1 As stated in the previous report and reiterated again here for ease the Adult Social Care market remains fragile and the COVID-19 Global Pandemic continues to accentuate this fragility. In 2016 Thurrock experienced significant market failure within Domiciliary Care taking back into the Council 3 external providers resulting in the development of Thurrock Care at Home our in house Domiciliary provision. Charging for services allows income to be generated to support the delivery of those services.

Charges for Domiciliary Care have remained fixed for 4 years at the then unit cost price paid to providers of £13 an hour. Adult Social Care has given an increase in rates to our Domiciliary Care providers since then, however, we have not increased the maximum amount we charge those who access these services.

Regionally our contracted price of £17.06 compares well to our neighbouring Local Authorities and as an Adult Social Care service we want to ensure that we support the market to remain sustainable by paying providers a realistic rate to provide responsive and high quality service.

Regional Comparison	
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Authority	Charge per hour paid to providers
Essex	£17.96
Havering	£17.50
Kent	£14.65 up to £16.24
Hertfordshire	£20.64

2.2 The projected income from charging for services is influenced by a number of factors, this forecast is dependent on the number of individuals and the current levels of contribution that they are making. This is guided by:

- The person’s financial situation.
- The benefit systems as a whole.
- The person’s current living arrangements and circle of support.

The estimate is subject to fluctuation on a daily basis. Based on current figures from December 2020 the estimated projected income is £300K per annum, the majority of this additional income would be from people assessed to be able to afford the full cost of their care which is 265 people at December 2020.

2.3 The process to ensure that charges are fair and equitable is as follows. When an individual is assessed under the Care Act 2014 and as a result of that assessment Adult Social Care provides care, a financial assessment takes place carried out by one of our Finance Assessment Officers. The assessment is to ascertain if the person will be required to make a financial contribution to the cost of their care and at what level that contribution will be. The financial assessment is usually undertaken through a visit to the person at home an assessment form is completed detailing the person’s financial circumstances, level of income and savings together with any other assets. The Finance Assessment Officer will also detail any Disability Related Expenditure (DRE) this is anything that is required as a result of the person’s condition or care needs that helps or supports them within their daily life. The

DRE is deducted from outgoings before the calculation regarding any contribution is undertaken. All our Finance Assessment Officers have national benefit training once a year to ensure they are up to date with benefit changes.

It is important to note that the majority of people receiving Domiciliary Care are assessed as either making no contribution or a minimal contribution to their care.

2.4 The Public Consultation was supported by Health and Wellbeing Overview and Scrutiny Committee and agreed by Cabinet and asked three questions:

- **To what extent did residents agree that the Council review the charges for domiciliary care asking people who can afford it to pay more?**
- **Did residents think that increasing charges would discourage people from accessing services?**
- **What rate did people think the charge should be set?**

The Consultation was for 8 weeks from the 12 October 2020 to the 7 December 2020. A questionnaire was sent to all individuals receiving domiciliary care with a supporting letter encouraging them to express their views and they were also informed that it could be completed online through the Council Consultation Portal. Options were given for individuals to telephone and receive a call back to discuss the proposals. Health Watch supported the process offering the opportunity for people to contact them for support and advice regarding the consultation. Health Watch also encouraged people to respond to the questionnaire more widely than just those who access services.

1,248 questionnaires were sent out to people who currently receive Domiciliary Care. 172 completed questionnaires were returned. Of these 41% indicated that they would be prepared to pay an increased charge, the rest stated that they wanted the maximum charge to remain at £13 an hour.

A number of people who replied were supportive of carer staff receiving an increase in pay. The detail is as follows:

- 172 responses of 1248 individuals that are potentially impacted.
- This is a response rate of 13.78%
- An additional 21 individuals accessed the online consultation tool and 17 complete the questionnaire.
- 4 individuals requested call backs and these discussions were not focused on the consultation.
- 153 of the 172 decided to leave comments (88.95%).
- The comments were mixed though common themes were:

- Individuals felt they should not pay due to previous taxes paid / working for numerous years.
- Quality of care was good, the carers role is difficult and they deserved a higher rate of pay.
- Some comments were left making the assumption that the decision had already been made and so there was no point to the consultation.

3. Issues, Options and Analysis of Options

- 3.1 There are three options to be considered for charging within Adult Social Care for the services in scope.

The first is that the charges remain the same and we charge only to a maximum of the £13 an hour rate.

The advantage of remaining at the maximum level of £13 is that it would cause the least disruption and concern to people who use our services and this option was the clear view of 59% of the people who responded to the consultation.

The disadvantage of remaining at a £13 maximum charge would be the loss of income to the Council an approximate £300K per year.

The second option is to implement the maximum charge of £17.06 an hour in one step and re-establish that link between what we pay providers and what we charge users.

The advantage of doing this is that the maximum income is generated to offset the increasing costs of care to the Council, realising a potential additional £300K per year.

The disadvantages of doing this in one step is that it is a significant increase as we have not raised the contribution for a number of years. The external hourly rate is now £4.06 more, for some people who receive services and pay full or almost full cost it would be a significant increase. People may feel they cannot afford such an increase and may reduce the amount of care they are receiving which longer term may have an impact on their wellbeing and may mean that adult social care has to fund additional input when a service user's circumstances and wellbeing deteriorate. None of the responses to the Consultation agreed with this option.

The third option which is recommended, is to introduce an increase in charging incrementally over 3 years to enable the charges to keep pace with increases given to providers; this would be proposed as follows:

- Year 1 – £14.25 per hour.
- Year 2 – £15.25 per hour.
- Year 3 - £17.06 per hour : or up to the maximum being paid to external providers (NB this re-establishes the link between what we pay and what

we charge and is likely to be a higher figure depending on what increases are agreed for providers over the next two years).

The advantage of taking a staged approach is that it will be more manageable for service users and not such a significant change from £13 to £17.06 and will be more affordable. People will be less likely to withdraw from care and may be more willing to pay the increase.

The disadvantage is that the income realised will be incremental and will not off set as fully each year the increased cost of care.

4. Reasons for Recommendation

- 4.1 The current maximum charge for the services in scope is £13 an hour which means that Adult Social care is losing potential income to offset the cost of care. It is important that we review our charging arrangements and we have increased the hourly rate that we pay to our external providers.

To support this review we have asked those people who receive services now and the wider community their views through this Public Consultation process. The consultation response although small showed us clearly that people acknowledged the excellent work that carer staff undertake and also that 59% of 172 responses out of a possible 1,248 did not want an increase to the maximum charge.

Considering all aspects of this very difficult situation we have to acknowledge that there are considerable financial pressures on adult social care now and increasingly likely so for the next few years. Care providers are facing increased costs through the rises in the National Living Wage, new infection control requirements and increased use of PPE. A separate consultation exercise with providers is currently being undertaken to confirm the rate we pay providers in future years. By increasing our income through this charge increase it will increase our ability to pay an appropriate increase to providers next year.

Whilst the outcome of the consultation was not to increase the maximum charge in the light of all our increased financial pressures and our Duty under the Care Act 2014 to provide safe levels of care the recommendation is to incrementally increase the charges. This means that it is a gradual increase whilst not what those who responded wanted it was clear from some of the comments made that there is a level of understanding that care staff should have an increase in pay and be valued for what they do.

It is very difficult but it is not sustainable for adult social care to continue to deliver services without appropriate income. It is important to remember that it is only a small proportion of those receiving care who are assessed to pay full cost most people who receive care pay no contribution or only a very small amount. As described above the financial assessment process is very robust

and is a duty place on Adult Social Care Directorates by the Department of Health and Social Care to ensure fair and equitable charging.

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

- 5.1 The formal Public Consultation process has been completed regarding the 3 options outlined above. The outcome of that Consultation has been detailed at 2.4. The questionnaire was sent to everyone who receives the services in scope. The questionnaire was placed on the Council Consultation Portal. In the light of COVID 19, we ensured that people were given the opportunity to have a conversation to express their view through telephone calls as required.
- 5.2 This report will be presented to Health and Wellbeing Overview and Scrutiny Committee on the 14 January 2021 and to Cabinet on the 10 February 2021.

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

- 6.1 The consultation regarding proposed charging options for the services in scope **and the recommendation to incrementally increase the maximum charges** effects the following priority:

***People** – a borough where people of all ages are proud to work and play, live and stay*

7. Implications

7.1 Financial

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

The effect of any changes to fees and charges will be determined as part of the budget setting process in which Corporate Finance and service areas will review anticipated level of demand, fee increases, previous performance and potential associated costs.

7.2 Legal

Implications verified by: **Courage Emovon**
Principle Lawyer/Contracts Team Manager

The Care Act 2014 provides a legal framework for charging in respect of Care and Support under Clause 14 and 17 and enables a local authority to decide whether to charge a person when it is arranging to meet a person's care and support needs or a carer's support need. The charges are primarily to cover the costs incurred by the local authority in providing the service. In arriving at what charges to be paid, service users are means tested and financially

assessed. Thurrock Council has a duty to consult on any proposed changes to charging. The process outlined within this report meets the duties under the Care Act 2014. A charging consultation must contain 4 elements as follows;

1. It must be at a time when proposals are still at a formative stage.
2. It must give sufficient reasons for any proposal to permit consideration and response from those to be affected.
3. Adequate time must be given for any consideration and response.
4. The result of the consultation must be taken into account in finalising any proposals.

7.3 Diversity and Equality

Implications verified by: **Roxanne Scanlon**
**Community Engagement and Project
Monitoring Officer**

It is important to consider any potential impact to vulnerable people within Thurrock of any proposed changes to charging for services. Any approach to reviewing charges needs to be fair and equitable to ensure that people who really need services are able to access them and are not negatively impacted. A Community and Equality Impact Assessment is being undertaken by the lead officers on this work and will be carefully monitored to ensure that the impact of any potential changes is minimised.

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

N/A

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

Report Author:

Catherine Wilson
Strategic Lead Commissioning and Procurement
Adults Housing and Health

14 January 2021	ITEM: 8
Health and Wellbeing Overview and Scrutiny Committee	
Accessing GP Appointments / Think 111 Campaign	
Wards and communities affected: All	Key Decision: None
Report of: Mark Tebbs, Deputy Accountable Officer: Thurrock NHS Clinical Commissioning Group	
This report is Public	

1. Introduction

- 1.1 The Health Oversight and Scrutiny Committee requested a report on changes in accessing health care services since the start of the COVID pandemic, with focus on 111 and primary care.
- 1.2 This report will brief members of the committee on the local implementation of the national Think NHS 111 Programme. The report will provide the rationale for the changes as well as an update on local implementation.
- 1.3 A verbal update will also be provided regarding access to primary care. Primary care continues to respond to the rapidly changing impact of the pandemic. Therefore, a verbal update will provide the latest information in a rapidly changing pandemic response.

2. National Think NHS 111 First Programme

- 2.1 In May 2020, the Royal College of Emergency Medicine issued a position statement – COVID-19: Resetting Emergency Department (ED) Care which stated:

“COVID-19 has brought significant disruption to the way medical care is delivered across all areas of clinical practice. As we move from a pandemic to an endemic state, delivery of care must adapt.... This position statement makes recommendations.

The recommendations about how care in EDs needs to be transformed support five fundamental aims:

- 1. *Emergency Departments must not become reservoirs of nosocomial (hospital or healthcare acquired) infection for patients*
- 2. *Emergency Departments must not become crowded ever again*

- 3. *Hospitals must not become crowded again*
- 4. *Emergency care must be designed to look after vulnerable patients safely*
- 5. *Emergency Departments must be safe workplaces for staff.*

If we do not do this, people will die of avoidable nosocomial infections”.

- 2.2 To respond to the emerging requirements, NHS England established a national Think NHS 111 First programme with an aim to consolidate alternative services and routes of access for lower acuity patients, whilst maintaining access for those who need to services of Emergency Departments and hospitals.
- 2.3 NHS East of England established a number of regional work streams to support delivery of the five national ‘must do’ minimum requirements by 1 December 2020.
- 2.4 The table below shows the five national ‘must do’ minimum standards:

National Requirement
Increased NHS 111 capacity: it is essential that 111 services have enough capacity to manage the additional call volumes that will be diverted from other activity channels. The service must be able to absorb call volumes that are equivalent to 20% of the unheralded ED activity within their geography.
The availability of alternative secondary care dispositions to users of NHS 111 services, in order to bypass ED. System should also develop pathways for direct referral into other primary, community and mental health services.
The implementation of an ED referral and booking system for users of NHS 111 services, giving the ability for patients requiring ED care following an NHS 111 assessment to be booked into a time slot at their local ED.
Participation in evaluation and monitoring to enable NHS England and Improvement to undertake a quantitative and qualitative evaluation of the programme.
Coordinated communications strategy. Clear, targeted marketing and wide-ranging stakeholder engagement will be required to successfully develop local systems and affect public behaviour in the adoption of the Think NHS 111 First model of access to urgent care services.

3. Mid and South Essex Think NHS 111 First Programme

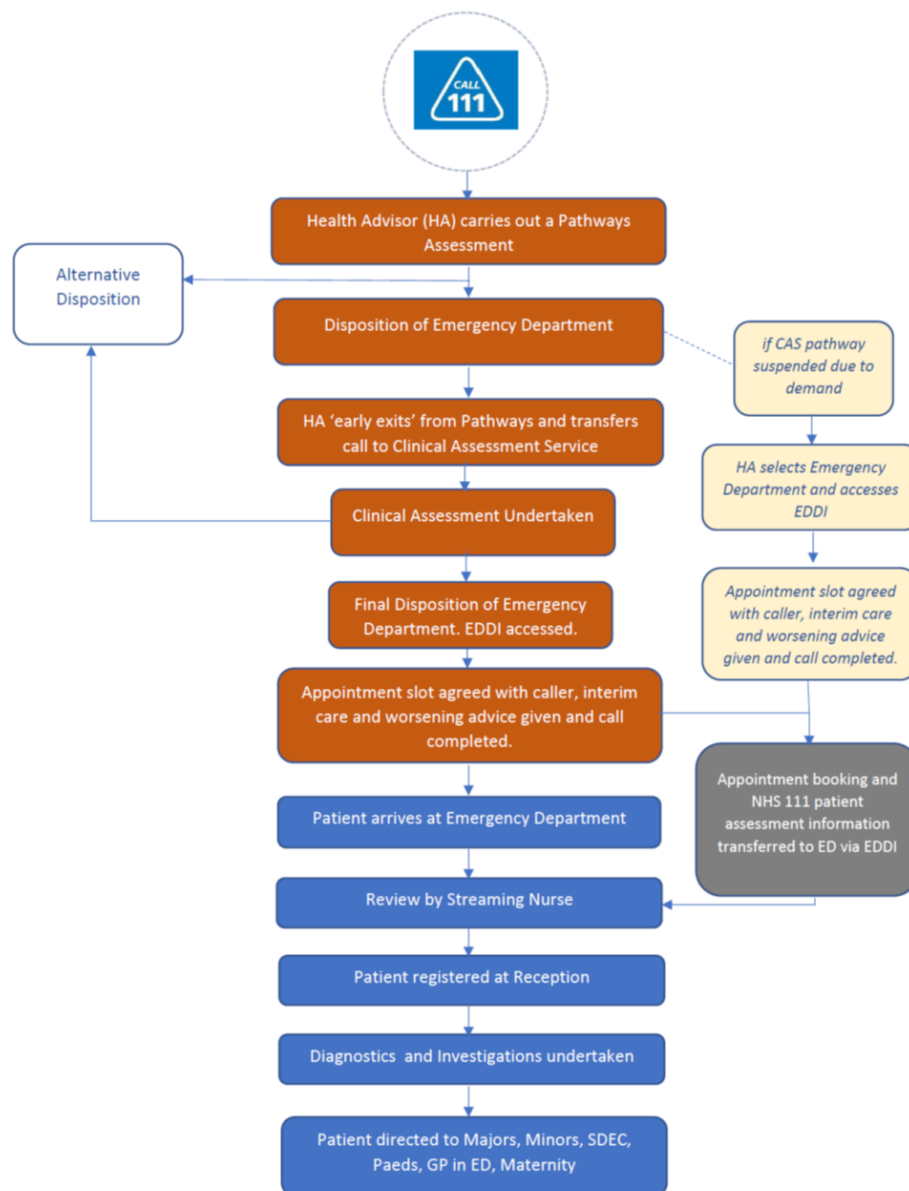
3.1 The Mid and South Essex service went live, as planned, on the 1 December 2020.

3.2 The Think NHS 111 First programme is an enhancement on the existing service offer within Mid and South Essex. Mid and South Essex were in a strong position to deliver the national requirement because a number of elements were already in place.

These includes:

- Implementation of 24/7 access via NHS 111 to Mental Health Crisis line in April 2020.
- Direct referral pathway into SDEC (acute medical, paediatric, frailty and surgical assessment units) from the Clinical Assessment (CAS) and Out of Hours elements of our IUC service.
- 24/7 Clinical Assessment service, and full delivery of national IUC specification, has been in place since July 2018.
- Video consultation within NHS 111 (IUC) implemented.
- Direct Booking into Primary Care implemented.
- Paediatric Clinical Assessment Service support commenced August 2020.
- Referral pathway from and into IUC from the Urgent Community Response Teams.
- A proof of concept pilot at Broomfield for 111 triage of unheralded patients presenting to ED agreed.

3.3 The following diagram shows the new Emergency Department referral and direct booking pathway:



3.4 The key features of the pathway are:

- Patients calling NHS 111 will initially complete an assessment using NHS pathways with a Health Advisor (HA).
- After reaching an appropriate Emergency Department (ED) disposition, the Health Advisor and transfer the call to the Clinical Assessment Service (CAS).
- A CAS clinician will assess the patient within 30 minutes.
- If the outcome of the assessment is for an ED appointment, this will be booked into the agreed service.
- Patients will be advised to arrive at ED no sooner than 15 minutes prior to their booked slot.

- Heralded patients arriving at ED will be reviewed by the streaming nurse within 15 minutes to check there has been no deterioration.
 - The aim is for heralded patients to be seen within 30 minutes of their appointment time.
- 3.5 The new service will be monitored and evaluated locally and nationally. This will include:
- Daily, operationally focussed report (National sitreps and local metrics).
 - Post Launch Calls will review prior days activity via the new pathways, identify any issues and share any initial patient or staff feedback.
 - Monthly Dashboard will consolidate the information from daily sitreps into a monthly position and report on wider metrics including patient outcomes, system impact on non-acute services such as primary care, UCRT and mental health and qualitative measures including feedback from patients and staff.
 - End of End Reviews to allow the group to follow the patient through ED or SDEC to their final outcome.
- 3.6 Quality and Equality Impact Assessments have been carried out for the local Think NHS 111 First Programme. Overall the EQIA was positive with no negative impacts identified.
- 3.7 The most common positive impact was that all patients accessing Emergency Department services will go through the NHS 111 triage process and be directed to the most appropriate service for the patient. This will subsequently reduce risk of nosocomial infection within ED Departments which will have a positive effect on high risk groups such as the elderly who are more susceptible to risk of infection.
- 3.8 It was also noted that NHS 111 First is an enhancement to existing services and the ability to use existing methods to access healthcare will remain. Patients accessing Emergency Department services will never be turned away, redirection to a more appropriate service is by consent only.
- 3.9 The local communication campaign will work alongside the national campaign.
- 3.10 To date the team have undertaken extensive pre-live engagement internally and with external partners including MPs.

4. Primary Care Access

- 4.1 A verbal update on the changes to access to primary care in Thurrock will be provided. This will enable us to provide the most up to date information in a rapidly changing response to the COVID pandemic.

5. Conclusion

- 5.1 The Health and Wellbeing Overview and Scrutiny Committee are requested to note the content of the report and the verbal update.

Report Author:

Mark Tebbs

Deputy Accountable Officer

Thurrock NHS Clinical Commissioning Group

**Health Overview & Scrutiny Committee
Work Programme
2020/2021**

Dates of Meetings: 18 June 2020, 3 September 2020, 5 November 2020, 14 January 2021 and 4 March 2021

Topic	Lead Officer	Requested by Officer/Member
18 June 2020		
HealthWatch	Kim James	Members
Health and Adult Social Care System COVID-19 Response	All	Members
Progress Update on Major Health and Adult Social Care Projects	Roger Harris, Mark Tebbs, Les Billingham	Officers
3 September 2020		
HealthWatch	Kim James	Members
2019/20 Annual Complaints and Representations Report – Adult Social Care	Lee Henley	Officers
Proposed Consultation on Adult Social Care (Non-Residential) Fees and Charges 2021/22	Catherine Wilson	Officers
Temporary reconfiguration of NHS Community Beds across Mid and South Essex including Mayfield Ward move from Thurrock Hospital to Brentwood Hospital	Tania Sitch (NELFT)	Members
Memorandum of Understanding across Mid and South Essex STP and update on CCG Merger and Single CCG Accountable Officer	Roger Harris / Mark Tebbs	Members
Procurement of Autism specialist Support Services - Medina Road	Les Billingham / Catherine Wilson	Officers

5 November 2020		
HealthWatch	Kim James	Members
Orsett Hospital and the Integrated Medical Centres - Update Report	BTUH	Members
Verbal Update Targeted Lung Health Checks	Mark Tebbs	Members
Mental Health Update: Essex Partnership University NHS Foundation Trust	Providers	Members
COVID Update Presentation	Ian Wake	Members
Basildon University Hospital Maternity Services	BTUH	Members
Verbal Update on Detailed Fees and Charges Report	Catherine Wilson	Members
Mankind – Male Domestic Abuse - Presentation	Mark Brooks (Chairman)	Members
Thurrock Adult Safeguarding Board Annual Report	Jim Nicholson	Officers
14 January 2021		
HealthWatch	Kim James	Members
Proposed Charges 2021/22 for Adult Social Care (Non-Residential)	Catherine Wilson	Officers
COVID Update Presentation	Ian Wake	Members
Accessing GP Appointments / Think 111 Campaign	Mark Tebbs, CCG	Officers
Verbal Update on Orsett Hospital and Integrated Medical Centres	BTUH / Roger Harris	Members
4 March 2021		
HealthWatch	Kim James	Members
Update on Orsett Hospital and Integrated Medical Centres	BTUH / Roger Harris	Members

COVID Update	Ian Wake	Members
Basildon University Hospital Maternity Services Update	BTUH	Members

2021/22 Work Programme

Male Domestic Abuse Update

Update on the Whole Systems Obesity Strategy Delivery and Outcomes Framework - Helen Forster / Faith Stow

Personality Disorders and Complex Needs Report - Mark Tebbs / Andy Brogan

Clerk: Jenny Shade

Last Updated: May 2020

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