

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 **4 November 2021**

South Essex College, High Street, Grays, RM17 6TF – Room W1.22

Membership:

Councillors Shane Ralph (Chair), Victoria Holloway (Vice-Chair), Tony Fish, Terry Piccolo, Georgette Polley and Sue Sammons

Tammy Henry (Thurrock Coalition) and Kim James (Healthwatch Thurrock Representative)

Substitutes:

Councillors Alex Anderson, Sara Muldowney, Elizabeth Rigby and Graham Snell

Agenda

Open to Public and Press

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1. Apologies for Absence	
2. Minutes	5 - 16
To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 2 September 2021.	
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. To agree any relevant briefing notes submitted to the Committee.	

4. **Declarations of Interests**
5. **HealthWatch**
6. **Community Inpatient Beds in Mid and South Essex** 17 - 24
7. **Adults, Housing and Health - Fees and Charges Pricing Strategy 2022/23** 25 - 34
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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: **27 October 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 2 September 2021 at 7.00 pm

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

Tammy Henry, Thurrock Coalition
Kim James, HealthWatch Thurrock Representative

In attendance: Ian Wake, Corporate Director of Adults, Housing and Health
Jo Broadbent, Interim Director of Public Health
Lee Henley, Strategic Lead, Information Management
Jim Nicholson, Independent Chair – Thurrock Safeguarding Adults Board
Mark Tebbs, NHS Alliance Director Thurrock
Rebecca Willans, Rebecca Willans
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 website channel.

9. Minutes

The minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 17 June 2021 were approved as a correct record.

10. Urgent Items

No urgent items were raised.

11. Declarations of Interests

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

12. HealthWatch

No HealthWatch items were raised.

13. GP Practice Overview - Briefing Note

Members were provided with a copy of the Briefing Note prior to the meeting. Mark Tebbs provided members with an overview of the Briefing Note that had

detailed some of the current issues facing General Practice and the particular actions being taken in Thurrock to address this. The national Standard Operation Procedure had been developed by NHS England which had set out requirements for general practitioners to reduce face to face contact with patients and adopt total triage to limit the spread of COVID at the outset of the pandemic. The Standard Operation Procedure had since been relaxed and NHS England had made clear that practices should continue to offer a blended approach of face to face and remote appointments. The challenges and frustrations across primary care were summarised for members with one of the areas of frustration being the difficulty of getting through on the telephone. Members were briefed on the actions being taken and were referred to a HealthWatch Facebook live session that had been held to help with communication and to help residents understand the current pressures.

Councillor Ralph referred to the national General Practitioner Patient Survey results which had showed Thurrock had the lowest overall experience rating in Mid and South Essex and stated the main concerns were telephones not being answered and residents being passed about and questioned when were residents of Thurrock going to see some improvements. Mark Tebbs stated there was no quick solution to the current situation that primary care were facing and NHS generally. There were long term impacts that COVID had on operational delivery and delivering of the vaccination program. There were extensive waiting lists in secondary care which had meant burden on primary care had been much greater to provide COVID safe services which had meant additional burdens on telephone lines. That work was being undertaken on the action plan, recruiting to additional roles but as members knew it was very difficult to attract new general practitioners into the area. Plans to improve the estate for a better environment for practitioners and the public but reiterated there was not a quick solution. A comprehensive response would be presented at the next Health and Wellbeing Board and further updates would be provided to this committee.

Councillor Ralph stated there were some brilliant general practitioners in Thurrock but there were some surgeries in need of improvement and questioned had those surgeries been identified and targeted for help. Mark Tebbs stated the vast majority of surgeries in Thurrock were rated good with only one practice in Thurrock rated inadequate. That scorecards, quality visits and work would continue with support and investment of project management support to help primary care network development and how practices could work together in localities.

Councillor Holloway thanked Mark Tebbs for the update and stated this was fundamentally a workforce issue not just amongst general practitioners but all teams. That the recruitment of general practitioners was not just a concern in Thurrock but everywhere in the country were facing the same recruitment problem and would need to be escalated to government. Councillor Holloway referred to additional roles mentioned in the briefing note and questioned how this type of recruitment would help general practitioner and patients. Also how was a picture of a good general practitioner surgery pulled together and questioned was this based on performance, complaints, patient feedback.

Mark Tebbs stated there was a national shortage of general practitioners especially in Thurrock which were experiencing lower levels than elsewhere. As part of the new model of care the number of frontline clinicians had been increased in developing a mixed skill workforce and noted this had taken some time to be communicated to the public. Mark Tebbs confirmed that inspections of surgeries were undertaken by CQC and that scorecards were used to summarise a number of indicators. That practices were encouraged to have a patient participation group and that a number of different routes were used to monitor the effectiveness of primary care as one size did not fit all.

Councillor Fish questioned the kind of challenges that were being faced by surgeries to which Mark Tebbs stated that the majority of surgeries were rated good with only one rated inadequate. The CQC rating system scores were used for practices on safe care, effective care and leadership. As part of the challengers a number of different kinds of criteria would be followed to look for good performing practices.

Councillor Fish questioned what new roles would be undertaken by general practitioner surgeries to which Mark Tebbs stated that would be recruitment but would hand over to Kim James from HealthWatch to touch on social prescribing. Kim James stated that social prescribing offer was ran by the voluntary services and community resources with recruitment being managed by HealthWatch. That social prescribing was a social model to support people to access services that were within the community rather than within a clinical setting. Kim James referred to the live Facebook event that had taken place with over 130 members of public attending with concerns mainly around the access to surgeries and that communication was vital as residents were unsure how the new system was working. Members of the public were encouraged to join a patient participation group so that issues could then be challenged and shared with the CQC. HealthWatch would continue to work independently and monitor with future events to be held and to update this committee.

Councillor Polley questioned the estate issues mentioned in the briefing note and for an explanation on the increase of appointments as to whether these were face to face or telephone appointments. Councillor Polley also questioned how effective the offered triage service was and stated that the current telephone system was ineffective and could be made more simplified and inexpensive to implement. Mark Tebbs stated that the capacity modelling that was being undertaken was delivering more appointments than it was this time last year but agreed with Councillor Polley how these appointments were being delivered had changed. It had also been recognised that the telephone access had been a problem and that residents were waiting longer than normal to get an appointment. Mark Tebbs reassured Members that some of the solutions would be to find the right way of communicating with residents and the 111 website offered a good source of information around the kinds of complaints. General practitioners were encouraging residents to use the e-consult, use of the NHS app for repeat prescriptions, hold more Facebook events, that there was not just one solution there had to be multiple actions. In regards to Councillor Polley's question re estates this was addressing those

older properties which were not purpose built and harder to make COVID safe. That some properties presented more challenges than others.

Councillor Ralph stated that more complex issues were being recorded as patients had not seen their general practitioner and that face to face appointments with general practitioners was what residents wanted. Councillor Ralph thanked Mark Tebbs and asked that an update be provided following the presentation of the report to the Health and Wellbeing Board.

14. 2020/21 Annual Complaints and Representations Report - Adult Social Care

Lee Henley provided Members with a high level summary of the report on the operation of the Adult Social Care complaints procedure covering the period 1 April 2020 to 31 March 2021. This report was a statutory requirement to produce an annual complaints report on Adult Social Care complaints and set out the number of representations received in the year, key issues arising from complaints and the learning activity for the department.

Councillor Ralph thanked Lee Henley for the very positive report and noted that during this period which could have been disastrous due to COVID, it had demonstrated that we cared about adult social care. Councillor Ralph also noted that it was good to see there were no ombudsman complaints within the period and that extreme positives could be taken away from this.

Councillor Fish referred to Complaint 13 of the report and questioned whether this type of training formed part of the induction or initial training. Lee Henley stated this was a complaint from the commission providers and the response would be in terms of a learning activity. Lee Henley provided Members with further information on this complaint that the Deputy Manager of the care home had spoken to the service user's family, the complaint had been discussed and had transpired the complaint was around the lack of communication and not the spilling of the hot drink.

Councillor Polley noted that the number of compliments had also increased and that compliments had been received for the Local Area Co-ordinators and their teams from those who had worked on the Morrison's Food Bank and Friends of Essex and London Homeless projects. Councillor Polley also gave praise to work undertaken by Thurrock First who had provided the solutions to the problems.

Councillor Holloway agreed it was positive that the number of complaints was not extremely high and as it had already been noted the issues of those complaints were being looked into. Councillor Holloway stated the report had been quite upsetting to read and quite worrying around the quality of care and the conduct of some staff. Councillor Holloway questioned whether retraining was an option and how many chances would staff get to retrain and whether there was any kind of dismissal levels. Lee Henley stated he was unable to answer this in his role and asked Ian Wake to respond. Ian Wake provided members with some context that only 16 complaints had been upheld over a

year against the thousands of care interactions that happened every day with hundreds of service users and there had been four times as many compliments as complaints. Ian Wake stated he had spent some time going out to speak with front line staff who had been amazing, putting their lives at risk over the last 14 months. That training was good in challenging circumstances but unfortunately this sometimes did go wrong but there was a strong compliance regime in place, CQC inspections and a really good relationship with providers. That 16 complaints was still too many with the aim always to be zero but was confident that everything was being done systemically to try and keep mistakes from happening. Councillor Holloway agreed and the work of the teams should be commended.

RESOLVED:

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

Lee Henley left the meeting at 7.47pm.

15. Thurrock Safeguarding Adults Board Annual Report 2020/21

Jim Nicholson provided Members with a high level summary of the report that identified all local authorities had a duty to establish a Safeguarding Adult Board and as a minimum must have three members locally executive representation was provided by Thurrock Council, Thurrock Clinical Commissioning Group and Essex Police. The Safeguarding Adult Board had three core responsibilities (1) to produce and publish an Annual Report detailing how effective the work had been (2) in collaboration with stakeholders and HealthWatch, produce a Strategic Plan setting out how objectives will be met and (3) conduct Safeguarding Adult Reviews for any cases which meet the criteria. Members were briefed on the Safeguarding Adult Reviews, the impact of COVID, the financial picture, performance figures, outcomes, the achievements during the first year of the strategic plan and actions planned for the rest of 2021/22.

Councillor Ralph thanked Jim Nicholson for the extremely interesting report and noted that the figures had dropped because people had not seen those people that were in danger and was pleased that those visits were now being made to help those in need and how great it was to see the impact of the local area co-ordinators were doing with linking up with the services. That social media had been pushed out, more awareness had been made and had created more activity.

Councillor Holloway echoed the words of the chair that it was an excellently detailed report and good to see the sexual abuse and violence joint strategic needs assessment being considered and that there was cross working across all the elements of all the important pieces of work coming together and then seeing those being cross referenced. Jim Nicholson stated that one of the main jobs was to make sure that duplications did not happen on what other people were already doing.

RESOLVED

That the Safeguarding Annual Report was noted by the Health and Wellbeing Overview and Scrutiny Committee Members.

Jim Nicholson left the meeting at 7.59pm.

16. Personality Disorders and Complex Needs Report - Presentation

Members were provided with an overview of Personality Disorders Service Offer – Thurrock by a presentation given by:

Jane Itangata – Deputy Director Mental Health and Inequalities

Dr Mhairi Donaldson – Consultant Clinical Psychologist/Associate Clinical Director for Psychological

Kathleen Swearingen – Consultant Psychotherapist/Operational Lead for Specialist PD&CN MDT

Dr Laura Addis – Consultant Clinical Psychologist Head of Service for South West Essex Adult Community

Dr Richard Pione – Clinical Psychologist Head of Step 4 Service

[\(Public Pack\)Item 9 - Personality Disorders and Complex Needs - Presentation Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 02/09/2021 19:00 \(thurrock.gov.uk\)](#)

Councillor Ralph thanked Officers who had displayed their enthusiasm, passion and commitment in presenting the item. Members agreed that the report had been received too late and although this was a very complex report and a lot of work had gone into it, members had found the report quite confusing to follow. Also the use of acronyms had not helped and going forward as a point of information an appendix would be useful explaining each one.

Members referred to the training programme and whether this was a continual rolling programme for all staff; raised concerns that general practitioners were the first point of contact on the Adult Psychology Pathway; sought clarification on self-referrals; interaction with CAMS and for those young adults that were transferred into those services and to ensure there was a safety net in place so that nobody was missed; where the Primary Care Networks were based; who these were available to; when the services were available and stated the service had to also be available outside normal hours.

Councillor Ralph again thanked Officers and suggested that an update report be add to the work programme.

17. Tobacco Control Joint Strategic Needs Assessment

Rebecca Willans provided Members with a high level summary of the report and stated the Tobacco Control Joint Strategic Needs Assessment had been

developed to gain an understanding of the scale and impact of tobacco use and harm in Thurrock, and the effectiveness of Thurrock's current tobacco control strategy in addressing this. That the Joint Strategic Needs Assessment identified the harm and opportunities for improvement across the population; however, it had focused on priority groups where there was either higher smoking prevalence, such as people living in more deprived wards and people living with mental ill health, or groups where the health benefits of quitting smoking were greatest, such as women during pregnancy. The Joint Strategic Needs Assessment aimed to identify aspects of the current tobacco control strategy for Thurrock that were working well and areas where improvements could be made, especially to reduce tobacco related harm for priority groups.

Councillor Ralph thanked Rebecca Willans for the brilliant piece of work, the report was very comprehensive and had set a solid baseline for future works.

Councillor Holloway stated this was another brilliant report from the Public Health team. The report had been really well detailed and well evidenced and questioned how much money had been invested into the stop smoking programs and how long had these programs been in place. Rebecca Willans stated that since the last strategy, which had been some five years ago, Thurrock had a stop smoking service which had been adapted to see services now being brought in house and delivered by Thurrock Healthy Lifestyle Service. That improvements had been seen in terms of engagement of people with mental health and improvement following services being brought in house and offers of the Stop Smoking Service had been more diversified. There were two vape shops and pharmacies that offered stop smoking support. Councillor Holloway was informed that the services had been delivered with services being responded to and adopted over time and engagement with priority groups would continue to ensure the service offer meets their needs. Jo Broadbent stated she did not have an exact single figure to Councillor Holloway's financial question but the in-house service was at a cost of over £200,000 per year, there were two vape shops in the area and had a variety of stop smoking support groups and that costs of external contracts were also around £200,000 per year.

Councillor Fish referenced the service that would involve peers and family members and asked for more details. Rebecca Willans stated this was one of the recommendations and as part of the needs assessment the evidence and research had been reviewed to identify what was more effective. That mass media communications would need to take place and to work with schools and existing structures to make sure that all children and young people get that message that smoking was not good and to work with households where parents smoke and target those services.

Councillor Fish questioned whether vaping was better than smoking as there were not so many harmful substances involved even though there was an element of nicotine in vaping. Rebecca Willans as earlier mentioned that most smokers would attempt to quit without support from the stop smoking services offered and there were currently an increase in smokers who were trying to

quit through e-cigarettes so this approach was combining the most popular means of quitting with the most effective by including behavioural support. Jo Broadbent stated that risks with vaping were significantly lower than cigarette smoking.

Councillor Ralph referred to the report and questioned why the deprived areas were being targeted and not the non-deprived areas. Rebecca Willans stated that in Thurrock the offer of stop smoking services was open to every resident and the report recommended that this continued. The report identified that over the next five years was to target the resources to get things done differently in those more deprived wards. That half of the smokers would be living in those deprived wards and would experience poor health due to other factors linked to deprivation and to also focus on areas where we think can make the most gain. Councillor Ralph thanked Rebecca Willans again for a brilliant report and wished the team well in pushing this forward and to see some big changes coming.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee noted and commented on the content and recommendations contained within the report.

Rebecca Willans left the meeting at 9.15pm.

18. COVID Update - Presentation

Jo Broadbent provided Members with an update on the latest Thurrock COVID Data and Intelligence:

- Current Picture, Rate per 100K Population and Positivity – Thurrock's rate had been hovering just below 250 per 100K residents – which was fairly level. In comparison to January 2021 there were 1500 per 100K residents, May 2021 there were about 10 per 100K residents. With neighbouring boroughs all mostly at a similar level to Thurrock. The overall positive levels and positivity rates illustrated had been fairly flat over the past few weeks when compared to the big spike of December 2020. The level of test rates had gone up over the last couple of months but had now levelled off.
- Current Picture: Positive Tests by Age Band – Those known to be positive with COVID in Thurrock for the past few months. Pattern of highest care rates had been in the 10 to 19 and 20 to 29 age groups and there had been a spike in the 40 to 49 this week. The 10 to 29 age groups was where the highest cases were being identified and that teenagers would be going back to school next week. There were some cases in the over 60s which had risen slightly but was lower than it had been.
- BTUH bed occupancy by type – Thurrock and Non Thurrock residents – The number of COVID patients had gone up over the past couple of months with most patients on oxygen therapy rather than invasive ventilation.

- Total COVID Deaths (to 20 August 2021) and Care Home Residents Deaths (to 31 March 2021) – Sadly there had been 489 COVID deaths in Thurrock with around 17%, 86 residents, of those deaths in care homes who had sadly died during the pandemic. Those figures were comparable with neighbouring boroughs.
- PCR testing - Local Test Sites (LTS) were open 8am – 8pm, 7 days a week and located at Grays Beach and Orsett Heath. LTS site at Canterbury Parade South Ockendon closed on 21 August, freeing up car parking spaces for parents at local primary school and for nearby shops. Residents of South Ockendon can access testing sites at Grays or Upminster. Mobile Testing Units (MTU) are open 9am – 3pm, 7 days a week and are at Grover Walk, Corringham and Crown Road, Grays. The Crown Road site would close soon. Lateral Flow testing (LFD) - 31 pharmacies had signed up to the Pharmacy Collect scheme. Residents can also order boxes of test kits for home delivery from gov.uk. The Targeted Community Testing Programme was operating until the end of September and in Thurrock the following groups were able to obtain test kits from their key workers if they could not pick up kits from pharmacies or order for home delivery: Carers, Young people known to the Drug and Alcohol service and Adults known to the Drug and Alcohol service. Additional groups were being explored: travellers, asylum seekers, adults attending contact sessions.
- Vaccinations (as of 1 September 2021) – Priority Groups – that over 90% of over 65s had now had two doses. Rates had increased in the 30 to 39 age group but had a slight concern of the vaccination take up in the 18 to 29 year old age group. The Comms Team were doing a lot of social media messaging aimed at young people. Doing research amongst residents to identify what the concerns were.

Jo Broadbent concluded that:

- Thurrock's overall rate of positive tests had plateaued over recent weeks following a steady increase in the weeks prior. Thurrock's rate remained towards the lower end of those seen nationally.
- Test positivity had decreased to levels similar to those last seen in late early July 2021.
- The number of PCR tests taken by Thurrock residents had increased slightly in recent weeks.
- LFD tests comprised a slight majority of testing, with over 9,000 tests recorded in the last week.
- Geographic distribution of cases showed all LSOAs had seen at least one positive test result in the last 14 days.
- Hospital bed use had increased steadily over the last fortnight. The majority of occupied beds were at the lowest end of acuity, however a small number of critical care beds continued to be occupied. There were five COVID positive admissions for Thurrock residents to BTUH in the most recent week of data.
- Vaccines continued to be administered in line with the COVID Vaccination Priority Groups, now including the 16 to 17 year old group.

- The Key Priorities were to maximise vaccine uptake amongst all priority groups.

Councillor Ralph referred to the fact that Thurrock was slightly behind when compared to neighbouring boroughs with the take up of double vaccines and questioned where Thurrock were facing unique difficulties that was preventing this second dose. Jo Broadbent stated she was not entirely clear as to why but some extensive research had been carried out to understand the reasons why people in Thurrock were concerned about having the vaccine. There had been concerns with safety about the rapidity in which the vaccines were developed. There had been some very unhelpful posts on social media around the impacts on fertility and pregnancy.

At 9.28pm, Standing Orders were extended for 10 minutes to enable the remainder of the agenda to be finished.

Councillor Fish questioned with the schools returning next week what mitigations were in place in Thurrock schools. Jo Broadbent stated herself and Sheila Murphy, Corporate Director of Children's Service, had written to all schools advising them of the current COVID guidance. The secondary school children would be undertaking two lateral flow tests on site in school at the start of the school term. School children, young people and staff are being asked for the rest of the term to do a lateral flow test twice a week. That guidance for schools would remain the same. It was not mandatory to wear masks in classrooms or communal areas but this would be an action taken by schools and to try and maximize ventilation in classrooms. The Public Health team would support the school as much as possible but Thurrock schools had been fantastic throughout the pandemic and praised heads of schools. In Thurrock the schools had a grip on this and was confident they would do the best they possibly could in meeting any challenges ahead.

19. Work Programme

Councillor Holloway requested the following:

- Add the Tobacco Control Joint Strategic Needs Assessment to the 2022/23 work programme.
- Add the Orsett Hospital and the Integrated Medical Centres - Update Report to the 13 January 2022 committee and invite NHS representatives.
- Requested Briefing Note on the update position on Basildon University Hospital Maternity.

Councillor Ralph requested the Personality Disorders and Complex Needs Report be added to the 2022/23 work programme.

Councillor Ralph referred to the scrutiny review and whether mental health waiting times could be considered as a project that could be monitored and reported on throughout the year and asked Members to contact him.

The meeting finished at 9.37 pm

Approved as a true and correct record

CHAIR

DATE

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Democratic Services at Direct.Democracy@thurrock.gov.uk**

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4 November 2021	ITEM: 6
Health and Wellbeing Overview and Scrutiny Committee	
Community Inpatient Beds in Mid and South Essex	
Report of: On behalf of Mid and south Essex Clinical Commissioning Groups	

1. Introduction

The purpose of this paper is to (a) update the Committee on the current status of community inpatient beds across mid & south Essex, following recent changes that were implemented as a result of COVID; and (b) to advise the Committee of our plans to now commence a period of engagement on the future function and location of these beds.

In discussion with the Committee, we plan to commence engagement with the public, our staff and stakeholders in November 2021 in order to help shape and refine the possible future service model, with a view to commencing public consultation in early 2022.

2. Action required

The Committee is asked to:

- Note the plans set out in this paper to commence engagement on the future focus and location of community inpatient beds in mid & south Essex; and
- Agree to receive regular updates from the mid & south Essex Health and Care Partnership on this matter; and
- Note that in future the mid & south Essex Health and Care Partnership may request that this Committee form a joint Scrutiny Committee with colleagues from Essex and Southend committees

3. Background and key issues

Overview

Community hospital inpatient beds provide short-term rehabilitation services to care for people who are either too unwell to stay at home or who are being discharged from hospital but require additional support. Very often, these are frail older members of the community who have been admitted to one of our main acute hospitals, or are people who have suffered a stroke and who, following a short stay in a main acute hospital, require specialist bed-based rehabilitation.

Across mid and south Essex, we have historically had around 115 community beds spread across several locations. The main sites are:

- Billericay
- Brentwood
- Halstead
- Maldon
- Rochford
- Thurrock

Over the last 18 months, an average of 200 people were admitted to these beds each month, and the average length of stay is 18 days. The most common reason for admission is rehabilitation.

Configuration of community beds – 2019

The exhibit below shows the location and number of community beds in 2019, *prior to any of the changes introduced in response to COVID*. At that point, there were two main types of beds – intermediate care (IMC), which generally provided care for people who were well enough to be discharged from a main hospital but were not yet able to return home, and stroke care beds, which provided rehabilitation for people who had suffered a stroke.

Exhibit 1: Location and number of beds (2019)



Configuration of beds - 2021

One of the many urgent changes made in response to COVID was to significantly alter the location and mix of community inpatient beds. These changes resulted in the following configuration, which remain in place currently:

Exhibit 2: Location and number of beds (2021)



A key change that was introduced involved moving two acute wards that focus on caring for frail older people from the main Basildon Hospital site to Brentwood Community Hospital. This was driven by the need to rapidly increase capacity at the main hospital to meet the additional demands of the first and second waves of the pandemic (especially the need for more critical care beds); the importance of physically separating people with and without COVID in order to minimise the spread of infection; and the need to make best use of the available staff.

In addition, as part of the urgent changes intermediate care beds were relocated from both St Peter's Hospital in Maldon, and Mountnessing Court, Billericay.

In the north of the County (Halstead), we replaced the community beds with an intensive home recovery service, with the teams who were previously based on the ward providing intensive support to people in their own homes.

The case for change

Following the urgent changes made to the configuration of community beds as part of the response to COVID, in recent months a number of our clinical leaders have been considering what the future configuration of community inpatient and acute frailty beds could look like. Our work has been driven by the twin objectives of improving outcomes for patients and ensuring we make best use of the available resources and capacity.

In considering these issues, we have been looking at four main elements: overall hospital bed capacity and flow; stroke rehabilitation; intermediate care; and frailty. These four elements form the core of the emerging case for change.

Overall bed capacity and flow

One of our key considerations is how in future we use the available bed capacity – acute as well as community hospital - to support the overall ‘flow’ through the system. Getting this right is key to ensuring that we have enough capacity to both respond to emergency pressures (including any future waves of COVID) and to reduce waiting times for elective or planned care.

Alongside a wide range of services and partners, community inpatient beds play a key role in enabling people to be discharged from our main hospitals as soon as they are medically fit; without this capacity, people’s length of stay in our main hospitals would increase, making it more difficult to ensure there are beds available for emergencies.

Alongside this, as a result of COVID we now have long waiting lists for elective or planned care. We are determined to reduce these waiting times as quickly as possible, and to do so we need to ensure there is sufficient bed capacity (including in critical care).

Stroke

There are very clear national standards for optimising stroke care, including for rehabilitation following emergency treatment at a main acute hospital. Meeting these standards will be key if we are to consistently achieve the best possible outcomes for all people across mid and south Essex who suffer a stroke.

Initial work by our clinical leaders and their teams suggests that, to meet these standards and to take account of our growing, aging population, we will need to increase the total number of stroke rehabilitation beds we have, and may need to consider consolidating the number of sites services are provided from. This is to ensure that the vital specialist skills that are required for successful rehabilitation are not diluted.

Our objective is to make sure that in future we improve outcomes for patients by developing a consistent approach to stroke rehabilitation across mid and south Essex.

This work builds on the 2017/18 consultation *your care in the best place*¹, which considered a wide range of issues, including how the three hospitals in mid and south Essex might in the future work together to improve outcomes by separating planned and emergency care as far as is possible, and by concentrating a small number of highly specialist services (such as stroke, complex gynaecology, respiratory and urology, as well as vascular services) on to a single site. The consultation also proposed the closure of Orsett hospital, after existing services had been appropriately located, a process which was underpinned by a Memorandum of Understanding.

Intermediate Care

Intermediate care beds form one element of a much broader set of services that aim to help people remain in their own homes for as long as possible or, if they require admission to an acute hospital, support their discharge and return home.

Our clinicians have been considering the future role of community intermediate care beds as part of our wider work as part of our local response to the national Ageing Well programme, including getting the balance between beds and wider community resources right. Our initial assessment suggests that although we have roughly the right number of beds in total, there is some inequality of access across mid and south Essex, and there is unwarranted variation in the care model across the patch. We think that we could do more to embed a more consistent care pathway across mid and south Essex, building on the evidence base and our own experience.

Our objective is to ensure that in future the role of intermediate care beds is clearly and consistently defined across mid and south Essex. Within this, the engagement will enable us to ensure that any proposals for future community inpatient provision are fully aligned with emerging place-based/Alliance plans, as well as the wider pattern of services provided by other partners, including social care.

Frailty

As noted above, during COVID we moved two acute wards (approximately 50 beds) that focus on caring for frail older people off the main Basildon hospital site to Brentwood Community Hospital.

We are currently evaluating outcomes for patients in these two relocated wards. Based on this information and other information, we will need to decide whether to make this temporary change permanent; whether to move the two wards back to the main hospital site; or whether to explore alternative locations for these wards.

¹ For more detail on the 2017/18 consultation, refer to the Decision Making Business Case (DMBC), <http://v1.nhsmidandsouthessex.co.uk/decision-making-business-case/>

Timetable

We are keen to now discuss some of the thinking so far and possible models for the future configuration of community beds with the public, staff and wider stakeholders. This will help us to identify the full range of options, as well as the pros and cons of each. We plan to do this during November and December 2021.

Following this initial engagement phase, we hope to be in a position to clearly articulate the most promising options for the future number and locations of intermediate care beds, and to then use this as the basis for formal public consultation. We will work closely with this Committee on the details and timing of this, but at this point we envisage starting consultation in early 2022.

Depending on the results of any future consultation, we anticipate that we will be asking the relevant Boards to make decisions on the future configuration in the summer of 2022, with implementation commencing in the Autumn.

Proposed engagement process

The focus of our pre-consultation engagement will be on seeking the opinions of patients, carers, stakeholders and partners on the local health services to be provided in a number of community inpatient settings and to gather views on current and potential service offers.

Alongside this, we will also ask for views on the criteria that we are likely to use in future as we seek define and narrow down future options.

We will examine themes and insight from our existing engagement work, with particular reference to the conversations had around the develop of our local response to the NHS Long Term Plan.

The main focus of our approach will be on the patients and people who represent patients that could be directly affected by the potential changes in the provision of community beds. We plan to do this through targeted engagement, with a strong emphasis on the views of carers.

Will we seek to work with advocacy and support groups including Age UK Essex, The Stroke Association and Essex Carers Support to promote this dialogue.

Over the next few months our clinicians will continue to undertake detailed work to further develop possible service models. As part of this, we will be considering the potential to improve clinical outcomes and patient experience; the impact on staffing; the numbers and types of patients needing our services; and the financial requirements.

We will also be engaging with staff who currently provide services in order to gather their views and insights as we develop our thinking.

This period of pre-consultation engagement with the public and other stakeholders will help to inform and refine the possible service models and options. As part of this we will be engaging with Local Authorities in particular Adult Social Care colleagues on the whole system impacts.

This will then be incorporated into a pre-consultation business case for consideration by a range of groups across mid and south Essex, as well as by NHS England as part of the assurance process.

During this period we will also be engaging with the East of England Clinical Senate, who will provide an external clinical view of emerging thinking and service models.

The proposals contained in the final pre consultation business case will then be subject to formal public consultation. We will work closely with colleagues from the three mid and south Essex HOSCs to agree the details of this process.

Both the pre-consultation and any subsequent formal consultation will be progressed based upon the following principles:

- We will fulfil our statutory duties to inform staff, the public, patients and stakeholders about proposed changes in service delivery;
- We will be transparent and accountable in the rationale for the current situation and future proposals;
- We will consider all suggestions put forwards in the development of options;
- We will seek to maintain the reputation of the NHS as a whole; and
- We will respond to questions raised by those with concerns in a timely and informative manner.

Joint HOSC

As any future consultation would span the whole of mid & south Essex, at the appropriate juncture we would be keen to discuss with the Committee the potential to form a Joint Health and Overview Scrutiny Committee (JHOSC), comprising members from Thurrock Council, Southend-on-Sea Borough Council and Essex County Council.

4. Update and Next Steps

Subject to discussions with this Committee, and with the Overview and Scrutiny Committees in Essex County and in Southend, we plan to start our engagement activities later in November, and to continue discussions for approximately 2 months.

We propose bringing back a summary of the main points from the engagement to this Committee in early 2022, together with a plan – for discussion – on how and when to move to public consultation on the main options. In general, ‘formal’ public consultations take place over a 12 week period, although naturally this varies depending on the topic and when the consultation is held.

Report Author:

Andy Vowles

Programme Director

4 November 2021	ITEM: 7
Health and Wellbeing Overview and Scrutiny Committee	
Adults, Housing and Health - Fees and Charges Pricing Strategy 2022/23	
Wards and communities affected: All	Key Decision: Key
Report of: Kelly McMillan, Business Development Manager	
Accountable Assistant Director: Les Billingham, Assistant Director Adult Social Care and Community Development	
Accountable Director: Ian Wake, Corporate Director Adults, Housing and Health	
This report is public	

Executive Summary

This report specifically sets out charges in relation to services within the remit of Health and Wellbeing Overview and Scrutiny Committee. Any new charges will take effect from the 1st April 2022 subject to consultation and Cabinet approval unless otherwise stated. In preparing the proposed fees and charges the Adult Social Care Directorate has worked within the charging framework and commercial principles set out in section three of this report. We have also taken into account the effect that Covid-19 has and will continue to have on services, residents and the local economy.

Further Director delegated authority will be sought from Cabinet to allow Fees and Charges to be varied within the financial year in response to commercial or legal requirements.

The full list of proposed charges is detailed in Appendix 1.

- 1. Recommendation(s)**
 - 1.1 That Health and Wellbeing Overview and Scrutiny Committee note and agree that a consultation should be completed for the proposals to revise fees and charges for Adult Social Care.**
 - 1.2 That Health and Wellbeing Overview and Scrutiny Committee note that Director delegated authority will be sought from Cabinet to allow Fees and Charges to be varied within a financial year in response to commercial and legal requirements.**

2. Background

- 2.1 The report describes the fees and charges approach for the services within the remit of Health and Wellbeing Overview and Scrutiny Committee for 2022/23 and will set a platform for certain pricing principles moving forward into future financial years.
- 2.2 This fees and charges paper provides narrative for the Adult Social Care areas:
 - Residential and nursing care
 - Day Care
 - Supported accommodation

3. Thurrock Charging Policy

- 3.1 The strategic ambition for Thurrock is to adopt a policy on fees and charges that is aligned to the wider commercial strategy and ensures that all discretionary services will full cost recover wherever possible.
- 3.2 For future years, while reviewing charges, Directorates will also consider the level of demand for the service, the market dynamics and how the charging policy helps to meet other service objectives.
- 3.3 Rather than a blanket increase across all service lines, when considering the pricing strategy for 2022/23 some key questions are considered.
 - Where a tiered/premium pricing structure can be applied
 - How sensitive are customers to price (are there areas where a price freeze is relevant)
 - Consideration with regards to Covid-19 and the impact on fees and charges locally and nationally
 - What new charges might we want to introduce.
 - How Thurrock charges compare with neighboring boroughs
 - Can charges be set to recover full costs
 - How sensitive is demand to price
- 3.4 Due to the nature of the services and clients, there is very limited scope for the creation of tiered service charges, as these services are provided under our statutory duties and responsibilities. Further, each client's needs and financial situation is assessed on an individual case basis and most charges are means tested.
- 3.5 A consultation will be undertaken regarding fees and charges within Adult Social care with a view to increasing charges by the forecast rate of inflation and the result of this consultation will be shared with HOSC prior to approval by Cabinet.

The current charges are detailed at Appendix 1 and will remain at this level until the consultation is completed.

The process to ensure that charges are fair and equitable within Adult Social care 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.

4. Proposals and Issues

4.1 The fees and charges for each service area within Adult Social Care have been considered and the main considerations are set out below.

- Statutory Duties under the Care Act (2014)
- Department of Health and Social Care (DHSC) guidance for residential care fees
- The need to ensure vulnerable adults access services in a timely manner
- The Adult Social Care market remains fragile and the COVID-19 Global Pandemic has accentuated this fragility
- The 3 year gradual increase in Charging for Domiciliary Care has been agreed and is currently being implemented to bring us to full cost by 23/24 at £17.91 an hour

4.2 To allow the Council services to better respond to changes in the commercial environment for fees and charges, delegated authority will be sought through Cabinet to permit the Director of the Service Area jointly with the Director of Finance to vary service charges within the financial year due to commercial considerations.

- This will allow service areas providing services on a traded basis, to vary their fees and charges to reflect commercial and operational considerations that impact the cost recoverability calculations.
- Any changes to Fees and Charges due to commercial considerations will require consultation with, and agreement of, the relevant Portfolio Holder.

- 4.3 It should be noted that Adult Social Care currently externalises about 80% of its business activities into the independent sector using private, community and voluntary organisations.
- 4.4 In all areas of activity, be it residential care, nursing care, domiciliary care or supported accommodation, there is national acknowledgment of the financial pressure within the market.
- 4.5 Fees and Charges are either set as declared rates within local frameworks, individually negotiated or directed nationally.
- 4.6 In some cases, national guidance directs the level of charges, and individual contributions are set depending upon prescribed financial assessments, therefore full cost recovery is not always possible.
- 4.7 80% of services are commissioned within a commercial framework outside of the council, however there are a small number of fees and charges for services provided internally.
- 4.8 For 2022/23 Thurrock Council's current fees and charges are as follows:
- **Blue Badge Application Fee** – This is a national maximum fee detailed in the Blue Badge Guidance. It is a legal requirement to charge no more than £10 per badge.
 - **Day Care Charge** (per session) – for residents aged over 65 is currently £10 a session.
 - **Concierge charges - Extra Care** - this charge is linked to the Elizabeth Gardens “core charge” which was agreed for the term of the current contract.

The internal service charges will be included within the consultation where they are not set through national guidance or contractual obligation.

Please note that charges for placements are included for completeness in relation to service activities, but do not form part of the fees and charges budgetary line income as they are client contributions.

5. Reasons for Recommendation

- 5.1 The setting of appropriate fees and charges will enable the Council to generate essential income for the funding of Council services. The approval of reviewed fees and charges will also ensure that the Council is competitive with other service providers and neighboring councils. The ability to vary charges within financial year will enable services to more flexibly adapt to changing economic conditions.
- 5.2 The granting of delegated authority to vary these charges within financial year will allow the Council to better respond to commercial challenges.

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

- 6.1 Consultations will be progressed where there is specific need. However, with regard all other items, the proposals in this report do not affect any specific parts of the borough. Fees and charges are known to customers before they make use of the services they are buying

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

- 7.1 The changes in these fees and charges may impact the community; however, it must be taken into consideration that these price rises include inflation and no profit will be made on the running of these discretionary services.

8. Implications

8.1 Financial

Implications verified by: **Jo Freeman**
Finance Manager

The effect of any changes to fees and charges on individual income targets will be determined as part of the 2022-23 budget setting process in which Corporate Finance and service areas will review anticipated level of demand, fee increases, previous performance and potential associated costs. Covid-19 has significantly impacted the Authority's ability to achieve current income targets and this will be taken into consideration when setting future targets.

The Council wide draft budget report will include the 2022-23 income targets across all directorates.

8.2 Legal

Implications verified by: **Ian Hunt**
Assistant Director of Law and Governance & Monitoring Officer

Fees and charges generally fall into three categories – Statutory, Regulatory and Discretionary. Statutory charges are set in statute and cannot be altered by law since the charges have been determined by Central government and all authorities will be applying the same charge.

Regulatory charges relate to services where, if the Council provides the service, it is obliged to set a fee which the Council can determine itself in accordance with a regulatory framework. Charges have to be reasonable and must be applied across the borough.

Discretionary charges relate to services which the Council can provide if they choose to do so. This is a local policy decision. The Local Government Act

2003 gives the Council power to charge for discretionary services, with some limited exceptions. This may include charges for new and innovative services utilising the Council's general power of competence under section 1 of the Localism Act 2011. The income from charges, taking one financial year with another, must not exceed the cost of provision. A clear and justifiable framework of principles should be followed in terms of deciding when to charge and how much, and the process for reviewing charges.

A service may wish to consider whether they may utilise this power to provide a service that may benefit residents, businesses and other service users, meet the Council priorities and generate income.

Decisions on setting charges and fees are subject to the Council's decision making structures. Most charging decisions are the responsibility of Cabinet, where there are key decisions. Some fees are set by full Council.

8.3 **Diversity and Equality**

Implications verified by: **Becky Lee**
Community Development & Equalities Team

The Council is responsible for promoting equality of opportunity in the provision of services and employment as set out in the Equality Act 2010 and Public Sector Equality Duty. Decisions on setting charges and fees are subject to Community Equality Impact Assessment process and the Council's wider decision making structures to determine impact on protected groups and related concessions that may be available.

8.4 **Other implications** (where significant) – i.e. Staff, Sustainability, Crime and Disorder, Health Inequalities and Impact on Looked After Children

None applicable.

9. **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

10. **Appendices to the report**

Appendix 1 – Schedule of Proposed Fees and Charges for 2022/23

Report Author:

Kelly McMillan

Business Development Manager

Court Protection - Category 2 - Management Fee - Where the court appoints a local authority deputy for health and welfare	Strategy; Engagement & Growth	Health & Wellbeing	Sarah Attersall /Mike Jones	D	O	Up to 2.5% of net assets of P, not	£	-	Up to 2.5% of net assets of P, not	O	Up to 2.5% of net assets of P, not	£	-	Up to 2.5% of net assets of P, not	£	-	£	-	0.00%
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4 November 2021		ITEM: 8
Health and Wellbeing Overview and Scrutiny Committee		
Thurrock Health and Wellbeing Strategy Refresh		
Wards and communities affected: All	Key Decision: None	
Report of: Jo Broadbent, Director of Public Health		
Accountable Assistant Director: n/a		
Accountable Director: Ian Wake, Corporate Director Adults, Housing & Health		
This report is Public		

Executive Summary

This paper provides an update on progress in refreshing the Health & Wellbeing Strategy (HWBS) for 2021-26. An 8 weeks consultation exercise commenced, as planned, on Wednesday 13 October. The consultation closes on Friday 3 December.

There are a variety of ways that people can get involved and provide their views on proposals for the refreshed Health and Wellbeing Strategy:

Have your say online

- Residents and partners can read our proposals and send us your comments online by going to [Have My Say: Thurrock Health & Wellbeing Strategy](https://consult.thurrock.gov.uk/thurrock-hwb-strategy-refresh) @ <https://consult.thurrock.gov.uk/thurrock-hwb-strategy-refresh>

Have your say face-to-face

- The consultation is being supported by Healthwatch Thurrock and Thurrock CVS (Community & Voluntary Services). People from these independent organisations will attend events across the borough and run community sessions to ask what residents what they think about our proposals.

Have your say at a workshop

- If you residents would like to discuss ideas by attending a workshop, we will arrange workshops, subject to demand. Residents can let us know if they would like to attend a workshop with details being provided on the Council's website.

Invitations to community meetings

- If a community forum or community group would like us to attend one of their meetings to discuss the proposals they can express an interest, with details being provided on the Council's website on how to do so.

Materials have been developed to provide a consistent, recognisable approach for raising awareness of the consultation exercise. Branding is provided at **Annex A**.

A live communication activity grid helps to ensure we capture opportunities to consult with members of the public and partners, while providing a record of communication activity undertaken as part of the consultation exercise. The current communication activity grid is provided at **Annex B**.

Standard text has been created to provide to partners to support a consistent approach to raising awareness of the consultation exercise, provided at **Annex C**.

User focussed questionnaires have been created to facilitate members of the public providing feedback on specific domains and priorities that have been proposed for the refreshed Strategy, provided at **Annex D**.

1. Recommendation(s)

- 1.1 That members note the consultation exercise, consider and propose opportunities to engage the public and interested parties during the consultation period.**

2. Introduction and Background

- 2.1 The HWBS is a whole system plan for health & wellbeing and a means to engage all partners in the wellbeing agenda, co-ordinating strategic thinking of all elements of the council and all system partners to deliver quantifiable gains in health and wellbeing of residents.
- 2.2 Thurrock agreed its first HWBS in 2013. The second and current HWBS was launched in July 2016 and can be accessed here:
<https://www.thurrock.gov.uk/strategies/health-and-well-being-strategy>
- 2.3 The Health and Wellbeing Board considered proposals that had been developed and were being refined at its meeting in July, including plans to consult with the wider public.

3. Issues, Options and Analysis of Options

- 3.1 Preparatory work with system partners and HWBB Chair to date has identified the 6 key influences and suggested that the HWBS needs to:

- Be high level and strategic.
 - Be highly ambitious and set out genuinely new plans rather than just describe what has already been done.
 - Provide a clear narrative that drives the work of all aspects of the local authority, NHS and third sector.
 - Address resident priorities and be co-designed with residents.
 - Be place and locality based and take a strengths and assets approach, not focused only on deficits or services.
- 3.2 Proposals have been developed based around six areas of people's lives, which we refer to as domains, that impact on people's health and wellbeing.
- 3.3 An eight week consultation process commenced on Wednesday 13 October and concludes on Friday 3 December 2021.

4. Reasons for Recommendation

- 4.1 The Health & Wellbeing Board (HWBB) has a collective statutory duty to produce a HWBS. It is one of two highest level strategic documents for the Local Authority and system partners, the other being the Local Plan. The statutory status of the document means that the new Integrated Care System (ICS) must have regard to it when planning their own strategy.
- 4.2 To alert Health and Wellbeing members to the live consultation exercise on the Health and Wellbeing Strategy refresh and request support to raise awareness of the opportunity for people to get involved.

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

- 5.1 The consultation material and approach has been considered and informed by a number of key council and partner strategic boards and governance structures.

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

- 6.1 The HWBS is one of two highest level strategic documents for the Local Authority and system partners, the other being the Local Plan. It is a whole system plan for health & wellbeing and a means to engage all partners in the wellbeing agenda, co-ordinating strategic thinking of all elements of the council and all system partners to deliver quantifiable gains in health and wellbeing of residents.
- 6.2 In order to support delivery of the Council's Vision, the 6 Domains of the HWBS Strategy each relate to one of the Council's key priorities of People, Place and Prosperity, as outlined in the attached slide set.

7. Implications

7.1 Financial

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

The cost associated with the strategy refresh will be delivered within existing budgets or agreed through existing Council and partner agencies governance finance arrangements.

*Implications remain as previously verified.

7.2 Legal

Implications verified by: **Lindsey Marks**
Deputy Head of Law*

The Health and Social Care Act 2012 established a responsibility for Councils and CCGs to jointly prepare Health and Wellbeing Strategies for the local area as defined by the Health and Wellbeing Board.

*Implications remain as previously verified.

7.3 Diversity and Equality

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

The aim of the strategy is to improve the health and wellbeing of the population of Thurrock and reduce health and wellbeing inequalities. A community equality impact assessment (CEIA) will underpin the strategy and mitigate the risk of disproportionate negative impact for protected groups. This approach will ensure the strategy itself and implementation supports delivery of the council's equality objectives while maintaining compliance with the Equality Act 2010 and Public Sector Equality Duty.

*Implications remain as previously verified.

7.4 Other implications (where significant) – i.e. Staff, Sustainability, Crime and Disorder, Health Inequalities or Impact on Looked After Children

The refreshed Health and Wellbeing Strategy will facilitate crime and disorder priorities that relate specifically to health and wellbeing, further strengthening the relationship between the Health and Wellbeing Board and Community Safety Partnership.

8. Annexes

Annex A – Branding

Annex B – Communication Activity Grid

Annex C – Standard text provide to Partners

Annex D – User Focussed Questionnaires

Report Author

Dr Jo Broadbent

Director for Public Health

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HEALTH AND WELLBEING STRATEGY 2022 TO 2026

Levelling the playing field In Thurrock



We want to hear your views on proposals to address health inequality

Take part in our consultation which focuses on six key areas:

- Healthier for Longer (including Mental Health)
- Building Strong and Cohesive Communities
- Person-Led Health and Care
- Opportunity for All
- Housing and the Environment
- Community Safety

thurrock.gov.uk/health-and-well-being-strategy



thurrock.gov.uk/say

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HEALTH AND WELLBEING STRATEGY 2022 TO 2026

Levelling the playing field in Thurrock

We want to hear your views on
proposals to address health inequality



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HEALTH AND WELLBEING STRATEGY 2022 TO 2026

Levelling the playing field in Thurrock

We want to hear your views on proposals to address health inequality



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Wednesday	13-Oct-21											
Thursday	14-Oct-21											
Friday	15-Oct-21											
Saturday	16-Oct-21											
Sunday	17-Oct-21											
Monday	18-Oct-21											
Tuesday	19-Oct-21	1pm	Awareness Raising	Online	CCG primary care meeting	Practice Managers/GPs	Louise Banks / Darren Kristiansen	Darren Kristiansen	PMs/GPs	No		Completed. Agreed to send GPs copies of posters and documents to complete. Louise Banks also sending GPs information for use on social media
		4.30pm	Awareness Raising	Online/ Corringham	Diversity Network	Diverse groups			Thurrock Coalition	No	Tammy is the lead	

Wednesday	20-Oct-21		Awareness Raising	Online	Transformation Network	Health	Maria Payne	Maria Payne	Professionals	No		Organised via Levi Sinden
Thursday	21-Oct-21											
Friday	22-Oct-21											
Saturday	23-Oct-21											
Sunday	24-Oct-21											
Monday	25-Oct-21		Raise Awareness	Virtual	Council Labour Group	members from Labour	Jo Broadbent		Private	No	Presentation	
Tuesday	26-Oct-21											
Wednesday	27-Oct-21											
Thursday	28-Oct-21											
Friday	29-Oct-21		Raise awareness	In person	Health and Wellbeing Board	Strategic Partners	Jo Broadbent	Jo Broadbent	members and professionals	Yes	Presentation	
Saturday	30-Oct-21											
Sunday	31-Oct-21											
Monday	01-Nov-21											
Tuesday	02-Nov-21											
Wednesday	03-Nov-21											
Thursday	04-Nov-21		Awareness Raising	Civic Offices (possibly virtually)	Health and Wellbeing Overview and Scrutiny Committee	Elected members	Jo Broadbent		N/A	People can attend but cannot contribute		
Friday	05-Nov-21											
Saturday	06-Nov-21											
Sunday	07-Nov-21											
Monday	08-Nov-21	11-12:30	Feedback	MS Teams	Brighter Futures Children's Partnership - Child Health Group	Council and Health staff (partners)	? Beth (as in I will be at the meeting)		Futures Children's partnership responsible for delivery of SP2 (Access to	No	Either	Suggested by Beth Capps. The meeting will be chaired by the new AD of Public Health and interim either Beth C or Clare Moore

			Feedback	Online	Engagement Group	GP/Practice staff	?		GP's in Thurrock	No	Presentation	Suggested by Louise Banks
Tuesday	09-Nov-21	2-3:30pm	Engagement	TBD	and Skills Partnership	Training and Skills providers				No	TBD	Suggested by Stephen Taylor. Chair is Neil Woodbridge (TLS)
Wednesday	10-Nov-21											
Thursday	11-Nov-21	3-8pm	Engagement	Avely Event	Place Directorate as part of local plan	Avely residents	Darren Kristiansen	Darren Kristiansen		Yes	Market Stall type event	Contact in Place Directorate Paul Sallin. Darren taking forward
Friday	12-Nov-21											
Saturday	13-Nov-21											
Sunday	14-Nov-21											
Monday	15-Nov-21											
Tuesday	16-Nov-21		Awareness Raising	Beehive	Commissioning Reference Group	Public and PPG leads			Members of the CRG	People can request to attend if not a member	Presentation	Suggested by Louise Banks
Wednesday	17-Nov-21	2-3:30pm	Feedback	MS Teams	Brighter Futures Children's Partnership Board	Council, Health and Education Partners	?Jo Broadbent		Brighter Futures Children's partnership Board	No	Either	Suggested by Beth Capps, meeting chaired by Sheila Murphy, attendees will include the new AD Public Health currently out to advert.
Thursday	18-Nov-21											
Friday	19-Nov-21											
Saturday	20-Nov-21											
Sunday	21-Nov-21											
Monday	22-Nov-21											
Tuesday	23-Nov-21											
			Awareness Raising	Civic Offices	Full Council	Elected members	Jo Broadbent		N/A	People can attend but cannot contribute		

Wednesday	24-Nov-21	2-4pm	Awareness Raising	TBD	Thurrock Business Board	Business Leaders across Thurrock				No		Suggested by Stephen Taylor, Emma McCulloch organises meetings. Attendance would need to be agreed with the Chair
Thursday	25-Nov-21											
Friday	26-Nov-21											
Saturday	27-Nov-21											
Sunday	28-Nov-21											
Monday	29-Nov-21											
Tuesday	30-Nov-21											
Wednesday	01-Dec-21		Awareness Raising	Civic Officers	Children's Overview and Scrutiny Committee	Elected members	Jo Broadbent		N/A	People can attend but not contribute		
Thursday	02-Dec-21											
Friday	03-Dec-21											
	04-Dec-21											

Consultation closes

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HEALTH AND WELLBEING STRATEGY 2022 TO 2026

Levelling the playing field in Thurrock

We want to hear your views on
proposals to address health inequality

Thurrock Health and Wellbeing Strategy

The consultation exercise is now live – your opportunity to get involved

Health and Wellbeing affects everyone. Thurrock's Health and Wellbeing Strategy is being refreshed and proposals have been developed which reflect six areas of people's lives that impact on their health and wellbeing.

By taking part in our consultation exercise, you can have your say on Thurrock's health priorities for the next 5 years. There are several ways you can get involved:

- **Have your say online** through the Council's online consultation portal
- **Face to face through engagement opportunities** being provided by the independent Healthwatch Thurrock and Thurrock CVS who will be attending events across the borough during the consultation period.
- **Have your say workshops** which will be organised and provide opportunities for the public and partners to discuss and provide feedback on the proposals. These will be set up subject to demand
- **Inviting us to your existing meetings.** People who are members of existing forums or groups can express an interest in attendance at your event to discuss provide feedback on the proposals

Further information is available on the Council's website at www.thurrock.gov.uk/health-and-well-being-strategy

The consultation closes at **midnight, Friday 3 December 2021.**

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Based upon previous feedback, the Health and Wellbeing Strategy has been set out into six proposed areas of people's lives or domains. We are interested to hear your views on the proposed domains and priorities to support the refresh of the Strategy.

Domain 1 – Healthier for Longer (including Mental Health)

This domain focuses on enabling people to continue to live longer in good health and live healthier lifestyles through self-care behaviours and care services that keep people well and independent. For example, support to stop smoking, the identification and treatment of long term conditions including mental health problems, and tackling obesity.

Domain 2 – Building Strong & Cohesive Communities

This domain focuses on creating a fair, accessible and inclusive borough where everyone has a voice and an equal opportunity to succeed and thrive, and where community led ambitions are supported and actively encouraged

Domain 3 –Person-Led Health and Care

This domain focuses on continuing to remodel the health and care system to ensure solutions are local to where people live, joined up and focus on preventing, reducing and delaying the need for care and support.

Domain 4 – Opportunity for All

This domain focuses on Thurrock residents achieving their potential by being able to access high quality education, training, securing good quality employment and new opportunities created through inward investment to the borough wider regeneration programmes.

Domain 5 – Housing and the Environment

This domain focuses on creating an environment which supports and stimulates improved health and wellbeing, providing people with an opportunity to exercise and remain active.

The domain also provides focus on reducing homelessness and ensure people have access high quality accommodation that meets the needs of Thurrock residents

Domain 6 – Community Safety

This domain focuses on enabling people to feel and be safe in Thurrock. It also seeks to ensure local victims/survivors of crime are provided with high quality support to cope and recover from their experiences should they need it.

We welcome your feedback on the following questions

Q1. Do the six domains represent the areas of people’s lives that most affect their health and wellbeing?

Yes No

Please provide information to explain your response

Q2. Are there any other areas that most impact on people’s health and wellbeing that should be considered for inclusion in the refreshed Health and Wellbeing Strategy?

Yes No

Please provide information to explain your response

Q3. Do you have any other feedback you wish to make about the proposed areas of focus (domains) for the refreshed Health and Wellbeing Strategy?

Yes No

Please provide information to explain your response

Thank you for taking the time in completing this survey. We appreciate your feedback.

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Domain 3 – People-Led Health and Care

Domain 4 – Opportunity for All

Domain 5 – Housing and the Environment

Domain 6 – Community Safety

Domain 1 - Healthier for Longer (Including Mental Health)

Summary aim

This domain focuses on enabling people to live longer in good health and live healthier lifestyles through achieving behaviours and care that keep people well and independent. For example, support to stop smoking, the identification and treatment of long term conditions including mental health problems, and tackling obesity.

Challenges

- There is an identified inequality of health and life expectancy across Thurrock, including between different ethnicities, genders, geographies, and those with mental health problems.
- Smoking and obesity rates are higher in Thurrock than average for England, leading to more ill health.
- There are many factors which contribute to people's mental health, and Thurrock has an estimated high rate of undiagnosed mental health conditions.

- The COVID-19 pandemic has exposed and worsened existing inequalities and made some individuals, groups and communities even more vulnerable than before.

Priorities

- Working in partnership with communities to reducing smoking, obesity, and lack of physical activity.
- Improve identification of long term health conditions so we can treat and support those suffering with both physical and mental health conditions.
- Review and enhance support for the transition of young people to adult, and adult to older adult services.
- Understand and treat new or worsened health needs as a result of the COVID-19 pandemic including mental ill health and long term conditions.

We welcome your feedback on the following questions

Q1. Do you agree with the aim of this domain?

Yes No

Please provide information to explain your response

Q2. Do you agree with the challenges that have been identified?

Yes No

Please provide information to explain your response

Q3. Are there any other challenges that should be considered?

Yes No

Please provide information to explain your response

Q4. Do you agree with the priorities that have been proposed?

Yes No

Please provide information to explain your response

Q5. Are there any other priorities that should be considered?

Yes No

Please provide information to explain your response

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Domain 2 – Building Strong & Cohesive Communities

Domain 3 – People-Led Health and Care

Domain 4 – Opportunity for All

Domain 5 – Housing and the Environment

Domain 6 – Community Safety

Domain 2 - Building Strong & Cohesive Communities

Summary aim

This domain focuses on creating a fair, accessible and inclusive borough where everyone has a voice and an equal opportunity to succeed and thrive, and where community led ambitions are supported and actively encouraged.

Challenges

- Thurrock is made up of many diverse communities who may not always feel welcomed, included or supported consistently.
- Investing in communities to maintain a thriving voluntary sector which offers individuals choice and support.
- Community insight and listening to residents does not always steer decision making at a local level, therefore many residents can become disengaged.

Priorities

- Improve the way we engage with residents to ensure everyone can have their voice heard.
- Ensure people have the skills, confidence and ability to communicate as active citizens and are feel empowered to influence decisions that affect their lives.
- Promote opportunities to bring communities together to enhance shared experience and to embed a sense of belonging.

We welcome your feedback on the following questions

Q1. Do you agree with the aim of this domain?

Yes No

Please provide information to explain your response

Q2. Do you agree with the challenges that have been identified?

Yes No

Please provide information to explain your response

Q3. Are there any other challenges that should be considered?

Yes No

Please provide information to explain your response

Q4. Do you agree with the priorities that have been proposed?

Yes No

Please provide information to explain your response

Q5. Are there any other priorities that should be considered?

Yes

No

Please provide information to explain your response

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Domain 3 – People-Led Health and Care

Domain 4 – Opportunity for All

Domain 5 – Housing and the Environment

Domain 6 – Community Safety

Domain 3 - Person Led Health and Care

Summary aim

This domain focuses on continuing to remodel the health and care system to ensure solutions are local to where people live, joined up and allows the person to remain in control.

Challenges

- Organisations and departments do not always work together, even when people require a response from more than one of them.
- Existing resources are extremely stretched and staff capacity is limited.
- People are treated by their need or condition rather than improving their overall wellbeing.
- Current system is not flexible enough to reflect what matters in different communities across Thurrock.

Priorities

- Develop a high quality health and care system that is joined up and focuses on what is most important to the individual and their personal circumstances.
- Improved Primary Care that includes timely access to a range of professionals.

- Ensuring health and care workforce are multi-skilled and able to deliver a range of care needs to reduce the number of visits by health and care professionals.
- Working in partnership with communities to ensure that they are able to direct how resource is being used.

We welcome your feedback on the following questions

Q1. Do you agree with the aim of this domain?

Yes No

Please provide information to explain your response

Q2. Do you agree with the challenges that have been identified?

Yes No

Please provide information to explain your response

Q3. Are there any other challenges that should be considered?

Yes No

Please provide information to explain your response

Q4. Do you agree with the priorities that have been proposed?

Yes No

Please provide information to explain your response

Q5. Are there any other priorities that should be considered?

Yes

No

Please provide information to explain your response

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Domain 4 – Opportunity for All

Domain 5 – Housing and the Environment

Domain 6 – Community Safety

Domain 4 - Opportunity for All

Summary aim

We want Thurrock residents to achieve their potential by being able to access high quality education & training, securing good quality employment and making the most of new opportunities created through inward investment to the borough's wider regeneration programmes.

Challenges

- While Thurrock's overall performance is good in terms of delivering education, it masks poorer performance in children that are more deprived, including those receiving Free School Meals.
- Young people classified as 'Not in Education, Employment or Training' (NEET) are considered to be at greater risk of poor physical and mental health, unemployment and low quality or low paid wage in later life.
- Skills levels in Thurrock are lower and numbers of people working in management, professional and technical occupations are lower across the east of England and Great Britain.
- Unemployment contributes to poor health, therefore getting people into work is of critical importance to reduce health inequalities.
- Living in disadvantaged circumstances limits access to opportunities, having social, physical and health impacts.
- Economic growth should benefit all communities in Thurrock, including more deprived areas across the borough.

Goals

- By raising aspirations and reducing the disadvantage gap, all Thurrock children and young people are able to achieve their potential.
- Support young people and adults to gain qualifications, skills and experience to progress into further and higher education, apprenticeships or sustained employment.
- Those from vulnerable groups or places in the borough who have lost jobs through the pandemic are supported so they are able to find employment, and benefit from opportunities to re skill or upskill.
- Work together to level up economic and social opportunity for people living in disadvantaged circumstances.
- Local people are able to benefit from the large regeneration programmes happening in Thurrock

We welcome your feedback on the following questions

Q1. Do you agree with the aim of this domain?

Yes No

Please provide information to explain your response

Q2. Do you agree with the challenges that have been identified?

Yes No

Please provide information to explain your response

Q3. Are there any other challenges that should be considered?

Yes No

Please provide information to explain your response

Q4. Do you agree with the goals that have been proposed?

Yes No

Please provide information to explain your response

Q5. Are there any other goals that should be considered?

Yes No

Please provide information to explain your response

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Domain 4 – Opportunity for All

Domain 5 – Housing and the Environment

Domain 6 – Community Safety

Domain 5- Housing and the Environment

Summary aim

We want to create an environment which supports and stimulates improved health and wellbeing, providing people with an opportunity to exercise and remain active.

We want to reduce homelessness and ensure people have access to high quality homes that meets the needs of Thurrock residents.

Challenges

- Ensuring equitable access to quality outdoor environments and green spaces.
- The environment impacts health positively and negatively. Things like antisocial behaviour and air pollution, which are bad for health, tend to be worse in more deprived areas.
- Some residents of Thurrock struggle to secure and afford high quality, suitable, secure homes.
- People who have experienced domestic abuse and / or sexual violence are in particular need of support to find suitable housing.

Priorities

- Reducing homelessness through provision of secure, suitable and affordable housing.

- Facilitate and encourage maintenance of good quality homes to support the health of residents protecting them from hazards such as cold, damp and mould.
- Provide safe, suitable and stable housing solutions for people who have or are experiencing domestic or sexual abuse or violence.
- Ensure regeneration improves health, physical activity, mental wellbeing, access to green spaces and exposure to air pollution.

We welcome your feedback on the following questions

Q1. Do you agree with the aim of this domain?

Yes No

Please provide information to explain your response

Q2. Do you agree with the challenges that have been identified?

Yes No

Please provide information to explain your response

Q3. Are there any other challenges that should be considered?

Yes No

Please provide information to explain your response

Q4. Do you agree with the priorities that have been proposed?

Yes No

Please provide information to explain your response

Q5. Are there any other priorities that should be considered?

Yes

No

Please provide information to explain your response

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Domain 4 – Opportunity for All

Domain 5 – Housing and the Environment

Domain 6 – Community Safety

Domain 6 - Community Safety

Summary aim

We want to ensure that Thurrock is a place where people feel and are safe to live, socialise, work and visit. We will also ensure that victims/survivors of crime are able to access support to cope and recover from their experiences, should they need it.

Challenges

- Fear of crime is linked to poorer health and can be a barrier to engaging in health improving activities including outdoor activities such as walking.
- The rate of recorded violent crime in Thurrock is becoming an increasing concern and has risen since 2013. This particularly affects young people in Thurrock.
- Some population groups are at higher risk of experiencing crime and include women & girls, children & young people, the elderly and those with learning difficulties and disabilities.
- Being a victim of crime may impact on a victim's physical health, mental health and emotional wellbeing.

Priorities

- We want all children and young people to live safely in their communities.
- Work in partnership with local residents to prevent and deter crime, with a focus on those with increased risk of experiencing crime.
- Support victims/survivors of crimes to improve their health and wellbeing, and ensure they are aware of support and services to help them cope and recover.

We welcome your feedback on the following questions

Q1. Do you agree with the aim of this domain?

Yes No

Please provide information to explain your response

Q2. Do you agree with the challenges that have been identified?

Yes No

Please provide information to explain your response

Q3. Are there any other challenges that should be considered?

Yes No

Please provide information to explain your response

Q4. Do you agree with the priorities that have been proposed?

Yes No

Please provide information to explain your response

Q5. Are there any other priorities that should be considered?

Yes

No

Please provide information to explain your response

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4 November 2021		ITEM: 10
Health and Wellbeing Overview and Scrutiny Committee		
Adult Social Care - Consultation feedback on the meal delivery and day care services		
Wards and communities affected: All	Key Decision: Key	
Report of: Dawn Shepherd, Strategic Lead, Adult Social Care Provider Services		
Accountable Assistant Director: Les Billingham, Assistant Director of Adult Social Care and Community Development		
Accountable Director: Ian Wake, Corporate Director of Adults, Housing and Health		
This report is public		

Executive Summary

At a meeting of the Health and Wellbeing Overview & Scrutiny Committee on 17 June 2021, proposals were discussed regarding the closure of the Council's meal delivery scheme and the consolidation of the three existing day care centres into one at Cromwell Road. Members requested further service user consultation.

Consultation started in July 2021 involving face-to-face and telephone discussions with service users and their families.

This report outlines the outcomes of that consultation and indicates that:

- Out of the 47 service users who attended the two closing day care centres only 5 would not be willing to attend Cromwell Road centre because of the distance but all 5 had alternative support in place;
- Out of the 89 service users receiving meals from the delivery scheme, only 24 had no alternative support in place. Each of these 24 people will be assessed and options identified to provide a bespoke alternative solution.

1. Recommendation(s)

- 1.1 **That the Health and Wellbeing Overview and Scrutiny Committee notes the consultation outcome.**

2. Introduction and Background

- 2.1 At a meeting of the Health and Wellbeing Overview & Scrutiny Committee on 17 June 2021, proposals were discussed regarding the transformation of the Council's Provider Services. These proposals included the expansion of the successful and popular Wellbeing Teams pilot, closure of the Council's meal delivery scheme and the consolidation of the three existing day care centres into one at Cromwell Road.
- 2.2 Rationalising the three day-care sites into a single site at Cromwell Road will allow us to create a much more comprehensive offer at Cromwell Road including a refurbished building, longer opening hours and better services. It will also allow the council to retain the highly popular 'sitting service' that commenced during COVID-19 lockdowns as an alternative to day care. The sitting service provides an out of hours' flexible service that fits better with how residents live their lives.
- 2.3 Limited information was available at the time of the June report regarding service users' needs and the most appropriate alternatives. Members requested further consultation with users of the services to ascertain better the impact on an individual basis.
- 2.4 Subsequently, a consultation process started in July 2021 involving face-to-face and telephone discussions with all service users and their families where appropriate. This consultation was undertaken by staff who were independent of the service involved, including an independent social worker.
- 2.5 This report provides details of the survey results.

3. Issues, Options and Analysis of Options

3.1 Day Care Services

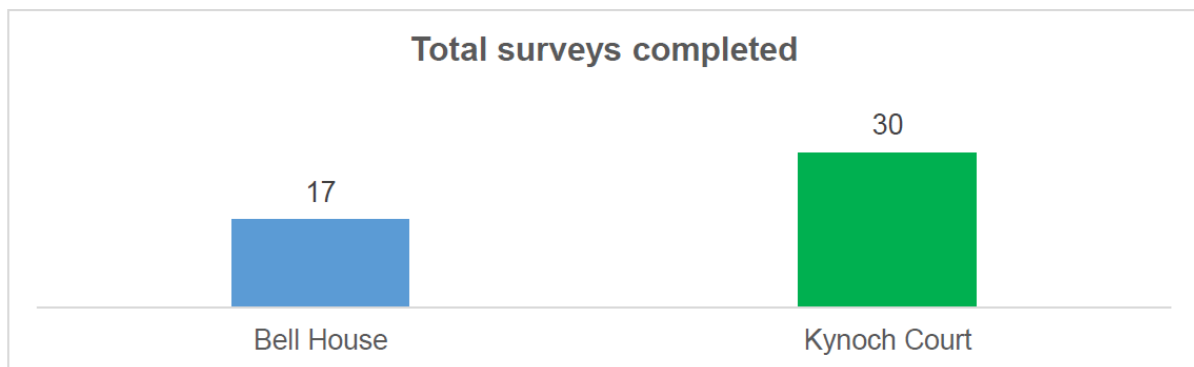
- 3.1.1 Prior to the Covid-19 pandemic there were 54 people attending the day care centres at Bell House and Kynoch Court.

Seven people were unable to take part in the consultation:

- 3 had passed away
- 3 were in residential care, respite or hospital
- 1 was uncontactable

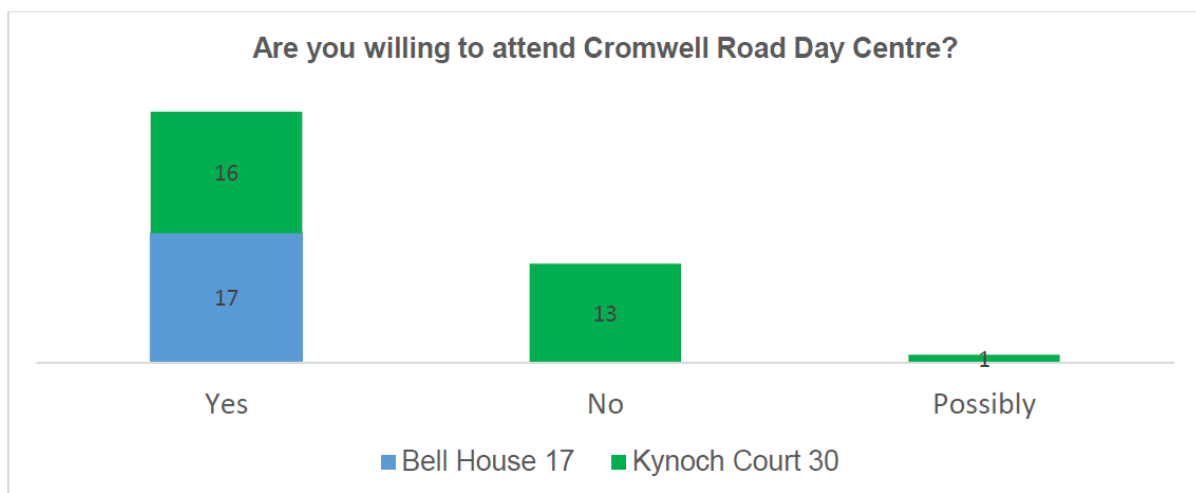
Subsequently, forty-seven people did participate – see Chart 1.

Chart 1: Total Surveys Completed



3.1.2 We asked whether the service user would be willing to attend the Cromwell Road site if their existing centre were no longer available. The results are shown below and indicate that 13 people (24%) would not return to Cromwell Road, whilst 76% would. (Chart 2).

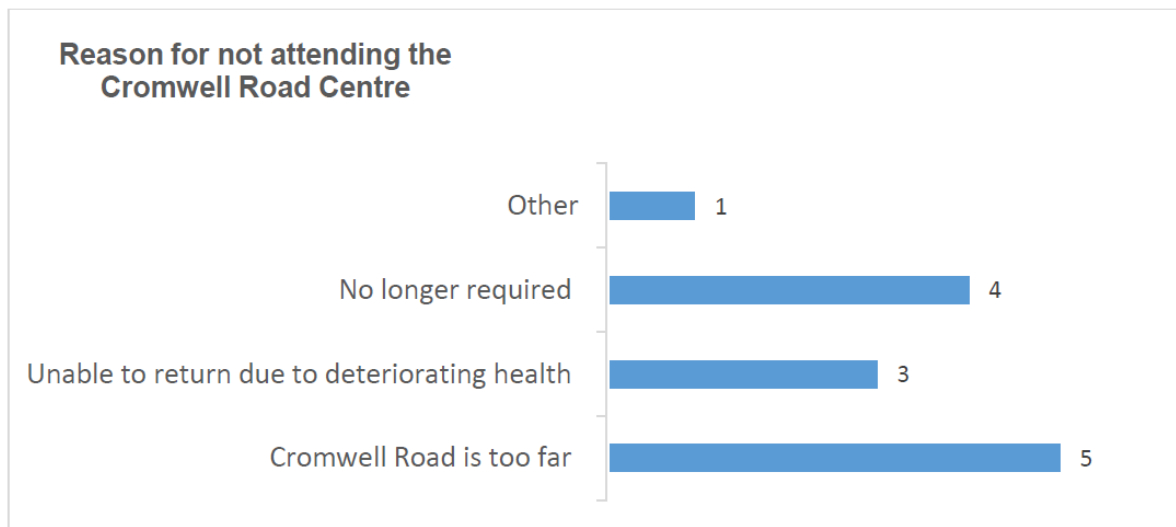
Chart 2: Numbers of Service Users Willing to Attend Cromwell Road



3.1.3 The 13 people who answered "no" are all from the Kynoch Court Centre.

Eight residents who stated that the service was no longer required or they were unable to return due to deteriorating health or other reason, all wished to continue with the Sitting Service instead. See Chart 3.

Chart 3: Reasons Given For Not Wishing to Attend Cromwell Road



3.1.4 Only five people (9%) indicated that their reason for not returning was due to the distance. They had various additional reasons for not attending or receiving the service as follows:

1	Does not wish to return now as in a new routine	Lives at home with family who say that since lockdown a new routine has been developed and they are happy with this and no longer require day care	Support provided by family who are happy to continue
2	Previously tried Cromwell Road but didn't like it and does not wish to go there	Now living in Residential care	Support provided in residential care
3	Lost friends who used to meet with and now visits others instead	Lives at home with spouse but visits other friends as well – feels the service is not suited for her anymore	Supported by family and friends who are happy to continue
4	Only attended because spouse wanted him to – not a sociable person and doesn't wish to attend day care – but may do so in the future	Lives with spouse	Supported by family who are happy to continue
5	Grays is too far to travel to and friends have now passed away	Lives with spouse who provides care and says they have a very supportive family	Supported by family who are happy to continue

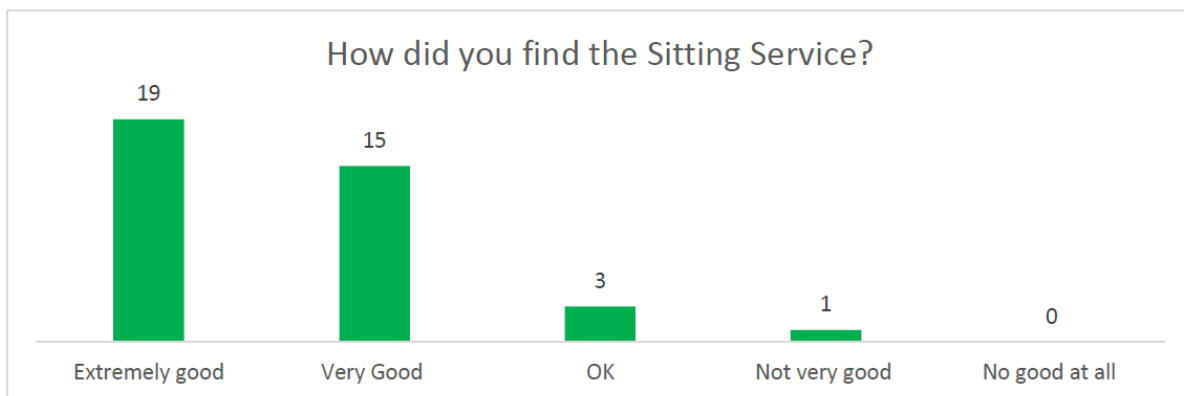
3.1.5 Subsequently, although people indicated they were disappointed, no concerns were identified regarding a lack of care and/or support if the two centres were consolidated into Cromwell Road.

3.1.6 Overall, most people reported feeling isolated and lonely during the pandemic and for many their health had deteriorated:

Mobility has deteriorated	Physical Health has deteriorated	Mental Health has deteriorated
49%	43%	64%

3.1.7 People were asked how they had found the increased Sitting Service provided during the pandemic. 38 of the 54 people in the survey had used this service and their response to the provision is shown below, indicating that 89% had found this to be extremely or very good. Many indicated it had been a lifeline for them. (Chart 4).

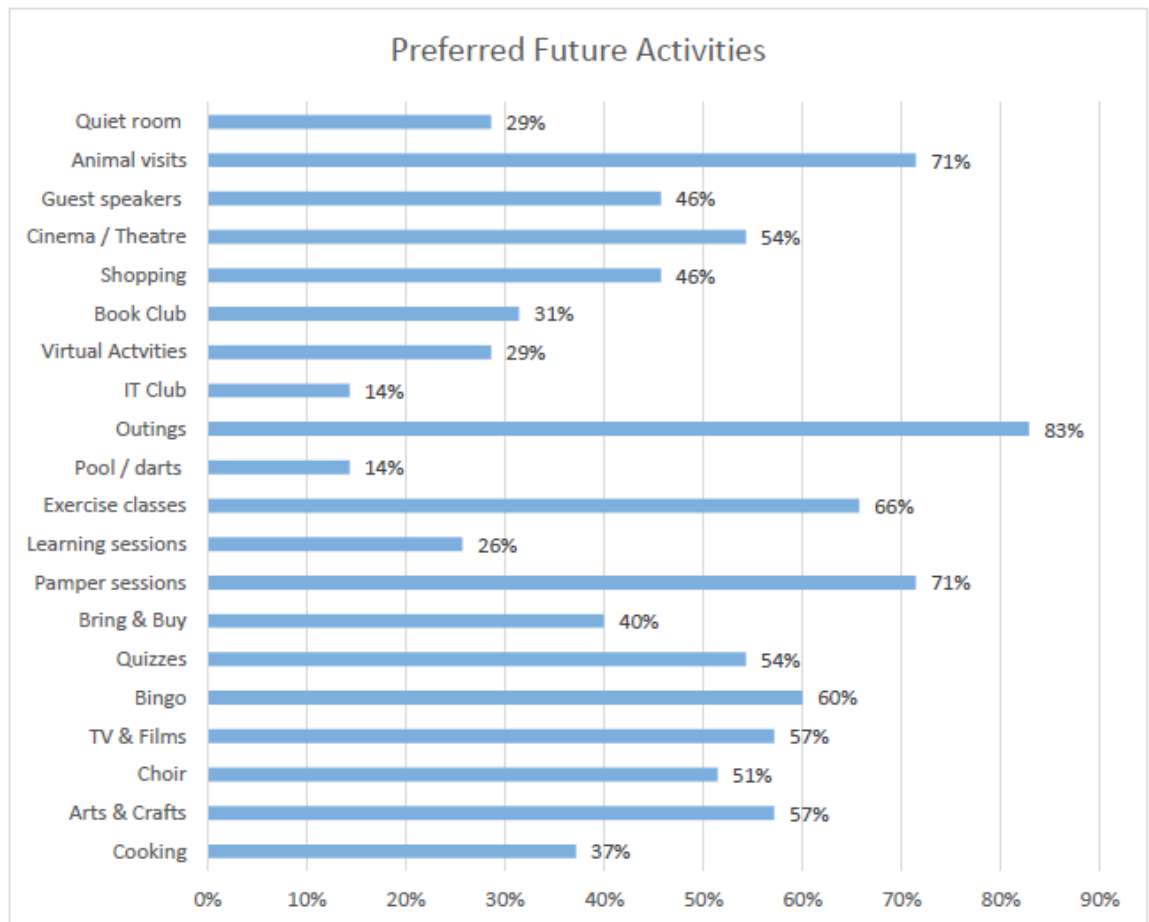
Chart 4: Experience of the Sitting Service



3.1.8 The majority of people are very keen to get back to a centre and excited about the new plans for Cromwell Road.

3.1.9 The survey included a question about which activities service users would like to engage in; the results will enable the service to design a new menu of activities around the service users' preferences. The results are in chart 5.

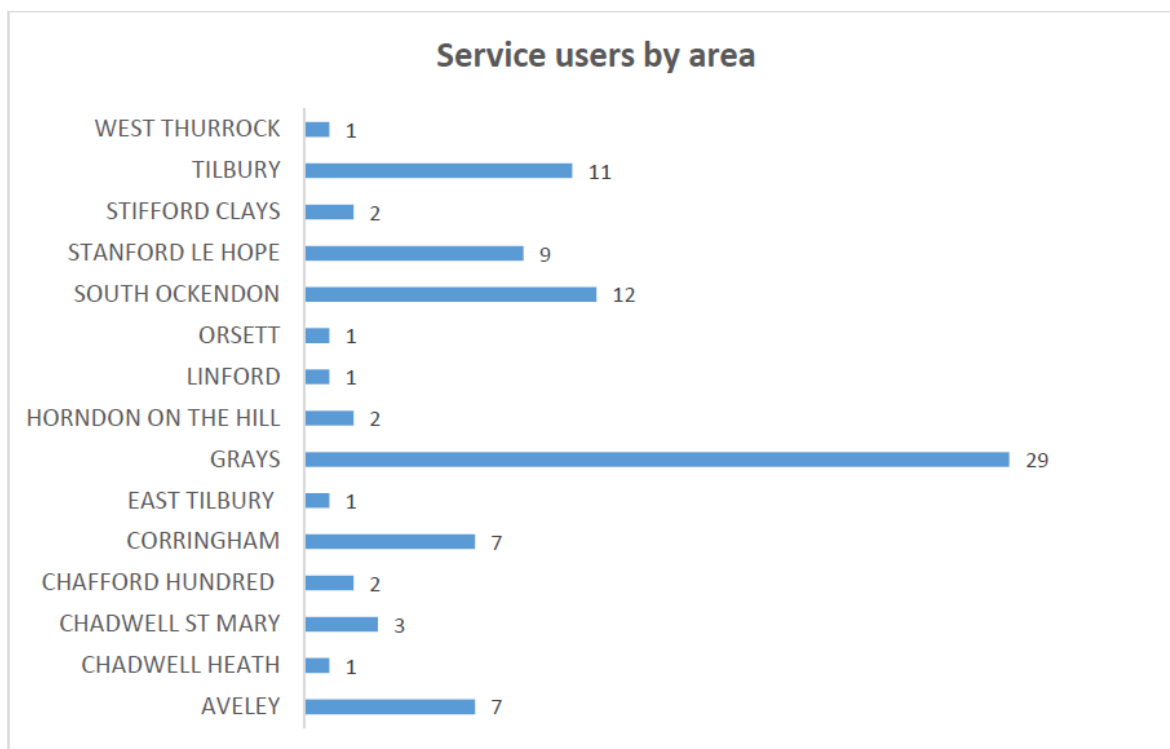
Chart 5: Preferred Future Activities



3.2 The meal delivery scheme

3.2.1 At the time of the survey there were 89 regular service users – broken down by area as shown in chart 6.

Chart 6: Location of Service Users in Receipt of the meal delivery Service



3.2.2 All of the service users were contacted for an initial assessment of their needs. At the end of each assessment, one of the following recommendations was identified:

- The service user is able to buy and cook their own meal

Some had already decided they did not need the meals any longer and have subsequently cancelled. Others discussed alternative private suppliers and brochures were provided to these people to make their own arrangements. These people were able to heat up their own meals and had the ability to (or someone else who could) purchase the meal.

- The service user already has a package of care and support

This group of service users were already in receipt of care – some with carers attending three or four times a day. Some even had carers on site when the meals were delivered and others could have their care adjusted to ensure that someone could be available to assist with the meal. This group have been referred to the Adult Social Care Reviews team to carry out the adjustments. The team will make contact with service users and their providers to ensure a sufficient package is in place. They will also consider other options which are discussed below.

- The service user does not receive any other care and requires a Care Act assessment.

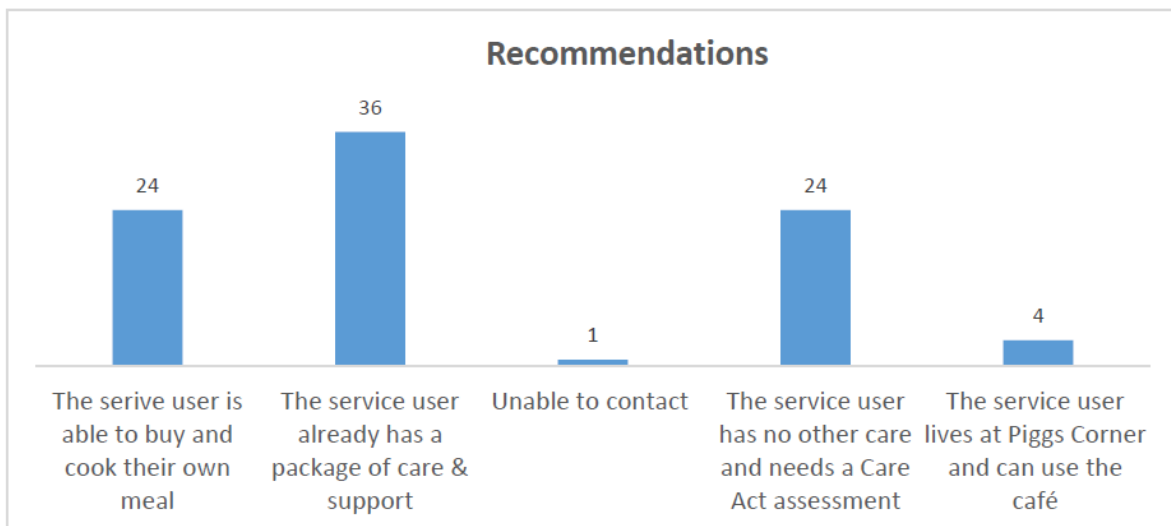
This group consisted of people who currently do not receive any other care. They have been referred to the Review team to look at alternative options including community options discussed below.

- The service user lives at Piggs Corner and can use the Café

The Café at Piggs Corner provides a hot lunchtime meal for residents Monday to Friday; where necessary it will provide a meal for the weekend that carers on site can heat up. For the residents living at Piggs Corner this is a good alternative as it also offers the option to meet up with others in the dining room if wished rather than having the meal delivered to the flat, which is still an option. The Café is also available to non-residents and may provide a good alternative for people in the Grays area.

3.2.3 The resulting recommendations are shown in chart 7.

Chart 7: Recommendations



3.2.4 As the Reviews Team continue to assess individuals and seek alternative arrangements, they will be looking at the providers within the community that can meet some of the needs. Our Community Led Support Teams will be involved in this, both for the existing service users and any potential future users needing assistance with meals. The Local area Co-Ordinators are also involved.

There are also other options such as day care and lunch clubs - including the Café at Piggs Corner and the Friendship Cafe at Cromwell Road when this re-opens. These services can provide a meal outside of the home, which will also help to tackle the issue of isolation. Transport can be arranged, including for wheelchairs, where required.

Some service users will not be able to (or wish to) leave their home e.g. those who are bedbound, but all options will be explored.

- 3.2.5 On 16 September, a “Come and Share” event was held where small providers in the borough (including micro-enterprises) shared details about their services with social workers and commissioners so that service users can be matched up to a service that is right for them.

Raising awareness of these groups is key to ensuring those who commission care consider all options both for now and the future.

- 3.2.6 The initial assessment has indicated that out of the 89 current service users only 24 will need a service in the future.

We will now move to the 2nd phase i.e. undertaking a more detailed assessment and tailoring of packages and options for those who still need a service.

We do not have one service that will take over the entire meal delivery scheme – rather we will be introducing multiple options in order to find bespoke outcomes in line with our desire to be person-centred and to offer choice and control to service users. Members can be assured that the meal delivery scheme will only cease when all current service users have an alternative suitable service in place. We will be communicating this to our service users and their families in due course.

4. Financial impact

- 4.1 This report provides consultation feedback only. Financial implications are shown below.

5. Reasons for Recommendation

- 5.1 Health and Wellbeing Overview and Scrutiny Committee’s comments on the consultation can be included in the final report scheduled for December 2021 Cabinet to allow Cabinet to make a final informed decision on the proposals.

6. Consultation

- 6.1 Formal consultation with all service users from both service areas has been undertaken – the results are outlined above.

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

- 7.1 This report provides consultation feedback only.

8. Implications

8.1 Financial

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

Reductions in staffing in the new structure will result in annual savings of around £339k. Current vacancies and assimilations will reduce the need for redundancies; however, it may be impossible to completely avoid redundancies.

Closing of the meal delivery service will result in annual savings of £190,000 i.e. annual cost of running the service including staffing.

A reduction in the use of buildings will be achieved. Bell House Day Care is accommodated in a shop in South Ockendon that, if vacated, could be let commercially. The Council building at Corran Way sits on land that could be developed or sold. Both buildings are assets maintained by the General fund and once vacated will be handed back to the Assets team. Additional savings are achieved through the reduction in building maintenance and utilities.

The savings identified will be include as part of the Council Medium Term financial strategy, and form part of the Department savings target.

8.2 Legal

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

The Council has a statutory duty to provide some services under the Care Act 2014. The services proposed to close or reduce are non-statutory services but alternative measures will be undertaken to ensure any statutory duty is met e.g. the provision of nutrition can be met through alternative options within the community or other existing services.

Our evaluation shows that transforming services in the way set out in the paper will make it easier for the council to deliver its legal statutory duties under the Care Act (2014) and that better outcomes for residents will be achieved.

8.3 Diversity and Equality

Implications verified by: **Becky Lee**
Community Development & Equalities Team

A full diversity and Equality impact assessment for service users was presented at the Overview and Scrutiny meeting on 17 June 2021 outlining the impacts on service users. A further Community Equality Impact Assessment for staff has been completed as part of the formal consultation process.

8.4 Other implications (where significant) – i.e. Staff, Sustainability, Crime and Disorder, Health Inequalities and Impact on Looked After Children

Increased use of the Cromwell Road site could affect parking and neighbours since the Centre sits in a busy residential street and has already been in use as a day centre for many years. It has a small car park but parking for staff is also available in a small Council carpark next to the Theatre just a few minutes' walk away, whilst parking for minibuses will remain on site. The centre is self-contained and outside activities such as gardening will only be carried out during the day. The longer opening hours proposed will not be beyond 9pm. Therefore, it is unlikely there will be any extra noise impact for neighbours.

Health and Safety requirements for the building. The Covid-19 pandemic has resulted in new measures regarding social distancing and other requirements in workplaces. Health and safety requirements in a setting for older and vulnerable people will need to be even more stringent. An initial visit from the health and safety team has indicated there is sufficient space for the service to run but extra precautions around infection control will be vital. Advice from infection control specialists will be sought prior to opening, and ongoing training and monitoring of compliance will be essential. The Council's health and safety team, public health and Directors Board will be required to sign off the proposals before the building can re-open in line with current practices.

9. Background papers used in preparing the report

9.1 Health and Wellbeing Overview and Scrutiny report – 17 June 2021.

10. Appendices to report

10. None

Report Author:

Dawn Shepherd
Strategic Lead – Provider Services
Adult Social Care

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**Health Overview & Scrutiny Committee
Work Programme
2021/2022**

Dates of Meetings: 17 June 2021, 2 September 2021, 4 November 2021, 13 January 2022 and 3 March 2022

Topic	Lead Officer	Requested by Officer/Member
17 June 2021		
HealthWatch	Kim James	Members
COVID Update Presentation	Jo Broadbent	Members
Transformation of In-House Provider Services	Ian Wake / Dawn Shepherd	Officers
Orsett Hospital and the Integrated Medical Centres - Update Report	Ian Wake / Christopher Smith	Members
2 September 2021		
HealthWatch	Kim James	Members
COVID Update - Presentation	Jo Broadbent	Members
2020/21 Annual Complaints and Representations Report – Adult Social Care	Lee Henley	Officers
Personality Disorders and Complex Needs Report – Presentation	Mark Tebbs, CCG	Members
Thurrock Safeguarding Adults Board Annual Report 2020/21	Les Billingham	Members
Tobacco Control Joint Strategic Needs Assessment Strategy	Jo Broadbent	Officers
Overview of responsibilities of Portfolio Holder for Health	Cllr Mayes	Members

4 November 2021

HealthWatch	Kim James	Members
COVID Update Presentation	Jo Broadbent	Members
Thurrock Health and Wellbeing Strategy Refresh	Jo Broadbent	Members
Adult Social Care - Consultation feedback on the meal delivery and day care services	Dawn Shepherd	Officers
Adults, Housing and Health - Fees and Charges Pricing Strategy 2022/23	Catherine Wilson	Officers
Community Inpatient Beds in Mid and South Essex	On behalf of Mid and south Essex Clinical Commissioning Groups	Officers

13 January 2022

HealthWatch	Kim James	Members
COVID Update Presentation	Jo Broadbent	Members
Sexual Violence and Abuse Delivery Plan Update	Jo Broadbent	Members
Update on the new primary care mental health service offer in Thurrock	Mark Tebbs	Members
Annual Public Health Report	Jo Broadbent	Officers
Council's adult social care advocacy contracts.	Ian Gleadell	Officers
Orsett Hospital and the Integrated Medical Centres - Update Report	Ian Wake / Christopher Smith	Members

3 March 2022

HealthWatch	Kim James	Members
COVID Update Presentation	Jo Broadbent	Members

2022/23 Work Programme:

Add Tobacco Control Joint Strategic Needs Assessment, Personality Disorders and Complex Needs Report

Clerk: Jenny Shade

Last Updated: April 2021

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