

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 **13 January 2022**

South Essex College, High Street, Grays, RM17 6TF, rooms W1.23 and W1.24

Membership:

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

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

Substitutes:

Councillors Alex Anderson, John Kent, 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 4 November 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. **CQC - Mid and South Essex NHS Foundation Trust - Inspection Report - Verbal Briefing**
7. **Overview of responsibilities of Portfolio Holder for Health - Verbal Briefing**
8. **Commissioning Report - Advocacy** **17 - 24**
9. **COVID Update Presentation**
10. **Update on the New Primary Care Mental Health Service Offer in Thurrock (to follow)**
11. **Work Programme** **25 - 28**

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: **5 January 2022**

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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 4 November 2021 at 7.00 pm

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

Apologies: Councillor Georgette Polley

In attendance: Ian Wake, Corporate Director of Adults, Housing and Health
Jo Broadbent, Director of Public Health
Dawn Shepherd, Housing Strategy and Quality Manager
Mark Tebbs, NHS Alliance Director Thurrock
Catherine Wilson, Strategic Lead Commissioning and Procurement
Jenny Shade, Senior Democratic Services Officer

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

20. Minutes

Kim James asked that on page 7, paragraph 3 of the agenda, HealthWatch could be replaced with Thurrock CVS as they managed the recruitment.

Kim James stated that social prescribing offer was ran by the voluntary services and community resources with recruitment being managed by Thurrock CVS

Following this change, the minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 2 September 2021 were approved as a correct record.

21. Urgent Items

No urgent items were raised.

22. Declarations of Interests

No interests were declared.

23. HealthWatch

No HealthWatch items were raised

24. Community Inpatient Beds in Mid and South Essex

Present for this item were:

Claire Hankey, Director of Communications
Tania Sitch, Integrated Care Director
Andy Vowles, Programme Director
James Wilson, Transformation Director
Dr Sarah Zaidi, GP and Ageing Well Lead

The following PowerPoint was presented to Members:

[\(Public Pack\)Item 6 - Presentation Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 04/11/2021 19:00 \(thurrock.gov.uk\)](#)

Councillor Ralph thanked officers for the presentation and stated he was fully supportive of the stroke side of this service and appreciated that the best care for some residents may mean having to go outside the borough. Councillor Ralph stated it would be a good idea to have all the specialists in one place. Councillor Ralph also raised his concern and objection to Joint HOSCs as not all size fitted all and Thurrock could easily be out-voted and power could be easily be given to other HOSCs.

Jo Broadbent referred to the stroke rehab beds and whether there was an early supportive discharge service within Mid and South Essex and whether the evidence based around stroke early supportive discharge had been taken into account in the calculation around the number of stroke rehabilitation beds. James Wilson stated that early thinking around volumes would need to be developed and embedded from views as part of the engagement process and ultimately be in the pre-consultation business case and confirmed there was an early supportive discharge service across Mid and South Essex and would be complimented to those requiring bed based rehabilitation. Dr Sarah Zaidi stated that the modelling being undertaken was aligning everything to best practice in terms of optimising outcomes and that early supportive discharge had been included as part of the modelling exercise.

Councillor Holloway thanked officers for the presentation and asked that the committee be informed of the specific impacts on Thurrock's care and Thurrock's residents. Andy Vowles stated that at this point in the process there was not any definitive set of options that could come to committee. The paper had come to committee to start exploring through engagement on what those potential options were and the criteria would be known once assessed. It would be at that point when a more definitive view on what would impact Thurrock's residents. Councillor Holloway questioned what elements would be looked at when drawing all this together and making those final decisions to which James Wilson stated that the elements would be criteria, evidence based, patient experience and financial component. It was important to get the criteria right before moving from engagement of issues to the options.

Councillor Holloway stated the report was very general and hard to comment on but agreed that everyone wanted the best care for patients and was mindful that the best care could sometimes be configured outside of Thurrock but it was key that those stroke beds were kept in Thurrock.

Councillor Fish questioned what patients would be considered suitable for those beds and how the capacity would be worked out for those needing the beds. Dr Sarah Zaidi stated there were different service needs and this was standard practice and would recommend that this continued. It had been recognised that for older people it was to get them home as quickly as possible as this had been seen as good for them. It would be this cohort of patients that could be considered suitable and the decisions to be made were around the right model of care, were the outcomes being optimised, were they being benchmarked to national standard and where that bed configuration should be.

Kim James thanked officers for the report and looked forward to working with Claire Hankey but had concerns that these services may be too far away for relatives who did not have access to transport and that it had been fought to keep those stroke services at Basildon for that reason. That this was a concern for HealthWatch and for patients on how this would be managed and how residents would be discharged home.

Councillor Ralph had concerns that Basildon Hospital may lose all their experienced specialists as these services may be pushed further away and that patients would not be getting quality of care. James Wilson stated at this point in the process was to design the criteria and evaluate the best configuration and conclusions. Need to look at what was important for this engagement exercise in terms of criteria, options and engagement and to scope those to ensure the right outcomes were achieved.

Councillor Piccolo stated that if specialist treatment was required outside the borough, family members should be supported and that transport links should be available to them. James Wilson stated this would be taken into consideration as part of the options to support residents and patients.

Councillor Holloway and Councillor Fish both agreed that Joint HOSCs were not particularly helpful and not sure how a joint HOSC would work.

Councillor Ralph thanked officers for attending and noted that the presentation had provided members with updates on the work being undertaken to look at the possible future number and location of community beds across Mid and South Essex, had the opportunity to discuss the plans of engagement and that further updates would be provided as the project was developed and consult further on potential options.

Claire Hankey, Tania Sitch, Andy Vowles, James Wilson and Dr Sarah Zaidi left the meeting at 7.33pm.

25. **Adults, Housing and Health - Fees and Charges Pricing Strategy 2022/23**

Catherine Wilson presented the report that set out charges in relation to services within the remit of the Health and Wellbeing Overview and Scrutiny Committee. Any new charges would take effect from the 1 April 2022 subject to consultation and Cabinet approval unless otherwise stated. In preparing the proposed fees and charges the Adult Social Care Directorate had worked within the charging framework and commercial principles set out in section three of the report. It had also taken into account the effect that Covid-19 had and would continue to have on services, residents and the local economy. Further Director delegated authority would be sought from Cabinet to allow fees and charges to be varied within the financial year in response to commercial or legal requirements. Members were referred to the full list of proposed charges as detailed in Appendix 1. At this stage there were no proposals to increase charges for 2022/23 other than the proposal that had already been agreed and currently being implemented which was the three year incremental increase to the domiciliary care charges.

Councillor Ralph thanked Catherine Wilson for the report.

Councillor Holloway thanked officers for the breakdown of the fees and charges but would also have liked to have seen the wider directorate breakdown of finance. Asked for clarification that the Appendix 1 was for information only and requested some financial context in which the financial charges sat. Members agreed to add to recommendation 2 that any such changes would be brought back to the Health and Wellbeing Overview and Scrutiny Committee for scrutiny. Ian Wake reassured Member that such changes would be consulted with service users and then back to committee. Ian Wake stated this was a challenging time for the Council with a deficient of £3 million for 2022/23 with a lot of work being undertaken in the background and further proposals were being put in place to close that deficient. In Ian Wake's directorate there was a transformation programme in place to transform services with a target savings of just under £5 million over two years.

RESOLVED

- 1. That Health and Wellbeing Overview and Scrutiny Committee noted and agreed that a consultation should be completed for the proposals to revise fees and charges for Adult Social Care.**
- 2. That Health and Wellbeing Overview and Scrutiny Committee noted 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. That any such changes would be brought back to the Health and Wellbeing Overview and Scrutiny Committee for scrutiny.**

Catherine Wilson left the meeting at 7.42pm.

26. Thurrock Health and Wellbeing Strategy Refresh

Jo Broadbent presented the report that provided an update on progress in refreshing the Health & Wellbeing Strategy for 2021-26. That an eight week consultation exercise had commenced on Wednesday 13 October 2021 which was due to close on Friday 3 December. Members were briefed on the domains and specifically domains four to six which were more focused on health. On the variety of ways residents could get involved to provide their views on the proposals. Members were briefed on the materials used to develop a consistent, recognisable approach for raising awareness of the consultation exercise. The live communication activity grid to ensure the opportunities were captured. Examples of branding, text and questionnaires used were referred to in the Annexes to the report.

Councillor Ralph questioned who had written the questions and whether these had been seen by members prior to the consultation exercise commencing to which Jo Broadbent stated this had been a team effort through the steering group, stakeholders and engagement teams looking at topics which could be turned into priorities. That Councillor Halden as chair of the Health and Wellbeing Board had seen and signed off the questions. That due to the September Health and Wellbeing Board being cancelled this was undertaken after the consultation had gone public. That a lot of replies had already been received with several 100s of hits on the web site and over 50 individual responses received. The CVS continued with attending places of engagement and engaging with stakeholders. Kim James stated that CVS would lead on this with the help of HealthWatch. That this was a massive piece of work and would be too much for someone to complete all at once. It had been identified on what group were being engaged would depend on which domain was most appropriate to discuss. That stakeholders needed to be talked through each domain which was very time consuming and confusing for many. Councillor Ralph stated that more information was required against each domain and agreed it would be better verbally delivered rather than residents having to struggle with completing the consultation on-line. Councillor Holloway stated this was a brilliant piece of work but the consultation had not been written for residents, it was too jargonised and would take too long for people to complete and questioned whether the length of the consultation could now be reduced. Councillor Sammons agreed it was too technical for some residents. Councillor Piccolo questioned whether another shortened version could be provided. Councillor Snell stated that lessons were not learnt from previous consultations and that this consultation was too long and would be a chore to complete. Councillor Ralph stated this was a missed opportunity and too late to change and whether the strategy needed to be rethought. Ian Wake stated the strategy was board and that it needed to be, it had to address equality in its entirety and was statutory to have one in place. That member's criticism was well made and ideally this consultation would have been undertaken over a longer period of time. That the engagement process and continuous conversations could continue to enable the consultation to be completed. Ian Wake suggested that additional wording be added to the consultation for residents to focus on the domain that would be of interest to them.

Councillor Ralph stated this was a good piece of work and that face to face engagement with residents would get the best results.

Councillor Holloway stated this was an opportunity to reach out to residents and engage with them and this should continue through engagement groups and forums. Councillor Holloway suggested that the consultation be made shorter with tick boxes and to tell residents how long each domain would take to complete. This could potentially reach out to more residents.

Kim James stated that the eight week consultation period was very short and following HealthWatch having technical issues in starting the consultation may be requesting an extension.

RESOLVED

That members noted the consultation exercise, considered and proposed opportunities to engage the public and interested parties during the consultation period.

27. 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 positivity rate for the last seven days was 358 per 100K residents. In comparison to January 2021 when the positivity rate was about 1500 per 100K.
- Current Picture, Positive Tests, Testing and Positivity – Rates fluctuated between 50 and 100 cases a day and had stayed at this level and not fallen back down to the low levels we had in April and May. The test rates and positivity rates mirrored each other so no peaks had been seen with the positivity rate about 8%.
- Total Tests by Age – Breakdown of tests by age and gender with consistently higher testing amongst female residents with low levels of testing across all age groups. The rate of 10 to 19 year olds back in September was much greater due to testing amongst school children at the start of term.
- Current Picture – Positive Tests by Age Band – Over the past couple of months the highest rates had consistently been in the 10 to 19 age group and about two weeks ago that positivity rate in that age group was over 1000 per 100K. This was now down to 650 which had been due to the impact of half term. Work had been undertaken with schools to try and stop spread between year groups through sibling transmission. A number of actions taken with schools had brought the positivity rate down. The age group 40 to 49 for the past few weeks had been the second highest group and over the past month rates had been increasingly slowly in the over 60s.
- BTUH bed occupancy by type – Thurrock and Non Thurrock residents – Lower and more consistent rates now when compared to earlier in the

year. A consistent number of Covid beds occupied with a few with mechanical and non-invasive ventilation although most were just oxygen therapy.

- Vaccinations – Uptakes in the various different age and risk groups. The uptake of the vaccine in the over 18s had stalled with very slow increases. The vaccination rollout continued for the younger groups of 16 to 17 and 12 to 15 age groups. School based programmes were in place to book vaccination and bookings could be made through the National Booking Service.
- Confirmed Cases – Map identified the distribution of cases of unique postcodes within the borough who had at least one case in the latest seven days data. Highest case rates were within Purfleet and Grays with much of the rest of the borough with low number of cases. There were only a handful of schools with an outbreak, 13 schools recovering from an outbreak and one care home with a live breakout which was all good. That the community transmission had begun to decrease and much lower activity in the educational and care home settings.

Jo Broadbent concluded that:

- Thurrock's overview rate of positive tests had increased steadily between 29 September and 20 October but since then had levelled off with Thurrock remaining in the lowest third in the country (104th out of 149 UTLAs).
- Case rates currently highest in ages 11-18. Rates had peaked before half term but had since reduced.
- The number of PCR tests taken by Thurrock residents had decreased slightly in recent weeks.
- LFD tests comprised the majority of testing recorded in the last week.
- Geographic distribution of cases showed all LSOAs had seen a positive test result in the most recent 14 days.
- Hospital bed use had increased recently with a small number of critical care beds continuing to be occupied. With 11 Covid positive admission for a Thurrock residents to BTUH in the most recent week of data.
- Vaccines continued to be administered in line with the Covid-19 Vaccination Priority Groups.
- The Key Priorities were to maximise vaccine uptake by all over 18s, roll out of the vaccination for 12-15 year olds in school, key message continued and anyone identified as a close contact of a case should get a PCR, including household contact of cases.

Councillor Ralph thanked Jo Broadbent for the report and questioned the age group of 60 to 69 who had been hospitalised and whether those being admitted to hospital had been double vaccinated. Unfortunately that data was not to hand but it would be likely to see some people who had been double vaccinated come into hospital but a larger number or larger proportion of those unvaccinated were likely to be hospitalised.

Councillor Ralph questioned what ideas and suggestions were being made to increase the vaccination figures to which Jo Broadbent stated they had tried to be creative, inclusive and a lot of research on vaccine hesitancy in Thurrock and had engaged a social marketing research company to do some work on that. That key messages were out there to address people's concerns which were mainly around rapidity of the vaccine, development and sort of associated safety concerns. A lot of community dialogues had also been undertaken to address those different types of concern, short videos on Instagram and other social media platforms. Analysis of the uptake by geographical area, age, ethnicity and gender and had several mobile vaccination units in the borough. Councillor Ralph referred to the mobile vaccination bus at Lakeside and stated this should be located more centrally in the shopping centre so that more people can see it and hopefully use it. Kim James suggested that school assemblies would be an ideal place to explain the vaccination process and hopefully help to elevate any fears or concerns to which Jo Broadbent stated that EPUT were already in contact with Heads of Schools and offers of this service were already in place.

Councillor Snell stated his concern on the reactions that the vaccination were having on some people and specifically referred to Gitelman Syndrome and that stories or theories being told about the vaccination may deter that cohort still deciding whether to have the vaccine or not. Councillor Sammons also echoed Councillor Snell's concerns.

Councillor Holloway asked whether any data on the booster jab was available and how many Thurrock residents had taken that that offer up to which Jo Broadbent stated this data was not to hand but would send to members following the meeting.

Councillor Piccolo questioned whether the take up of the vaccination in the 14 year old age bracket was a national figure or just particular to Thurrock to which Jo Broadbent stated Thurrock was not too different from national levels and although there had been some hesitancy the roll out was being undertaken through schools. This was not a rapid rollout as the service had not been designed for a rapid rollout rather than as an annual programme.

Councillor Fish stated his concerns on inaccessibility to some of the vaccination sites, referred to the mortality rates and questioned the profiles of those and whether any were from Thurrock to which Jo Broadbent stated this information was not to hand and would provide this following the meeting. That the number of recent deaths in Thurrock, over the last seven day reporting data, was low with low hospitalisations of around seven to eight. Ian Wake stated there were 40 people in Basildon Hospital with Covid but unable to confirm how many of those were from Thurrock. That it would be dangerous to take raw hospital bed data and assume this had been driven by Covid.

Councillor Ralph questioned whether there were any outbreaks in Basildon Hospital to which Mark Tebbs stated there were about 45 Covid patients in Basildon Hospital with a third of the ITU beds occupied by Covid patients but

the hospital was managing some very sick people. Mark Tebbs stated that the current data showed no reported outbreaks in Basildon Hospital but stated the hospitals were extremely busy with very high attendance levels into A&E. There were reporting over 100 reported cases over the three hospitals with some very sick people in ITU.

28. Adult Social Care - Consultation feedback on the meal delivery and day care services

Ian Wake presented the report that following a meeting of the Health and Wellbeing Overview and 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. At this meeting, members requested a further service user consultation be undertaken which started in July 2021 and involved face-to-face and telephone discussions with service users and their families.

Dawn Shepherd outlined the outcomes of that consultation and highlighted that:

- Out of the 47 service users who attended the two closing day care centres only five would not be willing to attend Cromwell Road centre because of the distance but all five had alternative support in place; and
- Out of the 89 service users receiving meals from the delivery scheme, only 24 had no alternative support in place and would need a service in the future.

Members were informed the second phase would commence undertaking a more detailed assessment and tailoring of packages and options for those who still needed a service. That one service would not take over the entire meal delivery scheme it would 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 were reassured that the meal delivery scheme would only cease when all current service users had an alternative suitable service in place. This would be communicated to service users and their families in due course.

Councillor Ralph thanked officers for the positive outcome of the consultation and commented that those 24 service users would further down the line need to have those reassurances that the service would not cease. Councillor Ralph also commented that he was pleased to hear of the other ways of support and meals delivered.

Councillor Holloway thanked officers for the work undertaken on the consultation and questioned whether there were any plans in place for the 24 services users to be assessed. Councillor Holloway also had concerns that some older people would not be aware that this support and the offer of hot meals would be still available. Dawn Shepherd stated this would start on

Monday 8 November and anticipated this would take six to eight weeks to complete and hoped to provide a briefing note to members by the end of December. In regards to people knowing about the service, at present users come through the assessment process and could still come through the single point of access. Also that Thurrock First was a point of access but there were a lot of options available which people were aware of. That advertising or making people aware would be down to those individual groups out in the community and the council would encourage them to continue to advertise and make people aware.

Members discussed the bespoke services available and how quality and nutrition checks could be undertaken but all agreed that meals would be defined by individuals and having those different options available may actually help with their quality of life.

Ian Wake concluded by reassuring members that the meal delivery scheme would only cease when all current service users had an alternative suitable service in place.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee noted the consultation outcome.

29. Work Programme

Councillor Ralph referred to the Briefing Note provided on the Update Position on Basildon University Hospital Maternity to which members noted the key achievements, improvement plans and challenges and agreed that this item be added to the 2022/23 work programme to enable time for a benchmark exercise to be undertaken.

Councillor Ralph referred to the Mental Health Review, which the committee agreed to undertake as part of the Scrutiny Review Project but as the Mental Health Member Engagement Group would be meeting to receive an update on the mental health transformation programme, he suggested a change of focus and to look at Alcohol Addiction in the borough. Councillor Ralph would contact members to discuss the topic and scope of any future review. Ian Wake advised the committee that there was insufficient capacity within the Public Health Informatics Team to undertake any additional local analyses of alcohol data prior to the new financial year but offered to share nationally collected Thurrock alcohol profile dataset with Councillor Ralph.

Councillor Fish questioned when the Update on the Whole Systems Obesity Strategy Delivery and Outcomes Framework would come to committee to which Jo Broadbent stated that a briefing note was currently being prepared and would be send out to members in the next week.

Councillor Holloway requested that the Overview of Responsibilities of Portfolio Holder for Health item for Councillor Mayes be removed from the

September Committee and added to the 13 January 2022 meeting. Also to add the Overview of Responsibilities of Portfolio Holder for Adults and Communities item for Councillor Huelin.

The meeting finished at 9.20 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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13 January 2022	ITEM: 8
Health and Wellbeing Overview and Scrutiny Committee	
Commissioning Report - Advocacy	
Wards and communities affected: All	Key Decision: Key
Report of: Catherine Wilson Strategic Lead Commissioning and Procurement Children’s Services and Adults, Housing and Health	
Accountable Assistant Director: Les Billingham – Assistant Director Social Care and Community Development	
Accountable Director: Ian Wake – Corporate Director Adults, Housing and Health	
This report is Public	

Executive Summary

This report details the proposed commissioning of statutory and non-statutory Advocacy services and details the legislative framework we are required to operate to safeguard vulnerable people. The report also outlines the proposed changes to existing arrangements to ensure they are more responsive and streamlined. The new approach will also address current issues with securing advocacy for those service users placed in a neighbouring borough.

1. Recommendation(s)

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

2. Introduction and Background

2.1 Advocacy is complex but can commonly be defined as;

“Taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy providers work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.”

(The Advocacy Charter, 2018)

2.2 Advocacy is most commonly provided to people who have difficulty in understanding/retaining information or the options available to them. Advocacy ensures the person is listened to, understood and respected.

- 2.3 As advocates help people to have a voice and ensure their rights are upheld within social care, health and education settings, they are required to be delivered independently of these organisations. However, the Local Authority is largely responsible for the commissioning of Advocacy.
- 2.4 There are two main types of advocacy – Instructed and Non-instructed.
- 2.4.1 Instructed advocacy is where the advocate is directed by the person at all times and tries to support the person to be able to self-advocate.
- 2.4.2 Non-instructed advocacy is where the person they are advocating for lacks mental capacity and can therefore not direct the advocate in some or all of the decisions. This type of advocacy is usually a statutory requirement to ensure the individuals rights are being upheld, such as Independent Mental Capacity Advocacy (IMCA).
- 2.5 Due to the introduction of new or amended legislation which transferred statutory responsibility to the Local Authority for the commissioning of Advocacy we have different commissioning arrangements in place. These arrangements have now all been aligned to end 30th September 2022 to enable the Council to have a consistent commissioning approach in the future.
- 2.6 Currently we have the responsibility to commission the following statutory advocacy provision;
- 2.6.1 **Care Act Advocacy** (a requirement under the Care Act 2014). Advocacy must be available to support someone who does not have an appropriate family member or friend who can support them and would have '**substantial difficulty**' in taking part in social care assessment, carer's assessment, care planning or a safeguarding investigation without assistance.
- 2.6.2 **Independent Mental Health Advocacy (IMHA)**. The right to an IMHA was introduced in 2007 under amendments to the 1983 Mental Health Act. This is a specialist advocacy role and these advocates have legal rights which are not available to other advocacy roles. There are various patients who qualify for an IMHA but in the main it is used by people detained under the Mental Health Act.
- 2.6.3 **Independent Complaints Advocacy Services (ICAS –Health and Social Care Act 2012)**. The responsibility for commissioning this was transferred to local authorities in 2013. This service provides practical support and information to anybody who wishes to make an NHS complaint.
- 2.6.4 **Independent Mental Capacity Advocacy (IMCA – a requirement under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs) 2009**. IMCAs are a legal safeguard for people who lack the capacity to make specific and important decision about where they live and serious medical

treatment. IMCAs are mainly instructed to represent people where this is not one independent of statutory services such as a family member or friend who could represent a person's wishes and views.

Please note that Deprivation of Liberty Safeguards (DoLs) are to be replaced by the Liberty Protection Scheme (LPS). This change should have occurred shortly after the start of the pandemic but has been repeatedly delayed. As such, the Council has extended current arrangements in anticipation of this change (as at this point in time we are unsure when and the implications of the introduction of LPS will have upon demand).

- 2.7 Although Care Act Advocacy, IMHA, ICAS and IMCA are statutory requirements and important legal safeguards for vulnerable people, the availability of some non-statutory advocacy is also important as there are many people who don't meet the strict legal criteria who need and benefit from independent advocacy. Although not routine, we have had to spot purchase a small amount of non-statutory advocacy (largely around finances) since the last procurement and as such any future commissioning arrangement needs to include this facility.
- 2.8 We currently have 3 contracts in place with two organisations and further spot purchase arrangements in place for IMHA and out of borough advocacy. We spend between £185k and £200k per annum (varies due to demand in spot purchase arrangements).

3. Issues, Options and Analysis of Options

- 3.1 We have a legal requirement to commission statutory advocacy services and have extended current arrangements in order to align existing arrangements. As stated in 2.6.4, another reason for this extension is the delay in the introduction of LPS. As we are still unsure when the LPS guidelines will be published and its implementation date we are unable to extend further and have had to now progress with a procurement.
- 3.2 Historically, in line with best practice, the Care Act Advocacy and IMCA contract was separated into two 'lots' to support small and medium sized organisations to be able to tender. However, although this was done with the best of intentions, this decision has led to some service users having multiple advocates within their health and social care journey. Obviously, having inconsistency in advocates is not helpful for people who may have issues with either understanding/retaining information or have been assessed as not having capacity.
- 3.3 Although more common with the cross over in Care Act advocacy and IMCA, it is also possible for somebody in receipt of IMHA to also have an IMCA from another organisation.
- 3.4 Existing providers and health and social care professionals have all indicated that our current arrangements, including the separation and contracting of

services across different organisations, is not in the best interest of service users.

- 3.5 As such, our preferred option is for all existing arrangements to be tendered as one contract opportunity. All advocates will be expected to be appropriately trained to undertake whatever level/type of advocacy is required and to be alongside the service user throughout their journey.
- 3.6 In order to ensure stability whilst also minimising the risk of increased demand when LPS comes into effect, we will be requesting the tenderer to submit bids on an 'as is' basis, whilst also providing a submission on a potential increase of 25% and 50% on the current IMCA component of the contract. We will also be issuing the contract for 3 years with the possibility of two further 1 year extensions. This allows us to terminate existing arrangements if the LPS has a significant impact on current advocacy demand but to retain the possibility of a longer contract should it be working well and the impact of LPS be minimal.
- 3.7 We are currently unsure whether Thurrock CCG will wish to access the contract when LPS is introduced (as they may have additional responsibilities) or whether they will commission this on a Mid and South Essex (MSE) footprint. As such, we will ensure the contract contains the provision to allow health colleagues access to our arrangements should they require it.
- 3.8 The contract will also request the successful provider to carry out advocacy within neighbouring authority areas for those placed out of borough (but nearby). This is another component that has traditionally been spot purchased. We are currently experiencing difficulties in securing out of borough advocacy as the advocacy organisations operating in those areas (largely Kent, Essex and Southend) generally do not have additional capacity. We will have to continue to spot purchase those further away as it would not be financially viable for a local organisation to provide advocacy to service users who are living in specialist placements far away e.g. Yorkshire.

4. Reasons for Recommendation

- 4.1 It is a requirement that we commission statutory advocacy services.
- 4.2 We have delayed the recommissioning of existing advocacy arrangements to allow us to align existing contract end dates and in anticipation of the implementation of LPS (which to date has still not occurred). We are unable to extend further.
- 4.3 Current arrangements are complex and not in the best interest of service users as they can end up with multiple advocates and organisations within their journey.
- 4.4 We are having difficulty in securing spot purchase advocacy for service users placed in neighbouring authorities.

4.5 As such, we are recommending that we combine all existing contracted and spot commissioned advocacy services (with the exception of advocacy for those placed outside of neighbouring authority boundaries) to ensure a better experience for service users and to secure provision.

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

5.1 In order to gain increased understanding of the effectiveness of existing arrangements and to inform any potential changes, we have consulted a number of stakeholders:

- In October of this year we attended the Social Work Managers team meeting to ascertain their views.
- In November we met with the Deputy Manager - Process and Systems and with the Adults Safeguarding and Legal Intervention Team Manager that oversees IMCA referrals.
- In December we met with the Operational Manager of Pohwer, the organisation currently responsible for providing both IMCA and ICAS advocacy support.
- Also in December we met with the Chief Executive Officer of Thurrock and Brentwood MIND, the organisation responsible for providing both Care Act advocacy and spot purchased IMHA advocacy support.
- We are currently in the process of involving people that have been in receipt of advocacy support over the last 3 to 6 months as we see them as experts by experience. We should be able to give a verbal update to O&S on the outcome and include the findings in the eventual Cabinet report. The views of all of the above will go on to inform the service specification.

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

6.1 The delivery of advocacy services meets many corporate and community priorities. However, the commissioning of these services support Thurrock Council's 'People' priority in particular. The aim of this tender is to address current issues with inconsistencies of staffing and to assist vulnerable people to make informed choices. This meets the following two objectives contained within the People priority:

- high quality, consistent and accessible public services which are right first time
- communities are empowered to make choices and be safer and stronger together

7. Implications

7.1 Financial

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

There are no current financial implications as existing levels of provision are budgeted for. However, should the introduction of LPS result in additional demand then there is a potential risk of increased funding being required.

7.2 Legal

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

The commissioning of this service enables the Council to meet its statutory obligations and duties as outlined in section 2 of this report. Any proposed procurement of Advocacy service must comply with the Council's Contract Procedure Rules and the Public Contracts Regulations 2015 and Legal services is on hand to advice on any implications arising from the proposed procurement and this report.

7.3 Diversity and Equality

Implications verified by: **Natalie Smith**
Strategic Lead Community Development and Equalities

By commissioning this service we are seeking to support the most vulnerable in society to have their rights protected and their voice heard. We are addressing consistency of staff issues caused by the separation of contracts and have sought views from people delivering, referring to or using the service about these improvements.

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

N/A

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

N/A

9. Appendices to the report

None

Report Author:

Ian Gleadell

Commissioning Manager

Adults Housing and Health

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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
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
CQC - Mid and South Essex NHS Foundation Trust - Inspection Report - Verbal Briefing	NHS	Members
COVID Update Presentation	Jo Broadbent	Members
Update on the new primary care mental health service offer in Thurrock	Mark Tebbs	Members
Commissioning Report - Advocacy	Catherine Wilson / Ian Gleadell	Officers
Overview of responsibilities of Portfolio Holder for Health	Cllr Mayes	Members
3 March 2022		
HealthWatch	Kim James	Members
COVID Update Presentation	Jo Broadbent	Members
Annual Public Health Report	Jo Broadbent	Officers
Overview of responsibilities of Portfolio Holder for Adults and Communities	Cllr Huelin	Members

2022/23 Work Programme:

Add Tobacco Control Joint Strategic Needs Assessment, Personality Disorders and Complex Needs Report
Update Position on Basildon University Hospital Maternity

Clerk: Jenny Shade

Last Updated: April 2021

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