

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 **9 March 2023**

**Committee Room 2, Civic Offices, New Road, Grays, Essex RM17 6SL**

## Membership:

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

Georgina Bonsu (Thurrock Lifestyle Solutions) and Kim James (Healthwatch Thurrock Representative)

## Substitutes:

Councillors Alex Anderson, Adam Carter, Victoria Holloway, John Kent and Elizabeth Rigby

## Agenda

Open to Public and Press

	Page
<b>1. Apologies for Absence</b>	
<b>2. Minutes</b>	<b>5 - 16</b>
To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 12 January 2023.	
<b>3. Urgent Items</b>	
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.	
<b>4. Declarations of Interests</b>	

<b>5.</b>	<b>HealthWatch</b>	
<b>6.</b>	<b>Integrated Medical Centres Update - PowerPoint</b>	
<b>7.</b>	<b>Develop a single operating model for pathology services in mid and south Essex - PowerPoint</b>	
<b>8.</b>	<b>Domiciliary Care and Unpaid Carer Support - to follow</b>	
<b>9.</b>	<b>Renewing Contracts with Care Home and Supported Accommodation Providers</b>	<b>17 - 28</b>
<b>10.</b>	<b>Report of the Cabinet Member for Adults and Health</b>	<b>29 - 62</b>
<b>11.</b>	<b>Work Programme</b>	<b>63 - 66</b>
<b>12.</b>	<b>Final Market Sustainability Plan</b>	<b>67 - 88</b>

**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](mailto:Direct.Democracy@thurrock.gov.uk)

Agenda published on: **1 March 2023**

## **Information for members of the public and councillors**

### **Access to Information and Meetings**

#### **Advice Regarding Public Attendance at Meetings**

If you are feeling ill or have tested positive for Covid and are isolating you should remain at home, the meeting will be webcast and you can attend in that way.

Hand sanitiser will also be available at the entrance for your use.

#### **Recording of meetings**

This meeting will be live streamed and recorded with the video recording being published via the Council's online webcast channel: [www.thurrock.gov.uk/webcast](http://www.thurrock.gov.uk/webcast)

If you have any queries regarding this, please contact Democratic Services at [Direct.Democracy@thurrock.gov.uk](mailto:Direct.Democracy@thurrock.gov.uk)

#### **Guidelines on filming, photography, recording and use of social media at council and committee meetings**

The council welcomes the filming, photography, recording and use of social media at council and committee meetings as a means of reporting on its proceedings because it helps to make the council more transparent and accountable to its local communities. If you wish to film or photograph the proceedings of a meeting and have any special requirements or are intending to bring in large equipment please contact the Communications Team at [CommunicationsTeam@thurrock.gov.uk](mailto:CommunicationsTeam@thurrock.gov.uk) before the meeting. The Chair of the meeting will then be consulted and their agreement sought to any specific request made.

Where members of the public use a laptop, tablet device, smart phone or similar devices to use social media, make recordings or take photographs these devices must be set to 'silent' mode to avoid interrupting proceedings of the council or committee. The use of flash photography or additional lighting may be allowed provided it has been discussed prior to the meeting and agreement reached to ensure that it will not disrupt proceedings.

The Chair of the meeting may terminate or suspend filming, photography, recording and use of social media if any of these activities, in their opinion, are disrupting proceedings at the meeting.

## Thurrock Council Wi-Fi

Wi-Fi is available throughout the Civic Offices. You can access Wi-Fi on your device by simply turning on the Wi-Fi on your laptop, smartphone or tablet.

- You should connect to TBC-GUEST
- Enter the password **Thurrock** to connect to/join the Wi-Fi network.
- A Terms & Conditions page should appear and you have to accept these before you can begin using Wi-Fi. Some devices require you to access your browser to bring up the Terms & Conditions page, which you must accept.

The ICT department can offer support for council owned devices only.

## Evacuation Procedures

In the case of an emergency, you should evacuate the building using the nearest available exit and congregate at the assembly point at Kings Walk.

## How to view this agenda on a tablet device



You can view the agenda on your [iPad](#) or [Android Device](#) with the free modern.gov app.

Members of the Council should ensure that their device is sufficiently charged, although a limited number of charging points will be available in Members Services.

To view any “exempt” information that may be included on the agenda for this meeting, Councillors should:

- Access the modern.gov app
- Enter your username and password

## 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 12 January 2023 at 7.00 pm

---

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

Georgina Bonsu, Co-opted Member

**Apologies:** Kim James, HealthWatch  
Councillor D Arnold

**In attendance:** Jo Broadbent, Director of Public Health  
Alexandra Green, EPUT  
Phil Gregory, Senior Public Health Programme Manager  
Paul Scott, EPUT  
Rita Thakaria, Assistant Director Adult Community Health Services  
Navtej Tung, Strategic Transport Manager  
Jenny Shade, Senior Democratic Services Officer

---

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

### 34. Minutes

Minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 3 November 2022 were approved as a correct record.

### 35. Urgent Items

There were no urgent items.

### 36. Declarations of Interests

Councillor Ralph declared a non-pecuniary interest in relation to Item 6 as he was Thurrock Council's Governor to EPUT.

### 37. EPUT

The following presentation was presented to Members:

[\(Public Pack\)Item 6 - EPUT Presentation Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 12/01/2023 19:00 \(thurrock.gov.uk\)](#)

The chair thanked Rita Thakaria, Alex Green and Paul Scott for being here this evening and presenting to members.

Councillor Polley thanked officers for the report and referred to Safety First and some of the successes and investments, she referred to the 32% reduction in fixed ligature incidents in 2021/22 and noted that surely the aim would be 100%. Councillor Polley stated there were no figures from previous years to compare this figure against and requested that some further data be provided. Alex Green offered to provide this information outside the meeting and stated that an extension programme of work was in place across all the inpatient environments and being ligature free was difficult in an environment that changed all the time with the focus on the reducing the risk of ligature altogether and therefore the self-harming behaviour. To try and create more therapeutic environments, patient face to face, engaging in conversations and deescalating situations. Within the national benchmarking and in comparison, with other providers they were doing reasonably well.

Councillor Polley also referred to the reduction in the data on prone restraint in the presentation and stated this information should be shared with providers as acute behavioural disorders were not necessarily identified to be as acute as they were. Alex Green stated that a lot of work had been undertaken to reduce the number of primary restraints, stated that “no restraint was a good restraint” and why therapeutic time with patients was so important and agreed to share specific data from performance reports around the different types of restraint.

Councillor Potheary stated it was important to know that the fixed ligature was within the national benchmarking and questioned whether this was the same for absconsions and primary restraint. Alex Green stated she would need to check specifically but these were monitored month by month, but the data would include a number of different types of absconsions.

Councillor Potheary then referred to the Channel 4 Dispatches program and questioned whether those people who had been identified in program had been sacked or whether they were still worked within the mental health service. Alex Green stated this was a small number of staff who had now left the organisation.

Councillor Ralph stated he appreciated the report being presented this evening, appreciated the work that was being undertaken and acknowledged the work being undertaken to transform the services but had concerns over the use of the social media by patients which were not giving a true representation of the working being undertaken and questioned whether there were any controls that could be put in place. Paul Scott stated this was a national phenomenon, not unique in Essex, which was quite new as social media had been developed. The approach taken was not to stop them but to try and make sure that person was heard and engaged with. This was a sign that every time sometime someone reached out on social media was because they had not been heard. When those people were heard, action could be



taken and then there would be a lesser need to go onto the social media to express themselves.

Councillor Ralph referred to “being on watch” and questioned what measures were being put in place to prevent staff from falling asleep whilst on duty. Members were informed that a safety alert around sleeping had been implemented to prevent this from happening. There was clear guidance for managers, the wellbeing of staff was important, making sure staff were not undertaking observations for too long, focusing on engagement rather than just observation, site buddies would be in place, undertaking spot checks and there were clear guidance and processes in place to manage this.

Councillor Ralph referred to reoccurring visitors and questioned how that was being managed to which Alex Green stated focus would be on shorter lengths of stays, the work being undertaken on Section 117 and the aftercare of people how to prevent the readmission into hospital was important. The focus would be helping patients at the right time, intervention close to home and prevent hospital admissions.

Councillor Fish questioned what the challenges were of staff recruitment to which members were informed there were not enough clinically qualified staff working in mental health across the country. Therefore, were competing within the mental health trust and the private sector. Continually trying to recruit locally and nationally with focus on overseas for recruitment. With the redesign of workforce to draw on other skills from other different professions.

Councillor Polley raised her concern on the Bank Staff who may also work for agencies and questioned whether there was anything in place to try and monitor and control those staff working evening shifts who may have already worked a day shift. Alex Green stated this was difficult to control when relying on agency staff. There were internal controls, such as the health roster to ensure staff took appropriate breaks, program of works was in place to try and reduce number of banking agency staff. The aim would be to make this a great place to work so that agency staff would want to come and work with them.

Councillor Polley also questioned whether improvements being made on the time a patient would remain in hospital or were longer stays being seen, before they would be stepped down. Alex Green stated that improvements had been seen in the lengths of stay which was really good. Herself and the Executive Medical Director met to consult on a weekly basis to specifically look at length of stay and try to reduce those but was very dependent on individual care and treatment plans. Were very close to the national benchmark for lengths of stay but wanted those stays to be personalised so that people were there for the right length of time and to get them home with the right care and support.

Councillor Ralph thanked officers for the presentation and the committee had learnt a lot from this evening’s questions. Members suggested that an update on this item be added to the work programme for the next municipal year.

At 7.45pm, Alex Green and Paul Scott left the meeting.

### **38. Integrated Medical Centres Update**

The following presentation was presented to members:

[\(Public Pack\)Item 7 - IMWC and Primary Care Update Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 12/01/2023 19:00 \(thurrock.gov.uk\)](#)

The chair thanked Tiffany Hemmings for the report and questioned when the cardiac treatment, heart failure services would be rolled out on to the Corringham site to which Rita Thakaria stated that all services allocated to the Corringham IMC were now fully functional and operational from last year but agreed to take this question away and confirm outside the meeting.

Councillor Ralph raised the issue of staff parking and roads being blocked locally to which Rita Thakaria agreed that a reminder would be sent to all staff of the allocated parking available to them and would raise at the site's user group. Within a specific period of the opening of the building, an audit of the travel plan would need to be completed to ensure further checks and challenges could be made and that some time would be spent out in the community to understand the needs of parking, community needs and requirements and needs of the nurses.

Councillor Ralph referred to the diagnostic centre at the Grays IMC and stated the presentation had indicated that this centre would be the start of the IMC, the IMC was something that had been planned for a long time, the diagnostic centre was a new add-on to the IMC and had new funding. Tiffany Hemmings stated it had a separate funding pot and was an augmentation, but it would be fully integrated within the IMWC and confirmed that the Orsett diagnostics would move into the CDC.

Councillor Ralph also referred to the affordability and questioned whether the NHS were still dedicated and committed to the IMC buildings to which Tiffany Hemmings stated there was a commitment to the vision as specified by local Thurrock residents to deliver the integrated medical and wellbeing centre programme. The ability to fund that vision had been affected by national policy with business cases having had to be taken to the NHSE for approval. There had been no control on that pathway, engagement was being undertaken with NHSE but as this was a national issue there was not enough capital to progress onto so many different projects and programs. Once a response had been received this would be fed back to the committee but at this stage Tiffany Hemmings was unable to promise a favourable response. Councillor Ralph challenged this, but Tiffany Hemmings confirmed that NHSE would need to agree to the business cases before any decisions could be made.

Councillor Ralph referred to the closure date of Orsett Hospital and questioned whether we would now be on the verge of saying that Orsett

Hospital would never close to which Tiffany Hemmings stated there was a commitment to close Orsett Hospital, with the cost of upgrading Orsett Hospital being prohibitive. Members were informed that Orsett Hospital could not be shut until all services had been successfully moved. Councillor Ralph challenged this by questioning whether a commitment was now not to close Orsett Hospital nor to building IMCs just to move the services to which Tiffany Hemmings stated that until the decision had been made no commitment could be made.

Councillor Fish questioned how the urgent treatment centre was going to be upgraded in the minor injury units to which Tiffany Hemmings stated there would be additional capabilities covering a range of illnesses and injuries, such as some treatments that would have gone to accident and emergency would now be seen in the urgent treatment centres. Councillor Fish questioned whether there would be extra staff capacity to cope with the extra level of patients to which Tiffany Hemmings stated these would be sized in terms of the population. With a project group being formed to look at that and to bring an additional business case through the NHS.

Councillor Potheary stated her frustrations that Thurrock residents had been promised four integrated medical centres in return of Orsett Hospital being closed, that services would be relocated before the doors of Orsett Hospital shut. The shift in language was now looking at services rather than buildings and felt this was a betrayal to the people of Thurrock. Councillor Potheary referred to the contingency planning around Purfleet and Tilbury and asked how these would now work to which Tiffany Hemmings stated this was unclear at this time as the process had just started but would look at the different options to be considered and have the right contingency plans in place. Councillor Potheary stated the Corringham IMC had been located in an area of the borough that had the best outcomes where other areas such as South Ockendon, Purfleet, Chadwell and Tilbury had some of the highest and were crucially in need of services, those were the areas that would be left out. Tiffany Hemmings stated that the Corringham IMC had already been underway and designed as a building and already joined in as part of that program.

Councillor Potheary referred to the Grays IMC and had concerns over the timelines that were currently being set and asked how confident the NHS were to get this delivered in 22 months. Tiffany Hemmings stated this was the best estimate currently looking at a phased approach and undertaking this in successive years. The building was refurbished which may make this easier to achieve but was dependent on many different factors, initially the funding and then the business case. Councillor Potheary questioned what residents of Thurrock were losing to accommodate this refurbished IMC. Tiffany Hemmings stated nothing, the buildings were currently unused or underutilised with one of the buildings being the vaccination centre. Councillor Potheary questioned further whether the Grays IMC would be purpose built to which Tiffany Hemmings stated it would be purpose built but within the confines of existing buildings. Members agreed this was not what was

promised and had fallen short of the promise of a purpose-built building to be delivered.

Councillor Ralph stated the initial walk around of the site were obviously not now going to happen and questioned whether the new diagnostic centre would be a new or refurbishment building to which Tiffany Hemmings stated it would be a brand-new building.

Councillor Polley questioned why the CDC was receiving all the drive and delivery where the plans for the IMC changed on a monthly basis and questioned whether the funding for the CDC formed part of the £16 million site plan and had concerns on what would cost £16 million to go into these existing buildings.

Councillor Polley referred to the Fellowship Scheme and questioned the reduction in potential numbers to which Tiffany Hemmings stated there had been six people lined up but had had some withdrawals. That advertising of these roles would continue with 12 vacancies to fill with the potential for more in subsequent years.

Councillor Polley requested from the previous meeting that more information be provided on GP appointment being physical or telephone appointments.

Councillor Piccolo stated his utter disappointment that only one IMC was in place with the other three still being discussed and that hopefully those people responsible could turn it round otherwise it would leave Thurrock being in a worst position that what it had been in the first place.

Councillor Ralph thanked members for their open and honest discussions this evening and the disappointment that the update had provided. This was now a standing item on the work programme and would welcome a more favourable update at the next meeting.

At 8.40pm, Tiffany Hemmings left the meeting.

### **39. Self-Care in the Context of Living with Long Term Conditions - A Joint Strategic Needs Assessment**

The following presentation was presented to members:

[\(Public Pack\)Item 8 - Self Care Joint Strategic Needs Assessment Powerpoint Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 12/01/2023 19:00 \(thurrock.gov.uk\)](#)

Councillor Ralph thanked Jo Broadbent for the very detailed report with a lot of helpful information being provided.

Councillor Ralph stated the peer support programme had been a great idea which had brought a lot of value to people with the risk of developing long term conditions such as Diabetes to meet up as a group and being able to

speak with peers, this was a great benefit and real positive step forward. Referred to cognitive behaviour therapy in that it seemed to not have a positive impact to heart health and referred to page 94 of the agenda felt there was some contradiction as it stated improved mental health but based on no changes to behaviour but was referring to CBT. Jo Broadbent stated that when looking at the terms of evidence around those interventions and impact on behaviour it would be best to look more broadly at impact on a wider range of conditions and for a greater number of people as this was a single relatively small study. In terms of quantifying the impact, in particular around behaviours, it was difficult to measure but the trial had shown some effectiveness.

Councillor Ralph referred to page 112 of the agenda “Develop queries to aid GPs with finding the missing thousands (from disease registers) and patients who are on registers” and questioned how long this had been going on for. Jo Broadbent stated this was the strategy that had been put in place following the Annual Public Health Report in 2016. This year’s Annual Public Health Report, considered at the last meeting, has shown that the rate of diagnosis of conditions such as blood pressure had increased in the intervening years in Thurrock due to the initiatives that had been put in place. Councillor Ralph referred to the missing thousands and to ensure that money was put in the correct places going forward.

Councillor Ralph questioned whether the “Brain in Hand” service was a free APP or something was being charged for to which Jo Broadbent stated she would find out and let members know.

Councillor Fish agreed the holistic approach would work best for residents and would definitely agree to the recommendations to which Jo Broadbent agreed this needed to be part of the holistic patient centred approach, which would help residents and would make better use of NHS resources and other services. Councillor Ralph agreed the IMCs should be part of the future plan as they demonstrated how well they worked.

Councillor Polley asked for an explanation on what Substantiality Transformation Partnership (STP) was to which Jo Broadbent stated the report had been written some 12 months ago, so now the STP was the Mid and South Essex Integrated Care System, the partnership that included the NHS and councils within Southend, Thurrock, and parts of Essex County Council geography. This covered all the services within that geographical patch.

Councillor Polley questioned whether personal centred plans were already in place with social prescribers to which Rita Thakaria stated the social prescribers were the start of the journey, who were there to support and work with individuals to manage their conditions and wellbeing. Although for fully integrated holistic support, a whole system approach was needed and therefore Better Care Together had been embarked upon. Alongside social prescribers there were co-ordinators and others that could offer support within the community.

## RESOLVED

**That the Committee reviewed the needs assessment and the recommendations contained within the report and provided comment.**

### **40. Adult Substance Misuse Needs Assessment**

*At 9.15pm, the chair suspended standing orders for the meeting to continue until 10.00pm.*

*At 9.15pm the meeting was paused and restarted at 9.21pm.*

The following presentation was presented to members:

[\(Public Pack\)Item 9 - Adult Substance Misuse Needs Presentation Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 12/01/2023 19:00 \(thurrock.gov.uk\)](#)

Councillor Ralph thanked officers for the brilliant report and commended them on the details within the report as he had been requesting information and data on this subject, especially around alcohol use within Thurrock, for some time. Noting that alcohol could also play on physical health as well as mental health and how manpower and hours off work were being lost through alcohol misuse and questioned whether the focus was only on those that were known about. Philip Gregory stated the service had an educational element promoting healthy activity, what were safe levels of consumption and treatments, and that would be captured by the current services.

Councillor Ralph stated the report had been written with the four integrated medical centres in mind and questioned whether a contingency plan would be in place to ensure this service was rolled out into the PCNs. Phillip Gregory stated the service worked well with the concept of moving this to the IMCs would be to improve the service but would depend on the recommissioning process and would await further updates on the IMCs to understand more on what the plans would be.

Councillor Ralph referred to page 181 of the agenda and thanked the Police for the work that they had currently carried out within Thurrock.

Councillor Ralph referred to page 103 of the agenda where it had identified that teams needed to work together, recognised how each team worked and how important staff training was.

Councillor Ralph also referred to page 202 of the agenda and questioned whether Thurrock had a lead or joint commissioning across mental health services and local public health, alcohol/drugs/tobacco sectors. Phillip Gregory stated that Thurrock did not have this post in place and was one of the recommendations to approve and look at how this could be implemented.

Councillor Potheary thanked officers for the thorough and detailed report and questioned when the recommissioning of the service took place what the level of involvement of service users would be with that. Councillor Potheary also referred to the key findings on the success rate of treatment completions with the target met for opiate treatments but stated there were more inconsistency for successful completion rates for other substance types and questioned why this might be. In response to the second question, Phillip Gregory stated this was down to the complexity of cases. An opiate issue could comfortably be dealt with through a clinical model but with a combination of complex issues, treatment would be more difficult to successfully complete. This issue has been discussed at the performance meetings and Public Health were keen to look at to ensure the best possible outcomes. Regarding the first question, service users' views had been captured in the needs assessment and were quite positive about the service received, with more work to be undertaken when the new service specification was in progress. As this would be an evolving contract that would be in the service specification, a fluid approach must be maintained as the service was delivered which would be based on many outcomes but also on the perspectives of the experiences of people who were accessing the service, in line with a Human Learning Systems approach.

## **RESOLVED**

**That the Committee reviewed the needs assessment and the recommendations contained within the report and provided comment.**

### **41. Active Travel Needs Assessment**

The following presentation was presented to members:

[\(Public Pack\)Item 10 - Active Travel Needs Assessment Presentation Agenda Supplement for Health and Wellbeing Overview and Scrutiny Committee, 12/01/2023 19:00 \(thurrock.gov.uk\)](#)

The Chair thanked officers for the presentation and report which had demonstrated the good working being undertaken. Councillor Ralph referred to the active travel plan and referred to a previous initiative to extend the footpath from Stanford le Hope to Basildon Hospital along the old A13. He referred to the good cycling network in the borough, referred to the school action plan and how important it was to safeguard children and others by installing zebra crossings outside schools.

Councillor Potheary thanked officers for the report and appreciated the work undertaken and what was trying to be achieved and the borough really needed this type of work to be undertaken. Councillor Potheary referred to section 5.6 of the report, a statutory duty for local authorities, to have Sustainable Modes of Travel Strategy for schools. However, the latest school sustainable modes of travel strategy for Thurrock, which ran from 2015 to 2018, had not currently been updated due to reallocation of transport funding to other areas and consequently there was no strategic guidance in place.

Councillor Potheary stated that schools were perhaps not being given the strategic guidance they needed. She also referred to the proposed cuts to the school bus from St Cleres School for children in East Tilbury and hoped that work was being undertaken with the education department to say this would just not work. Councillor Sammons also commented on the school bus route and how unacceptable it would be to expect children to have to walk alongside a busy road or across fields to get to school.

Councillor Polley stated the report was not inclusive enough with no reference to reduced mobility users, electronic bikes or scooters and mixed abilities of children. Councillor Polley also stated paths should be implemented where there was a desire to have one, consultation with residents was vital to understand where people choose to walk or cycle, and this report had given her the most concerns this evening.

Councillor Piccolo agreed Thurrock had good traffic links between Thurrock and Southend and into London, but Thurrock people required a car to travel to places like Brentwood where there were no easy transport links unless you travelled further out and picked up connections. That those connectivity routes needed to be made more accessible.

Councillor Ralph agreed that working with local schools was a must to understand their needs.

Councillor Ralph thanked Members for their contribution this evening and officers for the well-presented reports.

## **RESOLVED**

**That the Committee reviewed the needs assessment and the recommendations contained within the report and provided comment.**

### **42. Report of the Cabinet Member for Adults and Health**

This item was deferred to the 9 March 2023 committee at the request of the portfolio holder.

### **43. Work Programme**

Members discussed the work programme and agreed to add an Update from EPUT on the work programme for the next municipal year.

**The meeting finished at 10.19 pm**

Approved as a true and correct record

**CHAIR**



## DATE

Any queries regarding these Minutes, please contact  
Democratic Services at [Direct.Democracy@thurrock.gov.uk](mailto:Direct.Democracy@thurrock.gov.uk)

This page is intentionally left blank

<b>9 March 2023</b>		<b>ITEM: 9</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>		
<b>Renewing Contracts with Care Home and Supported Accommodation Providers</b>		
<b>Wards and communities affected:</b> All		<b>Key Decision:</b> Key
<b>Report of:</b> Councillor Deborah Arnold, Portfolio Holder for Children's and Adult Social Care		
<b>Accountable Assistant Director:</b> Ceri Armstrong, Interim Assistant Director Adult Social Care		
<b>Accountable Director:</b> Les Billingham, Interim Director Adult Social Care and Community Development		
<b>This report is Public</b>		

## Executive Summary

The Care and Support Statutory Guidance issued under the Care Act 2014 stipulates that:

- Where the care planning process has determined that a person's needs are best met in a care home, the local authority must provide for the person's preferred choice of accommodation, subject to certain conditions.
- Where a local authority is meeting needs by arranging a care home, it is responsible for contracting with the provider.
- When commissioning services, local authorities should assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care.

In Thurrock we contract with every care provider located within the Borough and have Local authority funded placements in each home. Despite our not having

conducted a competitive tender for this our rates remain extremely competitive. These rates are benchmarked annually against regional colleagues to check that our contractual approach continues to obtain value for money for the local authority.

Despite our fees being lower than average, our quality ratings are above average, with over 90% of our care homes being rated as good or excellent following a Local Authority Contract Compliance Visit.

We place approximately 60% of people within the Borough with the remaining 40% being placed outside of Thurrock, this could be for a variety of reasons, such as family choice, or lack of a suitable vacancy within the Borough. When placing outside of the Borough for older adults' residential homes we honour the rates the host authority pays these providers. For adults of a working age and supported accommodation providers these rates are individually negotiated. These are however regularly benchmarked against rates paid by regional and national colleagues to ensure we are obtaining value for money.

For these reasons, in common with many other local authorities with social services responsibilities, it has been the practice of Thurrock Council not to tender for residential care home services, and this report seeks a waiver from the Constitutional requirement to tender, and approval to follow a single sourcing arrangement for awarding contracts for care home services for both older people and working age adults.

This is consistent with the decision of Cabinet on the 5<sup>th</sup> April 2017.

### **Government Intervention & Section 114**

In July 2022, the Council was made aware of concerns around the valuation of specific investments. A review process commenced, and the initial findings highlighted significant concern with three investments and the position was shared informally with the Department of Levelling Up, Housing and Communities (DLUHC). On the 2 September 2022 DLUHC announced directions to implement an intervention package at the Council.

The Secretary of State exercised his powers under section 15(11) of the Local Government Act 1999 to give a Direction without complying with the requirement at section 15(9) to give Thurrock an opportunity to make representations about the Directions, as he considered the failures of the Council's compliance with its Best Value duty in respect of the functions specified in the Directions sufficiently urgent. This was because of the following:

- the scale of the financial and commercial risks potentially facing the Authority, which were compounded by the Authority's approach to financial management

- and the seriousness of the allegations that were made by third parties about the processes applied to the operation of the Authority's commercial strategy, and;
- the failure of the Authority to provide assurance to Ministers and the Department on the adequacy of the actions that they were taking to address the issues, taking account of the scale and pace of the response required.

The Secretary of State nominated Essex County Council to the role of Commissioner

On 19 December 2022, the Council's Acting Director of Finance & Section 151 Officer issued a report under Section 114 of the Local Government Finance Act 1988. This advises Councillors that the Council faces 'a financial situation of an extremely serious nature'.

Since that period the Council has continued to operate under the s114 Notice and is working alongside Commissioners to tighten its financial management procedures

## **1. Recommendations**

- 1.1 That HOSC endorse a waiver from the constitutional requirement for competitive tendering for the provision of care home services for older people, working age adults, and supported accommodation, and approve a single sourcing arrangement for new contracts for care home and supported accommodation placements commissioned by the Council.**
- 1.2 That HOSC endorse the delegation to the S151 officer and Commissioners, in consultation with the Portfolio Holder, the authority to award contracts for care home and supported accommodation services to meet the assessed needs and preferences of older people and working age adults.**
- 1.3 That HOSC endorse the changes to and agreement of fees (e.g. annual uplift) being agreed in consultation with the S151 officer.**

## **2. Introduction and Background**

- 2.1 Care and Support Statutory Guidance issued under the Care Act 2014 stipulates that where the care planning process has determined that a person's needs are best met in a care home, or a supported accommodation provision that the local authority must provide for the person's preferred choice of accommodation, subject to certain conditions.
- 2.2 Service users (often assisted in their decision making by relatives and friends) commonly express a preference for a care home when assessed as requiring residential care. However, the choice is often also determined by the availability

of care homes to meet quite specific assessed needs, including sensory impairments, dementia care, physical disability, mental health needs, substance misuse and autism.

- 2.3 Where a local authority is responsible for meeting a person's care and support needs and their needs have been assessed as requiring a particular type of accommodation in order to ensure that they are met, the person must have the right to choose between different providers of that type of accommodation provided that:
- the accommodation is suitable in relation to the person's assessed needs
  - to do so would not cost the local authority more than the amount specified in the adult's personal budget for accommodation of that type
  - the accommodation is available
  - the provider of the accommodation is willing to enter into a contract with the local authority to provide the care at the rate identified in the person's personal budget on the local authority's terms and conditions
- 2.4 The choice of the service user, or the availability of provision to meet their assessed needs, are the main factors which determine which provider is contracted to provide care. This is in keeping with the Care Act 2014. In consequence of this, Thurrock in common with most other councils in the region has tended to follow a single sourcing arrangement in contracting with care home and supported accommodation providers.
- 2.5 Thurrock has a small amount of providers and has few voids. All providers within the Borough are used with insufficient competition justifying selection based on price. The agreed price with Thurrock providers is low compared to benchmarked comparators and 90% of homes are rated as 'good' or above by a Local Authority Quality Compliance Visit which is above regional and national averages and demonstrating that Thurrock has good value for money through its approach.
- 2.6 For this reason Cabinet will be asked to agree a waiver from the requirement in Thurrock's Constitution for competitive tendering for contracts for care homes over £75,000 per annum. HOSC are asked to endorse this recommendation.
- 2.7 This report has been drafted in light of the current financial situation the Council faces. The challenges facing the Council during 2022 are well publicised and this report should be read in that context. Future service activity will need to reflect the intervention the Council finds itself in. Particularly difficult decisions will need to be made on levels of service and methods of service delivery during 2023 and beyond

### **3. Issues, Options and Analysis of Options**

3.1 In order to be able to set a personal budget for a person who requires residential care or supported accommodation a local authority needs to have regard to the cost of care for the provision. For placements outside Thurrock the Council should have regard to the cost of care in that area when setting a person's personal budget. This arrangement mainly applies to meeting the needs of people aged 65 years and over who's sensory, mobility and cognitive functions may be impaired as a result of the ageing process.

3.2 The local authority rates paid for care home places in Thurrock for people aged 65 and over from 1<sup>st</sup> April 2022 (per week) are as follows.

• Standard residential care	£572.23 (shared room £543.60)
• High Dependency residential care	£609.91 (shared room £579.43)
• Dementia care	£617.24 (shared room £586.30)
• High needs dementia care	£646.63 (shared room £614.22)
• Nursing care	£633.73 (shared room £602.24)

3.3 The Council funds placements in 12 care homes for older people in the local area, owned and managed by 6 providers. The Council also funds placements in Essex and Southend, and to a lesser extent elsewhere, and in these cases the Council pays the rate established by those local authorities.

#### **Personalisation**

3.4 In addition to service users having the choice of care home (subject to the conditions in the Guidance and set out above), the service specification, developed in conjunction with other councils with social services responsibilities in the East of England, sets out how the service will address the requirements of the personalisation agenda.

3.5 In the context of commissioning for outcomes, the specific outcomes to be achieved for each service user are agreed between the care manager, the care home provider and the service user, and recorded in the care and support plan. The actual tasks related to the delivery of personal care in the care home will then be agreed between the service user and the care and support provider and recorded in the service user's individual service contract. The care manager must determine that the times and tasks appear appropriate to the delivery of the agreed outcomes.

## **Quality And Safety**

- 3.6 The Council works closely with the Regional Association of Directors of Social Services Group to address quality and safety in Care Homes. The Group has developed a market management system (PAMMS - Provider Assessment and Market Management System) which incorporates risk rating, monitoring assessment tools, action planning functions, demographic reporting, fee levels and benchmarking data.
- 3.7 The Council's Contract Compliance Team conduct Quality Monitoring Inspections to develop and maintain quality standards in line with the Regional Group guidelines and contractual standards for Residential Care Services. During inspections the online assessment tools are completed which will determine a rating and an action plan for providers. The rating will establish the level of support and monitoring required to ensure quality standards are improved and maintained, which will include regular provider checks and visits.

## **Current Contracts For Care Homes**

- 3.8 In order to renew the current contracting arrangements for care homes, the Council must address the requirement in the Council's Constitution, which would ordinarily require contracts of this value to be competitively tendered
- 3.9 The current contract for care homes was introduced in September 2017. In order to renew the contract, and for the reasons set out in paragraph 2.4 above, Cabinet are asked to agree a waiver from the Constitutional requirement for competitive tendering and to approve a single sourcing arrangement for contracting with care home providers.
- 3.10 The updated Regional Standard Contract for care homes which Thurrock developed in conjunction with the other councils in the East of England will be offered to providers. This will ensure that the terms and conditions of contract and the specification are up to date in relation to relevant legislative requirements, reflect good practice, and are consistent with the terms and conditions used by neighbouring councils.

## **4. Reasons for Recommendation**

- 4.1 The Council's Constitution requires competitive tendering for contracts valued at over £75,000. This report requests a waiver of that requirement in respect of care home (residential care) and supported accommodation services. It also seeks approval of the arrangements for the award of these contracts. HOSC are asked to endorse these recommendations prior to Cabinet of 12<sup>th</sup> March 2023.



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

- 5.1 Following approval, a letter will be sent to providers inviting them to enter into a contract with the Council for the provision of care home places for an initial period of 5 years which may, by mutual agreement, be extended for a further 24-month period, up to a maximum of 7 years. (Please note there will be a 6 months' notice period to exit this contract, if this contractual approach no longer offers value for money for the local authority the contract can be terminated and reprocured in a different way).
- 5.2 HOSC is asked to consider this report and endorse its recommendations prior to Cabinet being asked for approval at its meeting of 12<sup>th</sup> March 2023.

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

- 6.1 The Community Strategy, the Corporate Plan and the Medium Term Financial Strategy (MTFS) require the Council to commission services at the highest possible standard whilst delivering value for money for the Council.

### Implications

#### 7.1 Financial

Implications verified by: **Mike Jones**

#### Strategic Lead - Corporate Finance

The budget allocation for the services covered within the report are detailed in the following table:

Service Type	Client Group	2022/23 Revised Budget £000's	2023/24 Base Budget £000's
Residential Care	Older People	9,431	10,763
	Learning Disabilities	8,355	8,014
	Mental Health	1,559	1,111
	Physical Disabilities	1,216	1,516
Total		20,561	21,405
Nursing Homes	Older People	1,126	1,401
	Learning Disabilities	78	41
	Physical Disabilities	191	59
Total		1,395	1,501
Supported Living	Older People	571	684
	Learning Disabilities	4,394	4,468
	Mental Health	3,072	2,966
	Physical Disabilities	622	1,072
Total		8,659	9,191

<b>Grand Total</b>	<b>30,615</b>	<b>32,097</b>
--------------------	---------------	---------------

The 2023/24 draft budget has been formulated to take into consideration that full year effect of the residents receiving a service within the relevant care provisions. This is included within the Draft 2023/24 Budget report to Cabinet on 22 February 2022.

The increase in the funding requirement identified for 2023/24 is as a result of additional demand for residential care services. Funding has been allocated in the Councils medium term financial strategy and is detailed in the aforementioned Draft Budget 2023/24 report.

Within the 2023/24 draft budget, the Council has identified £1.878m growth for price inflation, and £4.520m for demographic and other pressures, to be applied across the Adult Social Care external placement budget.

Furthermore, an additional £1.090m of specific grant fund has been awarded in the local government finance settlement through the ASC market sustainability and improvement fund. In line with the guidance, this funding will be used to fund additional financial support to the external care market in 2023/24.

At this stage, the budget detailed in the above table does not include any inflationary price uplifts for 2023/24. This is currently under discussion as part of the consultation with external care providers, which will take into consideration national living wage, general inflation as well as recruitment and retention pressures within the care sector. Funding has been identified in the 2023/24 draft budget and will be allocated upon conclusion of the consultation. This consultation forms part of the annual budget setting process each year, and is subject to the economic considerations, which will vary over the life of the contracts, and form part of the Councils MTFS.

The recommendation to following a single sourcing arrangement in contracting with care home and supported accommodation providers has been deemed as the most cost-effective approach to procurement of the services. The 2022/23 and 2023/24 base budgets have been set in accordance with this approach, and outside of the application of inflationary price uplifts, the approval of the recommendation will not have an adverse financial impact on the proposed budget, and conversely, provides certainty over the charges which the Council will pay for the current residents

## 7.2 Legal

Implications verified by: **Kevin Molloy**

### **Principal Solicitor - Legal**

- 7.2.1 The Council's Constitution requires a competitive tender to be completed for all contracts over £75,000. However, this requirement may be waived provided the Council complies with its duty to obtain Best Value pursuant to the Local Government Act 1999. The Council is unable to conduct the normal competitive procurement procedure for residential care and supported accommodation providers because of the particular nature of the service provision and the service user choice. However, the Council is required to act transparently, fairly, proportionately and in a non-discriminatory manner when dealing with service providers.
- 7.2.2 By entering into legally binding contracts with care homes in the borough, the Council will be able to manage the relationship with the accommodation providers, including being able to monitor the standard of care being provided to the service users therefore ensuring the Council's safeguarding function is carried out.
- 7.2.3 The Council needs to ensure that a robust procedure is established for determining the local authority rate. It is essential that the procedure includes an evaluation of all relevant circumstances relating to the provision of the service and not just the Council's financial circumstances (although this is also a relevant factor).
- 7.2.4 Legal Services and Procurement Services will provide ongoing advice and assistance to the client in relation to the procurement process and the legal issues regarding setting the local authority rate.

## 7.3 Diversity and Equality

Implications verified by: **Rebecca Lee**

### **Community Development & Equalities**

- 7.3.1 The arrangements for contracting with care home providers for older people, and for working age adults, will be undertaken with due regard to equality and diversity considerations. This will include adherence to the relevant 'Equality' Codes of Practice on Procurement. These require consideration of the equality arrangements of all such providers; that they have relevant policies on equal opportunities and are able to demonstrate a commitment to equality and diversity. These arrangements will also be subject to a full review as part of the contract management of the services to be provided using the PAMMS Monitoring System.

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

None.

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):

**Care and support statutory guidance Updated 9 December 2016**

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

9. **Appendices to the report**

Appendix 1 – Regional Fee Comparison

**Report Author:**

Louise Brosnan

Service Manager – Contracts & Brokerage

Adults, Housing and Health

Authority	Residential Current Weekly Rate	Authority	Nursing Current Weekly Rate	Authority	Homecare Current Hourly Rate
CAMBRIDGESHIRE	£1,015.77	CAMBRIDGESHIRE	£890.17	HERTFORDSHIRE	£25.20
MILTON KEYNES	£975.37	ESSEX	£873.00	CENTRAL BEDFORDSHIRE	£23.70
SUFFOLK	£746.00	HERTFORDSHIRE	£770.41	ESSEX	£22.22
BEDFORD	£728.00	BEDFORD	£770.00	NORFOLK	£22.08
HERTFORDSHIRE	£709.40	SUFFOLK	£746.00	SUFFOLK	£21.43
NORFOLK	£691.00	CENTRAL BEDFORDSHIRE	£702.00	BEDFORD	£21.04
CENTRAL BEDFORDSHIRE	£690.00	NORFOLK	£699.00	MILTON KEYNES	£20.79
ESSEX	£663.00	MILTON KEYNES	£670.00	CAMBRIDGESHIRE	£19.37
LUTON	£609.63	LUTON	£647.36	SOUTHEND	£19.00
SOUTHEND	£576.45	<b>THURROCK</b>	<b>£633.00</b>	<b>THURROCK</b>	<b>£18.93</b>
<b>THURROCK</b>	<b>£572.00</b>	SOUTHEND	£576.45	LUTON	£17.96
<b>Regional Average</b>	<b>£725.15</b>		<b>£725.22</b>		<b>£21.07</b>



<b>9 March 2023</b>	<b>ITEM: 10</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>	
<b>Report of the Cabinet Member for Adults and Health</b>	
<b>Report of: Councillor Deborah Arnold</b>	
This report is public	

## 1. Executive Summary

- 1.1. This is the first report of the Cabinet Member for Adults and Health. The portfolio holder is also the Chair of Thurrock's statutory Health and Wellbeing Board.
- 1.2. This report outlines the key areas of the Portfolio and highlights the achievements across the last year including: the continued transformation work across Adult Social Care and the integrated person-centred approach being taken by the Council, the ongoing commitment to the development of four Integrated Medical and Wellbeing Centres across the borough and the launch of the refreshed Health and Wellbeing Strategy. The report also identifies key challenges the Council faces such as the Social Care Charging Reform, the Fair Cost of Care and social care market fragility.
- 1.3. The report is split into two sections: Adults and Public Health. For Adults, the following subject areas have been considered:
  - Health and Social Care Transformation – Better Care Together Thurrock;
  - Front line Social Work Teams;
  - Mental Health Service Transformation;
  - Hospital Discharge (Previously Delayed Discharges of Care - DToc)
  - Safeguarding;
  - Preparing for Adulthood Strategy;
  - Social Care Charging Reform;
  - Fair Cost of Care;
  - Carers;
  - Micro Enterprises;
  - Integrated Medical and Wellbeing Centres (IMWCs);
  - Finance.
- 1.4. The Public Health section (from page 20) covers the following topics:
  - Health and Care:
    - Population Health Management (PHM);
    - Tackling Health Inequalities through NHS Services;

- Annual Public Health Report 2022 – Improving Quality of Care for Cardiovascular Disease.
  - Health Protection:
    - Continued impact of COVID-19.
  - Health Improvement:
    - Thurrock Healthy Lifestyle Service, Tobacco, Alcohol and Drugs, Sexual Health, Whole System Obesity and Weight Management and Mental Health Improvement - Suicide Prevention and Postvention Support.
  - Wider determinants of health:
    - Health and Wellbeing Strategy 2022-2026, Economic Growth, Housing, Place Making and Youth Violence and Vulnerability.
  - Finance.
- 1.5. This report has been drafted to reflect the activities of the service during the year. The challenges facing the Council during 2022 are well publicised and this report should be read in that context. Future service activity will need to reflect the intervention the Council finds itself in. Particularly difficult decisions will need to be made on levels of service and methods of service delivery during 2023 and beyond.



## Part 1 - Adults

### 2. Health and Social Care Transformation – Better Care Together Thurrock (BCTT)

- 2.1. In 2017, the Director of Public Health developed a whole system strategy in response to under-doctoring in Thurrock. The 'Case for Further Change' focused on enhancing capacity in Primary Care, but also on improving identification and management of long-term conditions and on shifting the health and care system to focus on enabling people to achieve a 'good life'. The Strategy introduced a new model of care for the local health and care system and launched a new phase of transformation known as Better Care Together Thurrock (BCTT). The early phase of BCTT included the development of Primary Care Networks (PCNs), the introduction of capacity building roles in Primary Care (now funded across all PCNs through Additional Roles Reimbursement Scheme, ARRS) and a successful long-term conditions programme – which enhanced the identification, management, and treatment of different long-term conditions.
- 2.2. Building on the Case for Change, the next phase of Thurrock's transformation programme aims to establish a new operating model for health and care. This is encapsulated within the system strategy called 'The Case for Further Change'. The new Strategy was published in 2022 and is divided into several separate but interconnected chapters that set out and identify how a clear integrated health and care vision will be achieved. These include General Practice and Primary Care; Population Health Management; an integrated and community-based workforce; a new model for Residential Care; a new model for support delivered in the home; and a new model for community engagement and empowerment. The Strategy also outlines a new model for commissioning and details governance arrangements.
- 2.3. Previous transformation initiatives as part of, or separate to, previous Strategies have enabled the Council to get to the point where it can deliver Thurrock-wide place-based integrated care systems and solutions. This has included the embedding of place-based social work teams (Community Led Support); implementation of targeted health interventions and the development of place-based relationships meaning a reduction in team-to-team referrals. The transformation of health and care is an iterative process and will continue to expand based on constant learning, testing and

experimentation – all linked by a common set of principles as set out within the Integrated Care Strategy. For example, the development of Community Led Support has now led to the development of integrated social work teams at place and integrated health and care networks. The development of Wellbeing Teams and Better Care Together Nurses has led to the testing of ‘blended roles’ and a new model for care in the home.

- 2.4. The operating model contained within The Case for Further Change recognises that many people require multi-faceted solutions – but that they often have to go through numerous ‘front doors’ with numerous onward referrals.

This often results in them not finding the right solution or anyone to own and oversee that solution. The Strategy details an approach that starts with the individual and that provides a bespoke solution. This means existing services and organisations working together – often across existing boundaries and thresholds and focusing on solutions that are preventative or that intervene at the earliest opportunity.

- 2.5. The Council’s transformation programme spans the next five years and will be regularly reviewed and updated. Governance arrangements focus on ensuring delivery. This includes overseeing several ‘test and learn’ experiments that enable existing partners to test new approaches – for example blended roles which span more than one current function, integrated teams – for example those spanning health, care and housing and the identification of ‘signals’ that enable the early identification of people requiring support – prior to crisis (for example those reaching the point of eviction). Much of this work will be developed and delivered through the Human Learning Systems programme which is both Council-wide and multi-organisational.
- 2.6. Several of the following sections describe elements of the Council’s transformation programme and are not separate to it.

### **3. Front line Social Work Teams**

- 3.1. Social Work Teams are the Council’s professional leads in Adult Social Care (ASC). They support and protect some of the most complex and vulnerable adults in Thurrock. Thurrock has one of the lowest turnover rates of Social Workers in England allowing long term care relationships between staff and residents to be maintained. This is achieved through recruiting through Social Work Apprenticeships and then offering staff career progression opportunities and the opportunity to work in a strengths-based, holistic way embedded within the borough’s communities.
- 3.2. There is now Thurrock-wide coverage for the Local Authority’s place-based Social Work Teams (known as Community-Led Support Teams). Each of the Teams is aligned to one of four NHS Primary Care Network geographical footprints, supporting the provision of integrated health and care services.

- 3.3. The Social Work Teams are easily accessible – offering regular drop-in sessions known as ‘Talking Shops’ at key locations within the community. During the pandemic, the Teams offered ‘virtual’ talking shops but are now back doing face-to-face sessions. The Council has also continued with a virtual offer of support for people that prefer this way of making contact. There have been lots of benefits from the Community-Led Support (CLS) way of working. For example, reduced hand-offs, cases are allocated quicker, and residents are not having to re-tell their story. The CLS principles and approaches are being fully evaluated by the transformation leads and the full evaluation report is pending.
- 3.4. The Community-Led Support Teams undertake the Council's statutory duties of care and support needs assessment, as well as safeguarding of individuals with eligible needs and carers needs. In addition, to approaching ASC, people continue to want to connect and do the things that have made their lives enjoyable. For example, ASC has often been able to link people with some gardening help so that they can continue to enjoy their garden or help to ensure they can get to clubs and organisations that reflect their interests. The Teams introduce and connect people to other members of the community and community led groups. For example, residents may seek support from a range of services provided by the Council and other community organisations. This is achieved through effective engagement with community builders and Local Area Coordination.
- 3.5. Following the successful implementation of Local Area Coordination and the continued emphasis on community and place with the likes of emerging social prescribers and community builders, Thurrock Council is further taking forward the principles of CLS and now focussing current staffing capacity to work differently therefore delaying and preventing the need for longer term social work and ASC support. As part of the integrated placed based approach, the Council has continued to integrate specialist teams into the Community Led Support Teams to provide the needed social work and strengths-based support. A test and learn exercise commenced in June 2022 by moving staff from the Reviews Team, Adult Social Work Mental Health, and Complex Care Fieldwork Teams into one of the locality teams and this will be implemented across the remaining three localities across Thurrock by February 2023. Initial feedback indicates that residents are receiving the right support at the right time by the right support services. The CLS principles and approaches are being fully evaluated by the transformation leads and the full evaluation report is pending.
- 3.6. The Hospital Social Work Team will also be part of the test and learn and will be embedded as part of the integration work. This piece of work will start in February 2023.
- 3.7. Over the past year, joint working has improved, including a collaborative approach with better holistic views of Thurrock's residents being understood and captured, and subsequently informing and directing the right support options. Historically, while staff across different teams and directorates communicated, feedback from residents and staff indicated service areas

were perceived to work in silo. With the adoption of Human Learning System principles also, there is better collaborative work between ASC and Housing, and this is being extended to other departments within and outside the Council, especially Health colleagues. Members of CLS and Housing work from the same community hubs and engage in conversations as opposed to referrals, and this avoids people being bounced around the system and for Teams to improve the individual experience. A very early example highlighted a member of ASC had made three enquiries to Housing services regarding support options available, but within the first day of moving into the hubs along-side Housing colleagues, support options were able to be identified and resolved for all three residents on that day.

- 3.8. Within the last month, a series of place based network workshops have been run with Housing, ASC, Rents and Health Services and it was found that conversations between all staff, inside and outside the Council has improved. With the principles of CLS being adopted by all parties, there has been a reduction in formal referrals being progressed, but support via joint visits and joint working improved with reduced delay being experienced for the resident. ASC are also seeing a reduction in duplication, for example, rather than a member of CLS progressing a formal referral to Occupational Therapy (OT) Services, the OT service has walked along-side the CLS member of the Team and progressed the support options needed for the resident, without the need to trigger a referral or another assessment, thus avoiding the resident telling their story again.

#### **4. Mental Health Service Transformation**

- 4.1. Having a home with the right levels of support is fundamental to someone's wellbeing, the Mental Health Transformation plan in Thurrock recognises this and has been focused on two projects that will support people with mental health challenges to have the best possible quality of life. Adult Social Care (ASC) is committed to transforming its approach to how accommodation and support are provided.
- 4.2. Supported Accommodation for people with mental health challenges is being transformed to make sure the person has support at the right level to ensure they can have as much control as possible over their lives that they are able to engage with support, with family and friends and their local community. It is really important to have skilled professionals to offer early intervention and preventative to wherever possible to enable the person to stay at home. It is often difficult for people who have mental health challenges to remain in accommodation as they do not have the right levels of support and the Council's approach is to deliver support as flexibly as possible so that it can wrap around someone when they are really struggling and ease away as the person becomes more settled while ensuring regular contact.
- 4.3. To enable this to happen the Council is developing a Complex Care Team, this will be a multi-disciplinary team to support people to maintain their accommodation when their mental health becomes more challenging, to have intense support when needed and to have access to appropriate health, social care and housing interventions. The Team will be led by a psychologist with a

senior social work practitioner, a substance misuse worker, and support from the Local Area Coordinators. It will be linked into the Thurrock Mental Health Multidisciplinary Team (MDT) to ensure that a positive and prompt response can be made when required by the mental health system.

- 4.4. The Team will work in a therapeutic way supporting people to find solutions to prevent the loss of tenancies and subsequent homelessness, reduce the risk held by the Housing Directorate and support individuals to develop where possible insight into their mental health and achieve stability which will support an improvement in their quality of life.
- 4.5. This complex care team will be delivered as a one-year pilot and be part funded by the Mid and South Essex Integrated Care System (ICS). The outcomes achieved with people during the pilot will be evaluated to enable learning and adjustment to the approach if needed.
- 4.6. ASC is supporting with Housing the development of the Housing First Scheme which comprises five general needs housing properties that will be allocated to five people with mental health challenges helping them to maintain a tenancy with the support from a Mental Health Practitioner (MHP). The MHP will provide individual support until the person is ready to manage their needs with a stepped down level of support where required. It is hoped that this expansion of the service will support people who find it difficult to obtain accommodation to have their own safe home with the right levels of flexible support.
- 4.7. On 31 March 2021, the Section 75 Agreement with Essex Partnership University Foundation Trust (EPUT) came to an end; resulting in the Adult Mental Health Social Workers and Support Planners returning to the direct management of Thurrock Council and relocation to the Civic Offices. Shortly after this the Approved Mental Health Profession (AMHP) service which facilitates requests for Mental Health Act Assessments for children, young people and adults was also brought back in house. This has been a very successful move enabling the development of positive social work practice. EPUT and ASC continue to work closely together ensuring high quality provision. A task and finish group has now been established across all partners to evaluate the process that dissolved the Section 75 Agreement to gain an understanding of how cases were transferred, how records were continued to be shared and if there is any learning or anything that could be done differently. To undertake this review, the Council will talk with people who have lived experience, Social Workers, Community Nurses and other professionals along with the wider system.
- 4.8. The AMHP service continues to face challenges in meeting demand due to a lack of AMHPs to carry out assessments; this is an issue experienced in many Local Authority areas. Thurrock Council is working hard to resolve this through encouraging Social Workers to undertake the AMPH training, advertising for AMPH practitioners and looking to introduce a triage function with qualified Social Workers offering advice and support in making decisions as whether an assessment is required. Often a Mental Health Act Assessment results in the

need for hospital admission - currently there are significant shortages of beds available. This is monitored daily through a system wide call and EPUT and ICS commissioners look to purchase beds outside of Essex whenever they can. This is a National problem and both the ICS Mental Health Board and Urgent and Emergency Care Board are aware of the situation and raise it nationally with NHS England.

- 4.9. ASC currently has a contract with Thurrock and Brentwood Mind to deliver Counselling and Group Work Services to all adults residing in Thurrock and Day Opportunities for adults with serious mental health problems. Both contracts come to an end on 31 March 2023.
- 4.10. The two services are currently open to public consultation which has been supported by the Thurrock Centre for Independent Living (TCIL) to ensure that the Council obtain views of current users and carers. The feedback will be incorporated into the new service specification, which will go out for tender during winter 2022 and the new contract awarded in Spring 2023.
- 4.11. To ensure a safe and smooth transition to the new provider (if Thurrock and Brentwood Mind were to be unsuccessful) the current contracts will be extended for a period of two months. The counselling service continues to work well, providing choice to individuals who require low level mental health support.  
Improving Access to Psychological Therapies (IAPT) services work closely with Inclusion Thurrock to ensure the individuals needs are met by the most appropriate service. The Day Opportunities service continues to see an increase in demand, utilising a mixed model of digital and face to face services proving beneficial for those who find it difficult to leave the house.
- 4.12. A Southend, Essex and Thurrock Mental Health Strategy is being produced by Tricordant, an external organisation who were commissioned by the Mid and South Essex Mental Health Partnership Board to write an all-age, public facing Mental Health strategy. Tricordant are overseen by a Strategy Group which includes representatives from the ICBs, Local Authorities and EPUT. The Strategy is currently in draft format and there are ongoing place-based meetings with Tricordant and stakeholders to gain their views. Additionally, Tricordant will be meeting with the VCSE sectors. This Strategy will inform the development of a multi-agency Mental Health Collaborative who will be tasked with implementing the recommendations. The Strategy is due to be delivered early in 2023.
- 4.13. A Partnership Director has been appointed to drive a strategic approach across the Council, the North East London NHS Foundation Trust (NELFT) and EPUT, which will add tremendous strength in delivering the Better Care Together Thurrock Strategy – Case for Further Change, which will support development and delivery of holistic outcomes for individuals, and system benefits covering both physical health, mental health and adult social care.
- 4.14. To improve the efficacy of the mental health offer for people with serious mental illness and their families/loved ones, the Council is working with the

Mid and South Essex Mental Health system to implement Open Dialogue, which is an evidence based, systemic and strengths-based approach which will support individuals to reduce their reliance on services, improve stability and independence which will also support a reduction in failure demand.

- 4.15. Recognising the poorer life expectancy for those with a serious mental illness in Thurrock, the Local Authority is actively working to improve access to physical health interventions for these residents in partnership with clinical and Public Health colleagues. This is placed in the parity of esteem agenda supporting equal support and care being available to those with mental health and physical health needs.

For example, ensuring that GP's are able to identify patients who have mental health challenges and as such can offer health checks, that appropriate support is available through the Council's Social Work Team and the EPUT Health Team for individuals to access population based interventions such as smoking cessation, health lifestyles together with early detection of depression through screening at health and social care appointments.

## **5. Hospital Discharge (Previously Delayed Discharges of Care - DToc)**

- 5.1. Delayed Transfers of Care (DToCs) were national metrics that were monitored under the Better Care Fund. DToCs are where someone is medically fit to leave hospital, however, are delayed from leaving the hospital due to waiting for appropriate care and support to be put into place. This could be where the individual needs to move to specialist accommodation with support, or where they need support in their home. DToC's could be attributable to the NHS, the Local Authority, or both.
- 5.2. As a result of the COVID-19 pandemic, DToC recording has been suspended nationally since 20-21. It is not currently clear if recording will be reinstated. However, the Council monitor the situation locally via the Hospital Team and twice weekly operational meetings. Although the metrics are no longer reported upon Thurrock continues to perform very well in that we know anecdotally that we are experiencing relatively few delays compared to other areas. The pressure in the system on discharge, and the rise in demand caused by the switch in criteria for discharge from medically fit to medically optimised, has meant that the ability for Thurrock to maintain its performance is compromised. Rises in demand for homecare are very high and the availability of carers is proving insufficient to meet demand; another key factor is the increased pressure that this situation is placing upon budgets. despite challenging circumstances.

## **6. Safeguarding**

- 6.1. Safeguarding adults who may be at risk of abuse or harm has long been an absolute priority for ASC. The statutory Board led by Thurrock Council, the Integrated Care Board and Essex Police is now well established, and the Safeguarding Team provide skilled and person-centred interventions.

- 6.2. In 2021-22, a total of 1097 safeguarding alerts were received, a slight increase on alerts received in the previous year. The increase is in line with national data during the pandemic. This will be closely monitored by the Safeguarding Teams and the statutory Safeguarding Adults Board. The Council and partners continue to work closely with individuals, local communities, and other agencies to ensure that those at risk have the support they need to live their lives free from harm or abuse.
- 6.3. The Safeguarding Board has attended the Thurrock Council Talking Shops which are an opportunity to talk with someone from ASC.
- 6.4. They offer advice and guidance on a range of ASC needs. For example:
- Local services;
  - Equipment;
  - How to find a carer;
  - How to find local clubs;
  - Pendant alarms, fall detectors and other devices.
- 6.5. The Thurrock Safeguarding Adults Board (TSAB) will be providing safeguarding literature such as leaflets, posters, pens, trolley coins etc to all Talking Shops. Safeguarding information is also shared with partners for other events such as Community Safety engagement activities.
- 6.6. The Safeguarding Team is also responsible for managing the Deprivation of Liberty Safeguard Service. The Team will be implementing the new Liberty Protection Safeguards scheme, which is due to replace the Deprivation of Liberty Safeguard Service some time in 2023-24 (the implementation date is still unclear). The two schemes will run alongside each other for the first-year post implementation. A process is currently in place to develop the necessary systems and processes and ensure effective implementation of the new scheme.
- 6.7. Thurrock Council has always been proactive in ensuring that the necessary procedural safeguards are in place for those at risk of being deprived of their liberty; and remain confident that this strong Human Rights based practice will continue under Liberty Protection Safeguards. There has been an increase of 9% in Deprivation of Liberty (DoLS) applications granted in 2021-22 compared to 2020-21.

## **7. Preparing for Adulthood (PfA) Strategy**

- 7.1. The Thurrock Preparing for Adulthood Strategy is a three-year plan that is relevant for all agencies and staff who work with disabled young people between the ages of 14-25 years in Thurrock. Throughout its three-year life cycle, all accountable parties joined in updating the action plan to include progress and evidence every year. The PfA strategy was recently refreshed for the period of 2022-2025 and this will be presented to the SEND Development Board in December 2022.



- 7.2. There is focus on four main areas and through working with partners including young people, the Council has identified these four main areas as key priorities. These 4 key areas as outlined by National Development Team for Inclusion (NDTI) as they move into adulthood are:
- Preparing for independent living;
  - Health and wellbeing;
  - Friends relationship and community;
  - Further/Higher Education and Moving towards Employment.
- 7.3. The Council's vision is that "All children and young people in Thurrock with special educational needs and/or disabilities (SEND) aged 14-25 have good social relationships, stay healthy and are supported in their aspirations. Partners across Education, Health and Social Care will work together to ensure that these young people reach their full potential and are given every opportunity to live independent lives."
- 7.4. Thurrock Council acknowledges its responsibility to young people with SEND who are preparing for adulthood and recognises that positive outcomes will only be achieved with commitment from the Council, with partners, young people and their families, and carers.
- 7.5. With the right support at transition, young people with SEND can build the confidence and independence they need to have choice and control over their own lives. For some young people with the most complex needs, it is about celebrating each small step towards greater independence.
- 7.6. Thurrock's Preparing for Adulthood strategy is about the aspirations and opportunities for the young person. It is recognised that as young people with SEND move towards adulthood, they experience many changes which can be challenging and the Council is committed to supporting young people during this transition to be at the centre of planning and decision-making, to ensure a good transition into adulthood.

## **8. Social Care Charging Reform**

- 8.1. As a result of the Chancellor's Autumn Budget, the Charging Reform was set to come into place as of October 2023, has now been delayed until at least 2025. The following is based on the Council's overall position in line with current Department of Health and Social Care (DHSC) guidance notes. It is possible that Thurrock's position will change between now and 2025 based on the different reform elements.
- 8.2. The Charging Reform is part of wider social care reform which includes significant changes in the way Councils charge for care. Changes include a new cap on the amount charged for the cost of care, that any individual would be expected to pay in their lifetime (often referred to as the 'Care Cap'). This is proposed to be £86,000.00 with the understanding this will rise over the years in line with inflation. The Care Cap excludes charges for daily living costs (fees not directly linked to personal care); these will remain payable by

the service user, where means tested to contribute, throughout their time receiving care services.

- 8.3. In addition to the Care Cap, capital limits included in the means test are set to increase substantially, meaning that more people will be eligible for Local Government funding towards their care costs. Table One below outlines the current and proposed savings limits.

Lower Capital Limit	Higher Capital Limit
Current: £14,250	Current: £23,250
Proposed: £20,000	Proposed: £100,000

**Table One: Current and proposed savings limit.**

- 8.4. Changes proposed will see self-funders invited to access care and support directly through the Local Authority where they reside and places a new duty on Local Authorities to undertake an eligibility assessment of needs to provide commissioned services. Only the care cost deemed appropriate from the assessment of needs will be eligible for metering towards the Care Cap. As this is something Thurrock already allows, under its discretion, few changes if any will need to be made locally to support this new duty, however a small increase in resources is anticipated to accommodate.
- 8.5. Thurrock Council's current readiness position is strong. The organisation has a clear plan on implementation to meet proposed guidance. The Council will ensure that communication will be clear both internally from a change management perspective and externally to service users. Communication plans will be re-initiated in line with the Department of Health and Social Care's guidance.
- 8.6. IT system developers are confident in their ability to provide the necessary packages to support the Local Authority's duty to keep care accounts on all service users metering towards the cap, there is minimised risk in timescales now the delay has been confirmed.
- 8.7. Workforce and resource have been identified to be one of the biggest risks to meet the increase demands faced by the Council and it is predicted that this will still be the case when the new proposed date comes around in 2025. Data modelling will continue to be undertaken to ensure mapping of resources is as accurate as possible, and some works will continue in the background to ensure our readiness.

## **9. Fair Cost of Care**

- 9.1. Section 5 of The Care Act 2014 sets out a Local Authority's duty to promote the efficient and effective operation of a market and to promote diversity and quality in provision of services.

- 9.2. In December 2021, the Government published a white paper, People at the Heart of Care, that outlined a 10-year vision that puts personalised care and support at the heart of adult social care. As part of these reforms the Market Sustainability and Fair Cost of Care Fund was announced.
- 9.3. The primary purpose of the fund is to support Local Authorities to prepare their markets for reform, including the further commencement of Section 18(3) of the Care Act 2014 in October 2023, and to support Local Authorities to move towards paying providers a fair cost of care.
- 9.4. As a condition of receiving future funding, Local Authorities needed to evidence the work they were doing to prepare their markets and submit the following to DHSC by 14 October 2022:
- Cost of care exercises for 65+ care homes and 18+ domiciliary care;
  - A provisional market sustainability plan, using the cost of care exercise as a key input to identify risks in the local market, with consideration given to the further commencement of S18(3) of the Care Act 2014 (final MSP's to be submitted by February 2023);
  - A spend report detailing how funding allocated for 2022 to 2023 is being spent in line with the fund's purpose.
- 9.5. Thurrock Council had a good response to the Cost of Care exercise resulting in 82% of homes submitting their data. No submissions were rejected. As such, the organisation has a sufficient level of submissions for the data to be valid. The median weekly average of these submissions are as follows:
- Residential Care: £845.91
  - Nursing Care: £1,008.11 (would be inclusive of FNC)
- 9.6. Table Two (below) provides details of the current rates. Although the Cost of Care exercise has created an average, Thurrock Council pays a variety of rates depending on need.
- 9.7. As such, comparisons can be complex as the difference between the mean average and the current rates vary depending on need. The Council has a high needs dementia specialist home in the area (dementia with challenging behaviour) as well as homes that have a separate unit for dementia care. As these require more staffing and additional training, these differences have been absorbed into the average, again making comparisons difficult. A more sophisticated assessment of the difference between average cost and current rates will need to be developed in partnership with providers if the Council is to continue setting rate levels based on need, and a review of the existing fee setting arrangement will be required to ensure that these are fit for purpose.

RESIDENTIAL	COST PER WEEK
Standard Residential	£572.23 (Shared £543.60)
High Dependency	£609.91 (Shared £579.43)
Dementia Care	£617.24 (Shared £586.30)

High Needs Dementia (Specialist Home Only)	£646.63 (shared £614.22)
Nursing (local authority contribution)	£633.73 (Shared £602.04)
Nursing (inclusive of FNC)	£842.92 (Shared 811.23)

**Table Two: Current rates paid by Thurrock Council.**

- 9.8. The Council were disappointed to not replicate the high rate of return for residential care with only 33% of domiciliary care providers choosing to submit. Various activities were carried out, including extending the deadline for submission but were unable to secure more returns. Due to such a low response rate and as the organisations who responded were not representative of the market, the Local Authority are unable to rely fully on the data submission. Instead, it will provide a basis for more in-depth conversations with providers and to review the current fee setting process.
- 9.9. The Fair Cost of Care exercise identified that the average cost per hour of standard home care was £23.15.
- 9.10. Thurrock Council's current rates are £18.93 per hour for standard home care and £19.93 for reablement. The difference between the Fair Cost of Care average and the Council's declared standard rate for home care is £4.22 per hour - an increase of 22%. Whilst some Fair Cost of Care Implementation monies are available to bridge this gap, the amount is inadequate to do so fully. The extra funding also is only for two years therefore not recurrent funding. As part of the Fair Cost of Care programmes Thurrock will have to produce a Market Sustainability Strategy which will explore how the council can move to a position where we are paying at rates that enable stability. This is due to be completed by February and the Council is on course to achieve this.

## **10. Carers**

- 10.1. A carer is a child, young person or adult who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.
- 10.2. Unpaid carers provide £132 billion of support to vulnerable people in the UK, an average of £19,336 per carer. The numbers of people caring, and the amount of care being provided has increased significantly since the pandemic. It is accepted that ASC and Health could not meet the needs of service users (physically or financially) in the community if carers did not continue within their roles.
- 10.3. Carers UK estimate that overnight, an additional 4.5 million people became unpaid carers in March 2020, meaning one in four (26%) UK adults were providing unpaid care to an older, disabled or ill relative or friend at the height of the pandemic. Carers' support was valued at a staggering £530 million per day during the pandemic, or £193 billion a full year – outstripping the value of the NHS. However, this came with high personal costs.

- 10.4. The numbers of unpaid carers have been rising significantly as the population ages and healthcare continues to improve. Locally, the number of adult carers seeking support from the Council's Carers Services has increased 100% compared to pre-pandemic levels. In Thurrock, it is estimated that some 20,000 people are carers. The 2011 census showed that 26% of those identifying as caring in Thurrock provide more than 50 hours per week. This is higher than region and national averages. Those carers providing the highest amount of care are twice as likely to be permanently sick or disabled as the general population.
- 10.5. Caring responsibilities can have an adverse impact on carer's employment and education opportunities. Carers are also likely to have much poorer physical and mental health outcomes compared to the general population. This increased health risk is attributed by carers to a lack of support. Early identification and support to carers is imperative, which is why there are two services available to support carers in Thurrock – one for adults and one for young carers aged eight to eighteen. Both are established services operated by voluntary sector organisations.
- 10.6. Thurrock Carers Service (adult carer service) has a dedicated presence within a Hub in Grays Shopping Centre, run a variety of face-to-face peer support groups and facilitate WhatsApp carer support groups. These include generic carer groups and groups aimed at specific demographic groups of carers/ carers of specific conditions, for example, young adult carers (transitioning from being young carers), male carers, Special Educational Needs (SEN) carers, carers for people with dementia, carers for people with drug and alcohol misuse and/or dependency.
- 10.7. The service has various aims; however, the focus is the identification of 'hidden carers' ('hidden carers' refers to informal carers who may not recognise themselves as carers and so do not, or struggle to, access support). Early identification and support are imperative in improving the physical and mental wellbeing outcomes of carers. The Carers Information, Advice and Support Service carries out a wide variety of activities during Carers Week/Carers Rights day and throughout the year to increase the number of people identifying as a carer. Due to this activity, there has been a significant increase in the number of carers coming forward.
- 10.8. The Carers Service has started to be part of the locality Test and Learn pilot where it will be trialled as being part of much a wider and integrated team. If this proves successful, the service will move to delivering in a place-based way across Thurrock.
- 10.9. Already, more integrated, and closer working between the Grays based Social Work locality team and the Carers Service (sharing Thurrock Minds Hub in the town centre on set days) has led to an increased identification of carers – with approximately 50% of new carers now coming from this locality. Placed based and integrated working will ensure increased identification and support to carers. Support will be centred around the community in which they live

and lead to a more integrated approach to carer support internally and with partners such as Health.

10.10. The Carers Service will also start to carry out carer assessments on behalf of the Local Authority – this is in response to carer feedback about having consistent support throughout their caring journey. The Council were moving to this approach pre-pandemic but had to pause due to the situation. In addition to implementing an IT solution to allow an external partner to undertake assessments, the organisation has been working with carers and as a result, have agreed a new assessment process that is more meaningful and shaped by carers.

10.11. In addition, Thurrock Council wish for the first time to produce an all-age Carers Strategy (historically they have always been separate). Healthwatch Thurrock have undertaken a full engagement exercise with carers (adult and young carers) to gain their feedback and to understand what the main issues are for carers locally since the pandemic. This exercise is now complete, and all the feedback has been collated.

Several events will now be held with both carers and partners in the new year to turn these issues into an action plan that reflects their priorities.

10.12. Carer support in Thurrock is at the start of its transformation – many improvements that were delayed by the pandemic are now in transit. Further improvements will be genuinely shaped by the experience of carers in Thurrock. This is happening whilst the organisation tries to meet a significant increase in carers seeking support.

## **11. Micro Enterprises**

11.1. Micro Enterprises are small services delivering local services to local people, providing personal and flexible support to give people more choice and control over the support they receive.

11.2. Thurrock's award-winning Micro Enterprise scheme, now in its sixth year has recently been featured as a case study in the Association for Public Service Excellence news. Micro enterprises are key to changing the adult social care provider market and providing more choice so that people can still achieve what matters to them regardless of their health and care situation.

11.3. More than 150 services are now available for residents. There is a very diverse range on offer from personal care to lunch clubs, gardeners and handymen to leisure and fitness activities. All are community focussed and provide a wide choice of services. Many services are run by volunteers and not dependent on an individual's ability to pay providing wider inclusivity for Thurrock residents.

11.4. There is ongoing interest in the scheme especially as Thurrock moves out of the pandemic and people are reassessing their lives.

- 11.5. The scheme has already provided opportunities for people who have been made redundant and there are plans to work alongside the Department for Work and Pensions and as other local business re-start initiatives to offer the scheme as a potential for employment. Many other Local Authorities have sought Thurrock's expertise and are also now implementing similar schemes to the Micro-Enterprises that have been created in Thurrock.
- 11.6. Thurrock's Micro-Enterprises are part of a tangible and successful, innovative, and collaborative approach to health and care transformation that delivers on all aspects, whether they be a vehicle for people realising a passion or a way of obtaining care and support that is personalised to the individual.
- 11.7. Local residents interested in setting up an enterprise can find more information about the scheme and an application form on the following link on the Council's website: <https://www.thurrock.gov.uk/community-enterprises-for-care-and-support/supporting-local-people>
- 11.8. A full list of available services can be found on the Stronger Together website - <https://strongertogetherthurrock.org.uk/thurrock-micro-enterprise/>

## **12. Integrated Medical and Wellbeing Centres (IMWCs)**

- 12.1. The Council remains committed to working with NHS partners to develop four Integrated Medical and Wellbeing Centres (IMWC) across Thurrock.
- 12.2. The Council, Mid and South Essex Integrated Commissioning Board and NHS Trusts have worked closely together and have submitted Outline Business Cases (OBC's) to NHS England seeking approval to proceed with Tilbury and Purfleet IMWC's; all partners are awaiting their response.
- 12.3. However, at the last Health Overview and Scrutiny Committee dated the 3rd November 2022, the Integrated Care system representative, expressed concerns that the IMWC programme post covid maybe unaffordable for various reasons, including high rises in material cost and suggested a switch away from focus on buildings towards more integration of services on the ground may be necessary. The Council still remains committed to the building of all four IMWC's but clearly this is ultimately a decision for the NHS and NHS England to make. There still exists a direction from the then Secretary of State that the four IMWC's need to be built and operational before the closure of Orsett Hospital can be completed, therefore the Council will want to see due consideration is given to this undertaking before any final decision is made.

### Corringham IMWC (Graham James site)

- 12.4. The North East London Foundation Trust led Corringham IMWC (to primarily serve Stanford and Corringham) had its official launch on 3 November 2022. The new health and wellbeing centre is a key opportunity for collaborative holistic personalised care and support for the community. Everyone working from the centre will aim to work with the community. It already offers a range

of health and care services from the site and is currently preparing for support groups commencing programmes of opportunities from the site. The site is also finalising creating a warm space for residents this winter. The centre will shortly accommodate up to 12 GP fellows who will offer Thurrock residents additional GP appointments, as well as access to specialist clinics including long term condition appointments. Next steps will also consider how local volunteers can continue to shift traditional models of care within sites.

#### Tilbury and Chadwell IMWC (Civic Square site)

- 12.5. Subject to the caveats outlined above, the Council is leading work on developing and financing the Tilbury site, although when complete, most of the building will be leased to NHS partners. The OBC for both has now been submitted to NHS England and the Council await their decision. The aim remains to have this IMWC completed by 2024/5.

#### Purfleet on Thames IMWC (Town Centre site)

- 12.6. Subject to the caveats above, the IMWC for Purfleet on Thames is being developed by Purfleet Centre Regeneration Limited under the terms of a Section 106 Agreement for Mid and South Essex Integrated Commissioning Board (ICB). In March 2022, the Council, Mid and South Essex ICB and NHS Trusts agreed and submitted an Outline Business Case to NHS England for approval. The IMWC, which will primarily serve Purfleet, Aveley and South Ockendon, is to be leased to a body nominated by the Mid and South Essex ICB. Completion is expected by 2024/5.

#### Grays IMWC (Thurrock Community Hospital site, Long Lane, Grays)

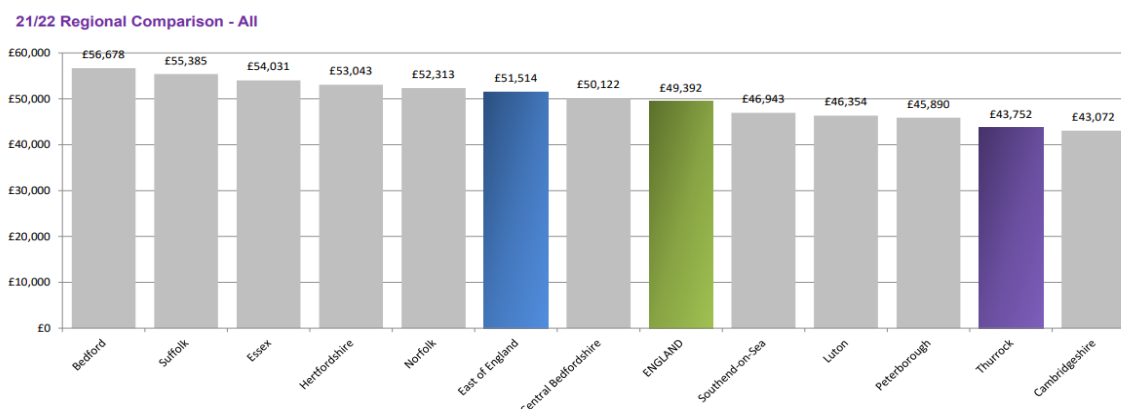
- 12.7. The master planning for the Grays IMWC (primarily to serve Grays but also to act as a Central Hub for the whole of Thurrock) has been completed. Mid and South Essex Foundation NHS Trust and Essex Partnership University NHS Foundation Trust have reviewed their services to take account of the backlog in acute health care, and the greater potential for remote consultations.
- 12.8. The aim remains to have Grays IMWC completed by 2025. However, this timing is dependent on the extent to which the existing buildings on the Thurrock Community Hospital site can be repurposed.
- 12.9. The Mid and South Essex Foundation Trust, covering the Thurrock footprint has been awarded £13 million to be the first area in Mid and South Essex to receive a Community Diagnostic Centre. This will be placed on the Thurrock Community Hospital site. The centre is part of a national initiative to support faster diagnosis and access to tests and scans closer to home.

### **13. Finance**

- 13.1. The total net budget for ASC in 2021/22 was £46.659m.



- 13.2. It is worth noting that almost 50% of the total Adult Social Care spend is attributable to only 1% of the population (less than 2000 people), with 6% (less than 11,000 people) consuming a further 35% of the budget. This shows a growing trend of rapid increases in the level of acuity of people requiring adult social care, and health, intervention, which makes managing demand all the more complex. Put simply, any reductions in service levels to the vast majority of those Thurrock Council supports would carry enormous risk. This is why Thurrock's transformation programme aims to intervene more effectively and earlier in the lives of those at risk of developing complex issues requiring highly intensive and costly support.
- 13.3. Across the Eastern Region, Thurrock had the second lowest gross spend per 100,000 head of adult population, which is used as one of the standard indices of comparison. This demonstrates that the service has continued to contain expenditure and demand within the limits of the budget.



**Graph One: 21/22 regional comparison of ASC spend per 100,000 head of adult population.**

- 13.4. For 2021-22, ASC received £1.296m through the Social Care Support grant, and £0.736m via the ASC Council Tax precept. This funding was used in the base budget to support the increase in demand and costs within ASC residential, homecare and supported living placements. In addition, the Council was able to increase the rates which external providers are paid for supporting service users, this was essential to support the fragile care market.
- 13.5. As part of the Government's COVID-19 actions, the department received specific grants funding in the of support for infection control, rapid testing and workforce capacity grants throughout the year. The conditions attached to this funding was to ensure that additional financial support was given to care providers. The department has a pivot role in the allocation and administration of the funds, as well as providing detailed reporting to inform the Government of the situation locally.
- 13.6. The current financial year 2022/23 has seen considerable additional demand for services, leading to significant increases in costs and expenditure. This rapid rise in demand and complexity is, to a large extent, both attributable to the aftermath of the pandemic and the need to target resources at those directly affected by the virus, and as a consequence of the criteria for

discharge from hospital changing from “medically fit” to “medically optimised” to assist with the hospital being able to manage the significant rise in demand that they are experiencing. Although some financial support has been provided by the NHS this has proved insufficient to cover the impact of this change; locally it is estimated that this has led to an unfunded increase in pressure of circa £2.5m to the Council’s domiciliary care provision. This situation is not unique to Thurrock, with the vast majority of authorities across the Country reporting growing financial pressures within their ASC care budgets. There has been some mitigation of this through the announcement of new Discharge Funding in the Autumn Statement by the Chancellor (for Thurrock this will be circa £500K in 2022), however, it is anticipated that this will need to be used to fund the anticipated rise in demand over the winter period and will not, materially, impact upon the current financial pressures.

### Better care Fund (BCF)

- 13.7. Thurrock’s initial Better Care Fund Plan, and Better Care Fund Section 75 Agreement between the Council and NHS, was approved in 2015. The arrangement has allowed the creation of a pooled fund, to be operated in line with the terms of the Plan and the Agreement, to promote the integration of care and support services.
- 13.8. The focus of the Better Care Fund to date has been on adults aged 65 and over who are most at risk of admission to hospital or to a residential care home.
- 13.9. Despite 2021/22 being another year of unprecedented challenge following the onset of the coronavirus pandemic, the targets in the BCF Plan Scorecard were met by year-end.
- 13.10. The Better Care Fund Plan for 2022/23 has been developed to reflect and implement the new Strategy for Adults: Better Care Together Thurrock – The Case for Further Change 2022-26. A review programme has now commenced which will seek to align each service within the Better Care Fund Plan with the new Strategy, while also ensuring it meets the National Conditions set by NHS England and ensuring best value for money.
- 13.11. The next section of the report provides an overview of the Public Health portfolio.

## **Part 2 - Public Health**

### **14. Overview**

- 14.1. Public health is the science and art of preventing disease, prolonging life and promoting health through organised efforts and informed choices. It is generally thought of as three inter-related areas of work:
  - Health and Care Public Health focuses on service quality improvement, which incorporates healthcare systems, service quality, evidence-based practice, clinical effectiveness and health economics;

- Health Protection, which incorporates communicable disease control; environmental, chemical, radiation and nuclear threats; and occupational health;
- Health Improvement, which draws heavily on the local government roots of the profession, socio-economic influences and health promotion, tackling the underlying determinants of health.

14.2. Public Health is funded via a Grant arrangement with the Department of Health and Social Care. Certain Public Health services, such as Sexual Health services, are mandated in legislation; other services, such as Substance Misuse treatment, are stipulated as a condition of the Grant; and other services are discretionary.

## **15. Health and Care Public Health**

15.1. The Council's broader priorities in relation to the health and care of adults are described above. Public Health-led health and care quality improvement is described below.

### Population Health Management (PHM)

- 15.2. Thurrock Council hosts a dedicated PHM Team on behalf of the Mid and South Essex Integrated Care System (MSE ICS). PHM is a process of using data to identify population cohorts for whom the ICS (including the Council) can provide early intervention and prevention programmes, tailored to their specific needs, to improve their health outcomes. By design, it will directly contribute to the health inequalities agenda.
- 15.3. This year the PHM Team has produced Health Inequalities Data Packs that have helped each of the four Alliances in the ICS and their respective Primary Care Networks (PCNs) to make decisions on how to spend their allocated Health Inequalities resource. They are also supporting several service improvement projects such as three PCN-based projects including one in Tilbury and Chadwell, as well as working with the six ICS stewardship groups.
- 15.4. The Team has also helped to drive infrastructure developments including the production of the PHM segmentation model and integrated data set including pseudonymised data for 1.2m MSE ICS residents. They are working on ensuring that all appropriate system partners can gain access to this.
- 15.5. Thurrock specific PHM projects that are being driven by the Public Health Team include a new Cardiovascular (CVD) Local Enhanced Service (LES) for primary care which replaces the previous stretched QOF model.
- 15.6. The LES looks to fund multi-morbidity clinics for patients with multiple CVD conditions and who are considered "medium risk" with a view to prevent/delay them from escalating to "higher risk" (see also Annual Public Health Report section).

### Tackling Health Inequalities through NHS Services

- 15.7. The Mid and South Essex Integrated Care System (ICS) has allocated £443,000 to address Health Inequalities in Thurrock in line with the NHS Core20Plus5 inequalities framework.
- 15.8. Following the implementation of an EOI process across Thurrock, Public Health supported Thurrock Integrated Care Alliance (TICA) to agree priorities and review bids received from across the borough. It was recommended that the following ten Health Inequalities schemes should be supported for delivery in 22/23 and 23/24:

ASOP & SLH PCN Obesity Transformation Project	Improving health outcomes, by reaching out to seldom heard groups with cancer information
Improving lifestyle risk management through Motivational Interview – training for Primary Care	Community-Generated Inequalities Solutions - Reference & Investment Board Pilot
Workplace Health Champions to provide smoking cessation to employees and referral to NHS health checks	Improving access to health services for Thurrock's Gypsy, Roma, Traveller and Showman communities
Enhancing safeguarding, health, and mental wellbeing for vulnerable young people and young parents	Improving access to health services for Thurrock's homeless communities
Health & Digital Literacy	Open Dialogue training to support people with SMI

**Table Three: Health inequality bids for delivery in 22/23 and 23/24.**

#### Annual Public Health Reports 2022 – Improving Quality of Care for Cardiovascular Disease

- 15.9. Directors of Public Health in England have a statutory duty to write an Annual Public Health Report (APHR) to demonstrate the state of health within their communities.
- 15.10. The 2022 APHR focuses on quality of care for Cardiovascular Disease (CVD) since 2016. Improving CVD outcomes is important to the health of the population in Thurrock because:
- CVD is the main clinical cause of premature mortality, with 1 in 4 premature deaths (<75) in the UK being due to CVD;
  - CVD is the main clinical driver of health inequalities – premature mortality from CVD is higher in more deprived groups, and people living with Severe Mental Illness (SMI) and Learning Disability;
  - Focusing on CVD prevention provides the greatest potential to reduce health inequalities and reduce premature mortality in Thurrock;
  - Thurrock has the second highest premature (<75) CVD mortality rate in Mid and South Essex Integrated Care System;
  - For mortality attributable to socio-economic inequality, CVD is the greatest contributor in Thurrock, accounting for 35% of excess deaths;

- For people living with SMI, Thurrock has the second highest premature CVD mortality rate in England.

15.11. The report found that measurable improvements has been made in the quality of primary care for CVD, but that further improvements could still be made. Recommendations will be taken forward through the Better Care Together Thurrock (BCTT) working group on Population Health and Inequalities. Actions fall into three categories covering workforce, service targeting to maximise impact on CVD outcomes and enhancing the LTC service model, and include:

- Continued quality improvement in primary care services for CVD;
- Embedding a more holistic, co-produced approach to long term conditions care;
- A focus on reducing inequalities in CVD outcomes, particularly for people from a minority ethnic background, people with serious mental illness and people with learning disabilities.

## **16. Health Protection**

16.1. Until recently health protection activities have been largely undertaken by specialist public health professionals at regional and national level. However, the COVID-19 pandemic highlighted the need to maintain expertise at the local level that can mobilise additional capacity as required. The local function will cover the breadth of Health Protection incidents including public health responses to all infectious diseases, non-communicable threats to health (such as flooding), Emergency Planning and Response, plus preventative activity such as infection prevention and control, and immunisations.

### Continued impact of COVID-19

16.2. The COVID-19 pandemic and its effects continue to have an impact across the health and care system, with Public Health and Adult Social Care (ASC) activity both affected. The pandemic highlighted the need for specialist Health Protection roles within the Council and a senior manager was employed in Public Health to fill this role.

16.3. This role will cover the breadth of Health Protection action required of Local Authorities (LAs), including LA public health responses to: all infectious diseases, non-communicable threats to health, Emergency Planning and Response, plus preventative activity such as infection prevention and control, and immunisations. The pandemic legislation has been replaced with “living with Covid-19 guidance” and as the country moves into endemic status it has become possible to respond to the virus in a similar way to other existing respiratory viruses.

16.4. The Local Authority continues to work closely with Health colleagues to ensure that outbreaks in care homes are managed effectively and efficiently.

16.5. The Clinical Hub that was set up at the start of the pandemic continues to ensure care homes and health settings are supported with managing

communicable diseases and whilst the meetings have reduced, they remain a focal point for decision making and discussion. The protocol had been updated throughout the pandemic and remains in place today focusing on enhanced action should homes enter outbreak status. This includes:

- A requirement for all patients discharged from hospital back to care homes to have been tested and received a negative COVID-19 test result;
- Immediate rapid COVID-19 testing for one or more cases in care homes;
- Immediate COVID-19 testing for homes with two or more cases;
- Specialist Public Health advice for all care homes, domiciliary care and extra care settings at local level;
- Twice weekly contact by ASC to all care homes, extra care, and domiciliary care workers;
- Twice weekly meetings with ASC and Public Health to discuss system pressures;
- Monthly meetings with Mid and South Essex Integrated Care Board (ICB) and Integrated Care Partnership (ICP) colleagues;
- Monthly meetings with providers throughout ICB;
- Enhanced restrictions if more than two members of staff affected in care homes;
- The development of a local Memorandum of Understanding with UK Health Security Agency (UKHSA) colleagues;
- The multi-agency Care Home Hub continues to meet monthly to manage exposures and outbreaks and to discuss system pressures.

16.6. Since the start of the pandemic the Council has worked closely with external care homes, domiciliary home care and supported accommodation providers to make sure they felt supported throughout and have remained up to date on outbreak management protocols and relevant government guidance and this continues. Regular virtual meetings have continued with providers to maintain relationships and to continue to in partnership for the benefit of service users.

16.7. In 2021/22, Thurrock Public Health Team successfully bid for national funding for Covid Vaccine Champions to help increase the lower-than-average COVID-19 vaccine uptake in the borough. This funding is being used to give support and detailed advice on safety and efficacy of the vaccine to hesitant residents, or those who struggled to access the vaccine, through dedicated partnership work with the Essex Partnership University NHS Foundation Trust (EPUT), Community Health Champions hosted by Thurrock Community and Voluntary Services (CVS), and local organisations.

16.8. Between April and October 2022, 4,973 people, most of whom had previously not taken up the vaccination offer, have received a COVID-19 vaccination at EPUT bus locations and at pop-up clinics in the borough since the Community Health Champions began working with residents in April 2022. Feedback shows that a majority attended as they had reached the decision that it was time for them to get vaccinated, with younger people also likely to get vaccinated for travel reasons. The Champions are also promoting the Mid and

South Essex ICS Do Your Bit winter campaign, which covers COVID-19 and flu vaccination, and other health and wellbeing messages for the winter months.

- 16.9. The Champions identify Community Connectors in areas of low vaccine uptake, and to make contacts with groups and businesses, and encourage people to attend for vaccination. The Champions are helping to promote the vaccine offer across the system, which includes sites operated by Primary Care Networks (PCNs) (including the Grays PCN offer, which is open to all Thurrock residents, and Stifford Clays which offers both booster and the evergreen offer for all aged 5+). There are also community pharmacies offering appointment only booster vaccination. EPUT ran a dedicated appointment only children's vaccination clinic at the Alastair Farquharson Centre at Thurrock Community Hospital in October half term and Pets as Therapy dogs were funded for this clinic.
- 16.10. A thorough information and communications campaign, supported by CVS and the Council Communications Team, has been a core part of the programme. This has included:
- Council communications, newsletters and social media promotion;
  - Video blogging and a supporting social media campaign including local residents and experts has been prepared and will be launched this month;
  - Door to Door delivery of flyers for the bus and pop-up locations ensures that residents in low uptake areas get a monthly reminder of the vaccination offer locally;
  - Posters translated into 12 community languages identified by Champions are produced each month and shared in the community by Champions and teams such as libraries and GP practices.
  - Infographic on vaccine uptake is updated monthly on the Stronger Together vaccination platform;
  - An end of programme showcase event planned for 2023 to highlight learning from the programme that could be applied to other health outreach situations.
- 16.11. The Local Authority's thanks go to all volunteers and to the voluntary sector which supported communities through this difficult period. CVS has since developed the Our Road programme as a legacy from the pandemic with the aim of embedding wider community led support across Thurrock.

## **17. Health Improvement**

### Thurrock Healthy Lifestyle Service

- 17.1. Thurrock Healthy Lifestyle Service (THLS), in partnership with Primary Care, has now resumed (post-COVID-19) provision of cardiovascular disease (CVD) risk assessments for the eligible 40-74 year old population. A schedule of refresher training for GP practice staff has been provided, although provision is still not yet back to pre-pandemic levels.

- 17.2. The programme remains an important tool for CVD outcome improvement. By identifying people at risk of CVD, appropriate interventions and support can be provided to improve their health and lower their risk of cardiovascular related illness.
- 17.3. THLS has continued to provide a virtual stop smoking service over the telephone with good long-term outcomes identified at six months. Clients respond positively with the remote service, as this provides flexibility for the service user at times that are convenient to them.

### Tobacco

- 17.4. In addition to the smoking cessation service run by Thurrock Healthy Lifestyle Service (THLS), there are alternative treatment elements including Allen Carr Easyway – a cognitive behavioural therapy-based treatment that uses no nicotine replacement therapy.
- 17.5. Referrals for smoking cessation from partner agencies declined during the pandemic due to restrictions on face-to-face provision; alcohol and drug treatment services only saw the most clinically vulnerable clients, mental health referrals declined and maternity services at Basildon and Thurrock University Hospital (BTUH) experienced dramatic staff reductions, meaning the stop smoking specialist midwives were redeployed to the delivery wards. All treatment providers have been instructed to reinstate CO validation when delivering face-to-face stop smoking support.
- 17.6. Enforcement work in partnership with trading standards has continued following its pandemic affected reinstatement. Test purchasing and the use of tobacco detection dogs are once again disrupting the unscrupulous traders that operate in Thurrock, including the organised crime groups that supply the illicit tobacco markets and often have links to drug supply chains and modern-day slavery.
- 17.7. A refreshed whole system Tobacco Control Strategy is currently in production and is expected to be published in early 2023. Alongside this Strategy, the Tobacco Control Alliance will be relaunched locally. This will allow all relevant stakeholders to come together to shape the delivery of the Strategy and to inform the development of future approaches to reducing tobacco-related harm.

### Alcohol and Drugs

- 17.8. The young people's substance misuse treatment service has now reintroduced its face-to-face offer, whilst maintaining the option of a digital contact. With schools returning to full time status, referrals have increased to



pre-pandemic levels. Multi-agency working and safeguarding support has continued throughout the pandemic. The complexity of need has risen, with an ongoing need for partnership working with colleagues in mental health, social care, and youth justice.

- 17.9. The Adult Treatment Service has also returned to a face-to-face service, whilst maintaining the option of a digital contact. The complexity of cases seen by the service is increasing, with a greater need for multi-disciplinary support. Additional funding from the Joint Combating Drugs Unit has been made available to supplement existing treatment and recovery options.
- 17.10. Following its suspension due to COVID-19 restrictions, the Alcohol Liaison Service at BTUH has now been reinstated.
- 17.11. The Local Authority has continued to work across a pan-Essex footprint on drug market mapping with fellow commissioners, treatment services and enforcement agencies to ensure partners remain responsive to the rapidly changing illicit drugs market during the pandemic, working to disrupt the supply, reduce the demand and increase the number of people seeking treatment.
- 17.12. In line with national guidance, a new Combatting Drugs Partnership (CDP) has been launched. Meeting on a regular basis, the CDP will bring together partners from the Police, Public Health, Probation, the NHS, alongside members of the Community Safety Partnership, with a view to delivering on the national Drugs Strategy. A Substance Misuse and Alcohol Health Needs Assessment has been completed during 2022 and this will inform both the CDP and future service delivery.

### Sexual Health

- 17.13. The Thurrock Integrated Sexual Health Service, delivered by Provide Community Interest Company (CIC) continues to provide sexual health and contraception services to Thurrock residents. The service now provides both a face-to face and a virtual offer.
- 17.14. Increased HIV testing and early diagnosis, and increased screening for Chlamydia will be priorities over the next 12 months. A Sexual Health Needs Assessment will be completed over the same period to inform future service needs.

### Whole System Obesity and Weight Management

- 17.15. A refreshed Whole Systems Obesity Strategy is currently being developed. An evaluation of the 2018-2021 strategy has been undertaken to critically reflect on the whole systems approach of the previous Strategy and consider opportunities for addressing gaps and strengthening activities. This refresh will serve as an opportunity for all stakeholders to refocus their attention on

obesity and co-produce a shared vision and actions that tackle obesity. Plans are currently being developed to hold a stakeholder workshop early 2023 to facilitate this co-production process. The refreshed Strategy will also include the latest data, legislation, and best practice. The Strategy will be developed to ensure it is relevant in the new post-pandemic landscape and reflects the current cost-of-living crisis. It is anticipated to be launched Spring 2023.

- 17.16. The Public Health Team has recently launched a new work programme dedicated to improving uptake of the Healthy Start Scheme. Healthy Start is a UK-wide scheme providing a nutritional safety net to those who are 10+ weeks pregnant and children under 4 in low-income families in receipt of qualifying income-related benefits. Recent data indicates just 59% of eligible residents in Thurrock are utilising the scheme.

Approaches include; a dedicated communications and marketing campaign to raise awareness and encourage uptake of the scheme, calling on key stakeholders (including local professionals, charities, voluntary organisations, and retailers) to promote the scheme to residents and ensuring information is accessible online and within community settings.

- 17.17. Public Health and the Council's Communications Team have been working together to remove the advertising of High Fat, Sugar and Salt (HFSS) products within the Council's advertising space. Food and the environment will be an important feature within the new Strategy. The aim is for healthy food choices to be a simpler and easier task, particularly considering the current cost-of-living crisis. It is likely that HFSS advertising will likely be an integral part of this and therefore the Council is keen to lead by example and not promote advertising of such products.

- 17.18. A Tier Two Weight Management Service for children launched in March 2022 as part of recovery from the impacts of the COVID-19 pandemic. BeeZee Bodies has been commissioned to provide a progressive engagement model for child weight management that consists of three interventions to families with children age between 5-12 years old. The three tiered approach includes; a self-lead online tool, one-to-one extended brief intervention and Tier Two Digital Weight Management support. This service aims to put in place a programme that works holistically with families to help them make positive changes to their nutrition and physical activity. Longer term solutions for the provision of children's weight management services are currently being explored.

#### Mental Health Improvement - Suicide Prevention and Postvention Support

- 17.19. The Local Authority continues to play a vital role in coordinating and delivering programmes of work which aim to prevent deaths by suicide. Thurrock residents have benefited from work programmes that have been funded from dedicated NHS (wave three) funding which are being rolled out in partnership across the Mid and South Essex footprint. Key successes to highlight from the last year have included:

- Continued delivery of grant funding towards Turning Corners football club enabling them to increase their support towards improving mental wellbeing of their attendees. This has been profiled in a 'Moments That Matter' video, which is available to view here: [Moments that Matter Turning Corners - YouTube](#);
- Further dissemination of grant funding towards more organisations addressing risk factors for suicide;
- Publication of a self-harm prevention and management toolkit for professionals, which is available here: [Adult Self-harm Management Toolkit NHSE - Mid and South Essex Integrated Care System \(ics.nhs.uk\)](#)
- Continued development of the Wellbeing Calls pathway for patients newly-diagnosed with depression or newly-prescribed anti-depressants which sees Thurrock patients offered a series of weekly phone calls from Thurrock and Brentwood MIND for a period of approximately six weeks;
- Continued roll out of suicide prevention training via the bespoke website launched last year: [Suicide Prevention - Homepage - #TalkSuicide Essex \(letstalkaboutsuiicideessex.co.uk\)](#). The Public Health Team undertook an evaluation of attendees at Suicide Prevention courses over 2021/22 and found an overwhelmingly positive response, indicating community interest in improving knowledge and awareness on this topic;
- The rollout of a near-Real Time Suicide Surveillance System by Essex Police which captures information on suspected suicides in Southend Essex and Thurrock on a monthly basis. This is enabling a much quicker response to emerging local trends than historically relying on coroner-reported information and is now being shared with relevant professionals on a regular basis to inform planning.

17.20. Thurrock Public Health also coordinates the work of the newly reinstated Southend Essex and Thurrock Suicide Prevention Steering Board, which is chaired by the Deputy Police, Fire and Crime Commissioner for Essex. This Board will be responsible for developing a new joint Strategy in 2023 following publication of the national strategy.

17.21. There is a separate programme of work underway to improve the support available to those impacted by a death by suicide (postvention support). This is also being funded by dedicated NHS (wave four) funding across the Mid and South Essex footprint and will be a collaboration between existing and newly commissioned agencies. The service will be operational by the end of the year.

## **18. Wider determinants of health**

18.1. The Council can improve the health and wellbeing of Thurrock residents and reduce inequalities (between Thurrock and other places and within Thurrock itself) and through bringing together the concerted efforts of all our services and partners including the NHS and the third sector. Embedding systematic prevention and early intervention in the work of all benefits residents and

services users directly and contributes to the financial sustainability of public sector services in Thurrock.

- 18.2. The Health and Wellbeing Strategy recognises the importance of the wider determinants of health on preventing ill health and promoting an individual's health and wellbeing: economic growth, housing, place, violence, vulnerability and sexual abuse are explored further below.

#### Health and Wellbeing Strategy 2022-2026

- 18.3. The Health and Wellbeing Board (HWBB) has a collective statutory duty to produce a Health and Wellbeing Strategy (HWBS). The HWBS is one of two highest level strategic documents driving place making for the Local Authority and system partners (the other being the Local Plan). The HWBS is a whole system plan for health and wellbeing and should engage all partners in the wellbeing agenda, coordinating strategic thinking of all elements of the Council and all system partners to deliver quantifiable gains in health and wellbeing of residents.
- 18.4. The refreshed HWBS was agreed by the HWBB and Full Council in June 2022. It can be and can be accessed here: <https://www.thurrock.gov.uk/health-and-well-being-strategy/health-and-well-being-strategy-2022-2026> . The HWBB is reviewing plans for and progress against the Goals set out in the Strategy on a rotating basis at its meetings to ensure delivery.
- 18.5. The Strategy has a Vision of *Levelling the Playing Field* and tackling inequalities is reflected throughout the document. In order to support delivery of the Council's vision, the six domains of the Strategy each relate to one of the Council's key priorities of People, Place and Prosperity as set out in Figure One. The domains will ensure a broad focus on the wider determinants of health that underpin the persistent inequities within Thurrock.

PEOPLE	PEOPLE	PEOPLE	PROSPERITY	PLACE	PEOPLE
Domain 1 <i>Health Improvement</i> Staying Healthier for Longer	Domain 2 <i>Wider Determinants of Health</i> Building Strong and Cohesive Communities	Domain 3 <i>Health and Care Services</i> Quality Care Centred Around the Person	Domain 4 <i>Wider Determinants of Health</i> Opportunity for All	Domain 5 <i>Wider Determinants of Health</i> Housing and the Environment	Domain 6 <i>Wider Determinants of Health</i> Community Safety

**Table Four: Alignment of Domains of HWBS to the Thurrock Vision**

- 18.6. A thorough consultation exercise was undertaken to inform the Strategy and a full Consultation Report has been produced. Proposals for the refreshed HWBS were refined to reflect consultation outcomes, and the changes made in response to community feedback are detailed in the full Consultation Report.

- 18.7. Over 750 comments were received through a short ‘user friendly’ questionnaire developed in conjunction with the CVS and Healthwatch, which sought the public’s views on the six Domains that have been proposed for the refreshed Strategy. In excess of 300 residents or professionals involved in the planning, commissioning or delivery of health and care services provided feedback on the strategy consultation proposals through community and professional forums and meetings.

## **19. Public Health Action on Wider Determinants of Health**

### HWBS Domain 4 - Opportunity for All Economic Growth

- 19.1. A joint strategic needs assessment (JSNA) on Work and Health was published in 2020 and the current Healthier Communities JSNA will inform the development of the Local Plan. The Public Health Team is represented on the Backing Thurrock implementation group and is contributing to the development of the revised Thurrock-wide economic strategy. It is engaged with the Association of South Essex Local Authorities (ASELA) Anchor and Digital Programmes. It is currently focused on the development of a signposting resource to support Small and Medium-sized Enterprises in improving the Health and Wellbeing of their employees, the training of Health and Wellbeing workplace champions in large employers and establishing community-based groups to promote digital inclusion.

### HWBS Domain 5 Housing and the Environment

- 19.2. Public Health contributed to an assessment of housing affordability for the Housing Strategy. This was to inform the future planning and delivery of affordable housing in Thurrock, including improvements to the existing housing stock.
- 19.3. The Housing and Public Health Teams are now jointly working to address Fuel Poverty, and this topic will be the focus of the 2023 Annual Public Health Report. Delivering effectively on this will support the levelling up agenda through improving mental health, and reducing ill health associated with poor housing such as respiratory illnesses. This continued close working across teams makes efficient use of combined resources.
- 19.4. Public Health is also working with officers in Housing and Planning to deliver domain five of the Joint Health and Wellbeing Strategy, which is about “Housing and Environment”.

### Place Making

- 19.5. Public Health continues to have a strong influence on place making in the borough, engaging with Planning, Regeneration, Transport and Sustainability to positively influence the environment in Thurrock to be health promoting. Public Health is strategically involved in the following:

- The Local Plan: The Local Plan represents one of the largest opportunities to influence the health and wellbeing of residents through spatial planning and the built environment. The Public Health Team is in the process of finalising a guidance document aimed specifically at informing the evidence base for the Local Plan;
- Health in Planning: The Public Health Team continue to work towards ensuring that relevant planning applications in the borough are assessed for health impacts. The Team also recently organised Health Impact Assessment training for colleagues across the Council and are looking to develop a new Health in All Policies approach to Health Impact Assessment going forward;
- In addition to the local planning system, the Team is beginning to start work on health and climate change. This includes informing the Climate Change Strategy for the borough;
- Regeneration: The Public Health Team has contributed to the development of bids for the Towns Funds for both Grays and Tilbury, working to ensure that the built environment in these regeneration areas is health-promoting. The Team also provide input into the regeneration of these areas by attending the relevant Boards and through the Health Impact Assessment work that the team undertakes;
- Transport Visioning: Following completion of the Active Travel Needs Assessment, the Public Health Team continue to champion a modal shift to active travel, recognising that this is key to supporting health promoting behaviours and supporting climate change adaptation. This is through working with Transport colleagues as well as through the review of planning applications.

#### HWBS Domain 6 – Community Safety Youth Violence and Vulnerability

- 19.6. The local response to serious youth violence in Thurrock (16-24 year olds) has been structured around the 2019 Annual Public Health Report (APHR) written by the then Director of Public Health (DPH) on youth violence and vulnerability.

The report took a public health approach to addressing youth violence and vulnerability and made 32 recommendations within the following four categories: surveillance; primary prevention; secondary prevention; and tertiary prevention.

- 19.7. The Thurrock Violence and Vulnerability Board was established under the leadership of the DPH to provide oversight and assurance of the activity of the four work streams in implementing the APHR's recommendations, ensure the work of the Essex wide Violence and Vulnerability unit is being delivered locally and ensure that the voice of communities is part of tackling serious youth violence. The majority of the recommendations in the 2019 report have been delivered and the Action Plan has been reviewed in line

with the new Serious Violence Duty. It was felt that it would be appropriate to review the governance for this work to reduce duplication, and it is now being merged with work ongoing through the Community Safety Partnership. Public Health will continue to lead on data-driven surveillance.

## 20. Finance

- 20.1. Table Five, below, indicates the income streams for 22/23 for the ringfenced Public Health Grant:

Income source	Amount (£s)
Public Health Grant 2020/21	-11,887,359
PHG Carry Forward from 20/21	-380,341
OPCC Grant Income	-48,907
NRT Re-charge from NHS Thurrock CCG	-27,000
HRA Recharge (contribution to Well Homes Project)	-45,000
s31 Criminal Justice D&A funding	-214,000
MSE partnership contribution	-218,211
prEP allocation	-23,812
<b>Total Income sources:</b>	<b>-12,844,630</b>

## 21. Conclusions

- 21.1. This report highlights the comprehensive and high-quality work undertaken across the diverse portfolio of services that are the responsibility of the Cabinet Portfolio Holder for Adults and Health.

This page is intentionally left blank



**Health and Wellbeing Overview & Scrutiny Committee  
Work Programme  
2022/2023**

Dates of Meetings: 7 June 2022, 1 September 2022, 3 November 2022, 12 January 2023 and 9 March 2023

Topic	Lead Officer	Requested by Officer/Member
<b>7 June 2022</b>		
HealthWatch	Kim James	Members
Thurrock Health and Wellbeing Strategy 2022 - 2026	Jo Broadbent	Officers
Integrated Medical Centres Update (PowerPoint)	Tiffany Hemming	Members
Adult's Integrated Care Strategy	Les Billingham / Ceri Armstrong	Officers
Integrated Community Equipment Service (ICES)	Ian Kennard	Officers
Work Programme	Democratic Services	Officers
<b>1 September 2022</b>		
HealthWatch	Kim James	Members
2021/22 Annual Complaints and Representations Report – Adult Social Care	Lee Henley	Officers
Gray's IMWC Engagement Update (PowerPoint)	Tina Starling and Stephen Porter	Members
Contract for Occupational Therapy and Independent Mobility Assessment Service	Ian Kennard	Officers
Contract to Supply, Install, Maintain & Repair Telecare Equipment	Ian Kennard	Officers
Work Programme	Democratic Services	Officers
<b>3 November 2022</b>		

HealthWatch	Kim James	Members
Annual Public Health Report 2022	Jo Broadbent	Members
Adults, Housing and Health - Fees and Charges Pricing Strategy 2023/24	Catherine Wilson	Officers
Under Doctoring in Thurrock (PowerPoint)	Steve Porter	Members
Integrated Medical Centres Update (PowerPoint)	Tiffany Hemming	Members
Community In-Patient Beds in Mid and South Essex	James Wilson and Andy Vowles	Officers
Transforming Health and Care in Thurrock (PowerPoint)	Tiffany Hemmings	Officers
Request to Consult for the Charging of Assistive Technology Monitoring Service	Ian Kennard	Officers
Service Harmonisation Mid and South Essex ICB	Claire Hankey	Officers
Work Programme	Democratic Services	Officers
<b>12 January 2023</b>		
HealthWatch	Kim James	Members
EPUT Presentation	Rita Thakaria	Members
Integrated Medical Centres Update (PowerPoint)	Tiffany Hemming	Members
Active Travel Needs Assessment	Jo Ferry	Officers
Self-Care in the Context of Living with Long Term Conditions – A Joint Strategic Needs Assessment	Emma Sanford	Officers
Adult Substance Misuse Needs Assessment	Phil Gregory or Helen Forster	Officers
Work Programme	Democratic Services	Officers
<b>9 March 2023</b>		
HealthWatch	Kim James	Members

Integrated Medical Centres Update (PowerPoint)	Tiffany Hemming	Members
Final Market Sustainability Plan	Catherine Wilson	Officers
Domiciliary Care and Unpaid Carer Support	Catherine Wilson	Officers
Develop a single operating model for pathology services in mid and south Essex – PowerPoint	Mid and South Essex NHS Foundation Trust	Mid and South Essex NHS Foundation Trust.
Renewing contracts for care home and supported accommodation providers	Louise Brosnan	Officers
Work Programme	Democratic Services	Officers
Report of the Cabinet Member for Adults and Health	Cllr Arnold	Members
Briefing Notes		
Thurrock Safeguarding Adults Board (TSAB) Annual Report 2021/22	Jim Nicholson – 28 November 2022	Officers

#### Items for 2023/24 Work Programme:

Transforming Health and Care in Thurrock – Ceri Armstrong / Steve Porter  
 Community Inpatient Beds in Mid and South Essex following consultation – James Wilson  
 Safeguarding Adult Board - Annual Report – Jim Nicholson  
 EPUT Update – Paul Scott and Alex Green  
 Dementia Strategy - Thurrock Implementation Plan – Catherine Wilson  
 Library Report  
 Personality Disorders and Complex Needs Report - Alfie Bandakpara-Taylor, Mhairi Donaldson, Mark Travella

Clerk: Jenny Shade  
 Last Updated: February 2023

This page is intentionally left blank

<b>9 March 2023</b>		<b>ITEM: 12</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>		
<b>Market Sustainability Plan</b>		
<b>Wards and communities affected:</b> All		<b>Key Decision:</b> Key
<b>Report of:</b> Catherine Wilson – Strategic Lead Commissioning and Procurement		
<b>Accountable Assistant Director:</b> Ceri Armstrong – Acting Assistant Director of Adult Social Care and Community Development		
<b>Accountable Director:</b> Les Billingham – Acting Director of Adult Social Care		
<b>This report is</b> public with the exception of appendix 1		

## Executive Summary

This report seeks agreement for the attached Market Sustainability Plan (MSP) to be submitted to Cabinet and subsequently the Department of Health and Social Care. It must also be published on Thurrock Council's website.

The MSP forms part of our preparation for the wider Adult Social Care Funding Reforms commonly referred to as the Care Cap (which was due to be introduced in October 2023 and has now been delayed until 2025).

Section 5 of the Care Act 2014 sets out duties on local authorities to facilitate a diverse, sustainable and high quality market for their whole local population, including those who pay for their own care and to promote efficient and effective operation of the adult care and support market as a whole.

In December 2021 the government introduced the requirement for an MSP to be developed with a final submission in 2023. The MSP should detail how we will meet the duties contained in section 5 of the Care Act specified above. The document details the risks we face in our older people residential care and domiciliary care (18+) markets and how we plan to mitigate those risk and move to 'fair price' of care conducive with a sustainable market.

### 1. Recommendation(s)

- 1.1 To agree the attached Market Sustainability Plan prior to Cabinet and subsequent submission to the Department of Health and Social Care (DHSC).

## **2. Introduction and Background**

- 2.1 In preparation for the Adult Social Care Charging Reform (the main component of which is often referred to as the 'Care Cap' but also included arranging residential care for people's whose capital exceeded limits) the local authority was required to carry out a number of activities. These reforms were due to be introduced in October 2023 but have now been delayed until at least 2025.
- 2.2 In December 2021, the Government published a white paper, 'People at the Heart of Care' that outlined a 10-year vision for adult social care. As part of these reforms the Market Sustainability and Fair Cost of Care Fund was announced.
- 2.3 The purpose of the fund is to support local authorities to prepare their markets for the reforms outlined in 2.1 and to support Local Authorities to move towards paying providers a 'fair cost' for care.
- 2.4 As a condition of receiving funding, Local Authorities needed to evidence the work they were doing to prepare their markets for these reforms and submit the following documents to DHSC by 14 October 2022:
- Outcome of Cost of Care exercise for 65+ care homes and 18+ domiciliary care;
  - A spend report detailing how funding allocated for 2022 to 2023 was being spent in line with the funds purpose; and
  - A provisional Market Sustainability Plan, using the cost of care exercise as a key input to identify risks in the local market. A final MSP was to then be submitted in 2023 after local government budgets were finalised. The final MSP should detail how the local authority will move towards the cost of care calculated as part of the exercise described in the first bullet point.
- 2.5 Although the reforms have been delayed until 2025, it is still a requirement to submit the final MSP to government. At the time of preparing this report the submission date has not been formally confirmed but is believed to be 31 March 2023. We were advised that we would receive feedback on the draft to help shape our final submission – no feedback has been received from government.
- 2.6 The format of the MSP is prescriptive and must be completed using the template provided. Due to concerns raised by LAs with the governments proposed process to determine a 'fair cost of care', the Local Government Association (LGA) sought Kings Counsel (KC) advice on behalf of Councils in England. It is this advice that has helped shaped the final submission. Both the template and the KC advice is referenced in section 8 – Background Reading and should be read in conjunction with the MSP.

- 2.7 The proposed MSP is attached as appendix 1. It is exempt from public view as we have been instructed by government that all confidential information should be extracted and for it to be published on a gov.uk website as and when directed.
- 2.8 As can be seen from the document, by having such a low self-funder market and by also allowing people with capital in excess of the existing cap to access our contracts (this is not usual practice in other local authorities that have a larger self-funding population) we are not exposed to the same risks as many other local authorities.
- 2.9 We do have many positives within our market, least not our above average quality in residential homes for older people. However, we face different challenges to providing a sustainable market within Thurrock to other local authorities that must also be considered.
- 2.10 Our key risk is the recruitment and retention of the workforce in such a competitive environment. As such, we have been involved in the development of a regional adult social care workforce strategy and are trying to shape alternative models of care to allow people the opportunity to have blended roles in which they can progress. Some of these new models have a proven impact on the recruitment and retention of staff.
- 2.11 Although there are issues with the governments proposed approach to defining a 'fair cost of care', we have welcomed the opportunity to engage with providers and have an open conversation about the challenges they currently face. We hope for this to continue as we develop our own more meaningful fee setting process.
- 2.12 Within the residential care market we had a good level of engagement with providers, resulting in 82% of homes submitting data. However, although the Cost of Care exercise created an 'average', Thurrock Council pays a variety of rates depending on need e.g. high needs dementia rate for those presenting with challenging behaviour who require additional staff/staff with additional expertise. As such, comparisons can be complex as the difference between the mean average and the current rates vary depending on need.
- 2.13 The Council was disappointed to not replicate the high rate of return for residential care with only 25% of domiciliary care providers choosing to submit. Due to such a low response rate and as the organisations who responded were not representative of the market, the Local Authority are unable to rely on the data submission. It will instead be used as a basis for more in-depth conversations with providers.
- 2.14 As such, we are committed to developing a more sophisticated approach to fee setting in partnership with providers so that we can truly move to a 'fair cost' but one that is based on need, local circumstance and changing models of care rather than the blunt tool provided for this exercise.

- 2.15 The completion and submission of the MSP not only allows for a focussed review on segments of our care market but is currently a requirement of accessing Fair Cost of Care Funding from government. This funding is discussed in section 3.

### **3. Issues, Options and Analysis of Options**

- 3.1 The external adults' placements budget for the current year is £32.658m. The forecast outturn for the year is £35.323m.
- 3.2 As part of the local government finance settlement for 2022/23, Thurrock Council were awarded £0.442m of Market Sustainability and Fair cost of care funding. 25% of this grant funding was ring-fenced to fund the undertaking of the project, and the remaining for part of the uplift that was given to providers weekly rates.
- 3.3 The provisional finance settlement for 2023/24 has seen the grant allocation increase to £1.532m, an increase of £1.090m. This is also now referred to as the Adult Social Care Market Sustainability and Improvement Fund.
- 3.4 As detailed in section 2 of the MSP, within the parameters of the £1.090m funding, the Council will work with providers to improve the long term sustainability of their services/sector. We will utilise the funding to address the risks to the sustainability of the market detailed in the MSP and find solutions that make a difference to the sector.

### **4. Reasons for Recommendation**

- 4.1 It is a requirement that we submit a final Market Sustainability Plan to central Government in 2023.

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

- 5.1 Health and Wellbeing Overview and Scrutiny – January 2023
- 5.2 Two provider engagement events – 05 September 2022 and 04 October 2022.
- 5.3 Further provider engagement event in February 2023.

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

- 6.1 Although a sustainable market for adult social care can be seen as positively impacting on all corporate policies, it is the 'People' priority and the desire to provide high quality public services that is the most pertinent.



## **7. Implications**

### **7.1 Financial**

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

As detailed within the report, In December 2021, the Government published a white paper, 'People at the Heart of Care' that outlined a 10-year vision for adult social care. As part of these reforms the Market Sustainability and Fair Cost of Care Fund was announced.

Specific grant funding of £0.441m was received in 2022/23, with the allocation increasing to £1.532m in 2023/24. This funding will be used to implement the required changes and increase in the funding which external care providers receive. This will be contained with the grant allocation, and therefore will not have a direct impact on the Councils overall general fund

Funding for future years will be assessed once announcement is made and the funding is confirmed.

### **7.2 Legal**

Implications verified by: **Sarah Dawkins**  
**Barrister (Consultant) on behalf of Thurrock's  
Chief Legal Officer**

On behalf of the Chief Legal Officer. I confirm that I have read this paper and attachments referred to therein. As set out in section 5 of the Care Act 2014, local authorities have a duty to promote the efficient and effective operation of a market in services for meeting care and support needs, with a view to ensuring services are diverse, sustainable, and high quality for the local population, including those who pay for their own care. Section 4.31 of the Care and Support Statutory Guidance confirms the obligations expected as follows:

When commissioning services, local authorities should assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care. This should support and promote the wellbeing of people who receive care and support and allow for the service provider's ability to meet statutory obligations to pay at least the minimum wage and provide effective training and development of staff.

It should also allow retention of staff commensurate with delivering services to the agreed quality and encourage innovation and improvement. Local authorities should have regard to guidance on minimum fee levels necessary to provide this assurance, taking account of the local economic environment.

This assurance should understand that reasonable fee levels allow for a reasonable rate of return by independent providers that is sufficient to allow the overall pool of efficient providers to remain sustainable in the long term.”

The government is implementing wide-ranging and ambitious reform of adult social care. In December 2021 the Government published a white paper, *People at the Heart of Care*, that outlined a 10-year vision that puts personalised care and support at the heart of adult social care, ensuring that people (a) have the choice, control and support they need to live independent lives (b) can access outstanding quality and tailored care and support and (c) find adult social care fair and accessible

Implementation of the Market Sustainability and Fair Cost of Care Fund is one of the first steps in the journey to achieve this. The fund was announced on 16 December 2021. The primary purpose of the fund is to support local authorities to prepare their markets for reform, including the further commencement of Section 18(3) of the Care Act 2014 in October 2023, and to support local authorities to move towards paying providers a fair cost of care.

Accordingly, there appears to be no adverse legal implications arising from the recommendations set out within this paper, and they are consistent with the expected obligations upon the Council.

### 7.3 **Diversity and Equality**

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

Due to the nature of the services under discussion in the MSP (older people residential care and domiciliary care for people aged 18+) older people will be disproportionately impacted by any activity in this area.

However, the MSP seeks to identify both the key risks to the long term sustainability of these markets and how as a council (working in partnership with providers) we will mitigate these risks. As such, the development of the MSP should have a positive impact on older people (and all service users) in that it should secure sufficient services to meet needs both now and in the future.

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

None

**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):

- [Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022/23](#)



Fair Cost of Care  
guidance JAKC Revise

- [Annex C – Market Sustainability Plan template](#)
- [Eastern Region Adult Social Care Workforce Development Plan](#)
- [Provisional local government finance settlement 2023 to 2024: consultation](#)

**9. Appendices to the report**

- Market Sustainability Plan (Final Draft) 2023

**Report Author:**

Sarah Turner  
Commissioning Manager  
Adult Social Care

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank