

Thurrock: A place of opportunity, enterprise and excellence, where
individuals, communities and businesses flourish

Health and Wellbeing Overview and Scrutiny Committee

The meeting will be held at **7.00 pm** on **29 July 2014**

Committee Room 1, Civic Offices, New Road, Grays, Essex, RM17 6SL

Membership:

Councillors Charles Curtis (Chair), Charlie Key (Vice-Chair), Mark Coxshall,
Sue Gray, Yash Gupta (MBE) and Maggie O'Keeffe-Ray

Ian Evans, Thurrock Coalition
Joyce Sweeney, HealthWatch

Substitutes:

Councillors Jan Baker, James Halden, Cathy Kent and Joycelyn Redsell

Agenda

Open to Public and Press

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1 Apologies for Absence	
2 Minutes	5 - 10
To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 11 March 2014.	
3 Urgent Items	
To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	
4 Declarations of Interests	

5 Items raised by HealthWatch

This item is reserved to discuss any issues raised by the HealthWatch co-opted member or designated representative.

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Queries regarding this Agenda or notification of apologies:

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Agenda published on: **21 July 2014**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

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

Helpful Reminders for Members

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

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

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



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

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

Disclosable Pecuniary Interests shall include your interests or those of:

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

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

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

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

Pecuniary

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

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

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

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

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

Non- pecuniary

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



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

Thurrock: A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish

To achieve our vision, we have identified five strategic priorities:

1. Create a great place for learning and opportunity

- Ensure that every place of learning is rated “Good” or better
- Raise levels of aspirations and attainment so that local residents can take advantage of job opportunities in the local area
- Support families to give children the best possible start in life

2. Encourage and promote job creation and economic prosperity

- Provide the infrastructure to promote and sustain growth and prosperity
- Support local businesses and develop the skilled workforce they will require
- Work with communities to regenerate Thurrock’s physical environment

3. Build pride, responsibility and respect to create safer communities

- Create safer welcoming communities who value diversity and respect cultural heritage
- Involve communities in shaping where they live and their quality of life
- Reduce crime, anti-social behaviour and safeguard the vulnerable

4. Improve health and well-being

- Ensure people stay healthy longer, adding years to life and life to years
- Reduce inequalities in health and well-being
- Empower communities to take responsibility for their own health and wellbeing

5. Protect and promote our clean and green environment

- Enhance access to Thurrock’s river frontage, cultural assets and leisure opportunities
- Promote Thurrock’s natural environment and biodiversity
- Ensure Thurrock’s streets and parks and open spaces are clean and well maintained

MINUTES of the meeting of Health and Well-Being Overview and Scrutiny Committee held on 11 March 2014 at 7.00pm

Present: Councillors Yash Gupta (Chair), James Halden, Charlie Key, Sue Gray and Steve Liddiard

Mr Ian Evans

Apologies: Councillor Mike Stone and Ms. Joyce Sweeney

In attendance: Cllr B Rice – Portfolio Holder for Adult Social Care and Health
B. Capps – Senior Public Health Manager
D. Maynard – Head of Public Health
R. Harris – Director of Adults, Health and Commissioning
M. Boulter – Democratic Services Officer

49. MINUTES

The minutes of the meeting of the Health and Well-being Overview and Scrutiny Committee held on 11 February 2014 were approved as a correct record.

50. DECLARATIONS OF INTEREST

a) Interests

Councillor Gupta declared a non-pecuniary interest by virtue that he was a carer for his daughter.

Councillor Liddiard declared a non-pecuniary interest in relation to Item 7 by virtue that he had been part of the strategy team in relation to this initiative.

b) Whipping

No interests were declared.

51. PUBLIC HEALTH UPDATE REPORT – SMOKING AND OBESITY

Officers outlined that obesity had a number of detrimental health effects including hypertension, coronary heart disease and mental health issues. Thurrock's adult obesity figures were above national average whereas for children, Thurrock was roughly aligned with the national average.

Public Health were soon to deliver a Healthy Weight Strategy, as well as already being in the process of re-commissioning weight management services. The community were being consulted with to help inform the redesign of the service. Public Health were also developing a directory of physical activity which would be available on numerous websites, including Active Essex.

In June Thurrock would see a new initiative called 'Beat the Street', which would encourage people to walk and would set up competitions between schools to promote and increase physical activity.

With regards to smoking, officers outlined the use of tobacco control and developing a policy on e-cigarettes.

The Committee discussed the importance of tackling obesity at schools as the key determinant in reducing obesity in adults. Members recognised that the Council had tried to reduce the number of new fast food outlets opening up near schools but had been prevented by national legislation. Officers noted that some schools used e-cards for tuck shop purchases so that parents could see what food their children were buying.

Officers further noted the use of text messages to support and remind people trying to give up smoking or eating a poor diet. Members highlighted that some councils had been doing this.

One Member suggested that Public Health should liaise with voluntary bodies more as these groups were sometimes able to reach the hard to reach families. Obesity and smoking were major issues that many voluntary organisations would be keen to become involved in.

RESOLVED that:

- i) The Committee acknowledge this report**
- ii) The Committee champion the need to work with partners around all aspects of tobacco control in Thurrock including prevention of children starting smoking, smoking cessation and wider enforcement and legislation issues.**
- iii) The Committee champion the need to work with partners around all aspects of increasing the proportion of people in Thurrock who achieve a healthy weight and reduce those that are obese and overweight through acknowledging all influences and the wider determinants of Obesity and overweight.**

52. PORTFOLIO HOLDER REPORT – ADULT SOCIAL CARE AND HEALTH

The Portfolio holder highlighted that £10 million worth of savings needed to be made in adult social care in the next two years. This was a major challenge and would require the service to be fundamentally changed. The Portfolio holder confirmed, following a question, that residents with substantive and critical need were currently being supported. She agreed that it was important to prevent deterioration in peoples' ability to look after themselves and was a strong advocate of assistive technology and rehabilitation of older people once leaving hospital.

The portfolio holder clarified that the cost of care would not simply increase year on year and outstrip the cost savings. Many contracts had been renegotiated to reduce costs and the NHS, through the Better Care Fund, was looking to create a whole system response to the rising demand placed on the national health service by people living longer.

The portfolio holder stated that Public Health had been a real success and in primary care, the real challenge was to attract the next generation of GPs into the area. She also confirmed that £1 million had been received from CCGs to fund staff in Basildon Hospital's Stroke unit. This was only a temporary measure at present.

It was agreed that the Council could do much to encourage GP growth through planning permission and access to funding. The Council was keen to use these incentives.

The Committee noted that learning disability health checks were improving.

RESOLVED that the report be noted

53. THURROCK COALITION – “SPORT FOR YOU” INITIATIVE

The 'Sport for You' initiative was led by Thurrock Coalition and had started after the London Olympics when the Council invited the Coalition to lead on a project to sustain interest in sport following the Games. The Coalition joined a team of people representing a range of groups in Thurrock to identify the top five sports that disabled people wished to participate in. The team also clarified the areas of challenge and concern that faced disabled people in accessing sport programmes, including transport, communication and sustainability.

Thurrock Coalition liaised with a number of sporting groups in Thurrock to secure free sessions and use of equipment including the athletics track from Thurrock Harriers and free sessions from Tai Chi for Health. The Council also funded the purchase of table tennis tables.

The outcomes of the work included:

- An online searchable database for all sports accessible for disabled people.
- A daily inclusive sport being available through Thurrock Lifestyle Solutions at Stanford Cricket Club.
- A MENCAP and a Thurrock Lifestyle Solution football team.
- Four of the five most popular sports being available in Thurrock. (The nearest Basketball session being in Chelmsford).

Mr Evans explained that people with disabilities who moved into the borough, or who had recently become disabled usually became aware of the disabled offer through accessing the Centre for Independent Living, where Thurrock Coalition was based.

The Committee welcomed the initiative and congratulated the team on their work.

RESOLVED that:

- i) **The Committee are aware of the Thurrock Coalition "Sport For You" initiative.**
- ii) **That the Committee note the progress made by the initiative to date.**

54. BUILDING POSITIVE FUTURES PROGRESS REPORT

Officers explained that this project was a transformation project that would be delivered through legislation in the next few years, including the Better Care Fund and the Care Bill. It would affect adult social care significantly.

RESOLVED that The Committee note progress made by the Building Positive Futures programme and in particular the broadened scope to include the government's integration agenda for Adult Social Care and Health – the Better Care Fund.

The meeting finished at 8.35pm.

Approved as a true and correct record

CHAIRMAN

DATE

**Any queries regarding these Minutes, please contact
Matthew Boulter, telephone (01375) 652082,
or alternatively e-mail mboulter@thurrock.gov.uk**

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29 July 2014		ITEM: 6
Health and Well Being Overview and Scrutiny		
Budget Update and Savings Proposals		
Wards and communities affected: All	Key Decision: No	
Report of: Cllr Barbara Rice, Deputy Leader and Portfolio Holder for Adult Social Care and Health		
Accountable Head of Service: Karen Wheeler, Head of Strategy and Communications; Sean Clark, Head of Corporate Finance; Les Billingham, Head of Adult Social Care; Debbie Maynard, Head of Public Health		
Accountable Director: Graham Farrant, Chief Executive; Roger Harris, Director of Adults, Health and Commissioning		
This report is public		

Executive Summary

As a result of significant reductions in the money received from the Government and other pressures on services the Council will have to make £37.7m of savings over the three years between 2015/16-2017/18.

Cabinet received two reports in July 2014 (2013/14 Draft Outturn and MTFS Update; Shaping the Council 2015/16 and Beyond), setting out unprecedented reductions in funding requiring a change in the way the Council approaches addressing the budget gap and in considering the future shape of the organisation going forward.

This report sets out the overall context and principles upon which the MTFS is based and therefore the backdrop to developing savings proposals to address the budget gap.

A number of savings proposals were agreed by Cabinet for further development and public consultation. This committee is asked to consider the savings proposals for Adults Health and Commissioning and comment on them as part of the consultation process and to inform further development and decision making.

1. Recommendation(s)

- 1.1 **That Members consider and comment on the savings proposals within Adults, Health and Commissioning listed in Appendix 1 and detailed in Appendix 2**

2. Introduction and Background

- 2.1 As a result of significant reductions in the money received from the Government and other pressures on services the Council will have to make a further £37.7m of savings over the three years between 2015/16-2017/18. This is on top of the significant savings already made.
- 2.2 The Council has faced unprecedented financial pressures over the last four years. Over this period, the Council has exercised sound financial management within all services with the following headlines previously reported:
- Savings of £50m have been identified over the last four years;
 - The audit of the financial statements has confirmed that the Council, despite further in-year pressures, has contained expenditure within budget for the three financial years 2010/11 through to 2012/13;
 - The General Fund balance has been increased from £2.1 as at 31 March 2010 and maintained at £8.0m;
 - The Council has, for the last two audited years, received an unqualified Value for Money opinion;
 - The draft outturn for 2013/14, as reported to Cabinet in July, shows for the fourth consecutive year the Council has contained the financial pressures and delivered within the budget constraints.
- 2.3 The Leadership Group has been working over recent months to refresh the Medium Term Financial Strategy (MTFS) through reviewing the 2013/14 outturn and reflecting the latest information and forecasts within services. These have:
- Highlighted some 2014/15 pressures – Cabinet have endorsed the management actions being taken including for 2015/16 and beyond;
 - Identified the need to change the approach for budgeting and accounting for transformation and procurement savings; and
 - Led to a revised MTFS budget deficit for the period 2014/15 through to 2017/18 of £37.7m.
- 2.4 Specific pressures for 2015/16 and beyond, in addition to the overall reduction in Government grant, are set out in the body of this report. In addition Thurrock has and will continue to experience significant demographic changes. The Census 2011 showed that the population increased to 157,705, up 14,000 (10%) since 2001, and is projected to rise from 159,500 in 2012 to 176,500 in 2022. This is a 10.6% increase and is significantly higher than forecast for England (7.2%) and the Eastern region (8.6%).
- 2.5 This report sets out the overall context and principles upon which the MTFS is based and therefore the backdrop to developing savings proposals to address the budget gap.
- 2.6 A number of savings proposals were agreed by Cabinet for further development and public consultation. This committee is asked to consider the

savings proposals and comment on them as part of the consultation process and to inform further development and decision making.

3. Issues, Options and Analysis of Options

Medium Term Financial Strategy 2015/16 – 2017/18

3.1 The Council agreed a MTFFS at their meeting on 26 February 2014 based on the following key assumptions:

- i. That further grant reductions in central government support would reduce year on year throughout the life of the MTFFS in line with government fiscal announcements;
- ii. That there would be annual increases in the amount that the Council would receive through business rate growth and New Homes Bonus;
- iii. That there would be a 1.99% annual increase in council tax along with an increase of 400 properties per annum;
- iv. That there would be a 1% pay award for all staff with the exception of senior management as well as incremental progression where staff are not at the top of their grade;
- v. That inflation would be limited to the Serco and Waste Disposal contracts as well as a provision for utilities;
- vi. That the Council would start to fix its temporary debt from the end of 2014/15, phased over the life of the MTFFS;
- vii. That growth for services, including for demographic demand, be set at a minimal level; and
- viii. That savings agreed at the budget Council meeting on 27 February 2013 over the two year period be delivered.

3.2 Based on these assumptions, the reported budget deficits were as follows:

2015/16	2016/17	2017/18	Total
£m	£m	£m	£m
15.8	11.7	9.4	36.9

3.3 Since the Council meeting, the following changes to the MTFFS have been made and so set the basis for future savings:

- Ongoing costs of New Ways of Working – With the level of savings to be achieved over the medium term and the changes that the Council will go through, it is the Head of Corporate Finance’s opinion that the approach should not be to budget for these centrally, but to recognise any related costs as a central expense that enables service transformation and to identify savings within the services (including central services such as legal and finance). The financial logic of transferring the responsibility to reduce cost to the services is to reduce the possibility of double counting and ensure that the ownership of savings requirements is clearer.
- NNDR Appeals – there are a number of appeals currently lodged with the Valuation Office by local businesses that, if successful, could be backdated as

far back as 2005. In the past these would have been met by the government but, despite the fact that the main proportion of this falls into the period before business rate retention, any impact is now shared between the government and the Council. This line reflects the Collection Fund Deficit treatment but there will be an ongoing adverse impact on business rate income that is factored into the MTFs elsewhere; and

- Purfleet – as land is drawn down for the development there will be a net loss to the Council in terms of income offset by maintenance etc. no longer required. Once complete, the development will realise additional income through Council Tax, Business Rates and the New Homes Bonus.

	2014/15	2015/16	2016/17	2017/18	Total
	£m	£m	£m	£m	£m
27 February 2014 Council Meeting	-	15.8	11.7	9.4	36.9
2014/15 Service Budget Changes	(0.2)				(0.2)
Ongoing Costs of New Ways of Working		0.5			0.5
NNDR Appeals		2.0	(1.0)	(1.0)	-
Purfleet			0.2	0.3	0.5
Revised Budget Deficits	(0.2)	18.3	10.9	8.7	37.7

3.4 The savings required to meet these deficits will be challenging and the Council does not have excess reserves to be able to fall back on should there be slippage in their delivery. As such, the approach is to bring forward £3.5m of the savings requirements that will serve three purposes:

- It will provide a cushion should some of the savings not be achieved fully in 2015/16;
- It will help manage any adverse outcomes on the assumptions made; and
- It will provide an opportunity to make a contribution into the Budget Management Reserve to provide further resilience to the Council's financial position.

	2014/15	2015/16	2016/17	2017/18	Total
	£m	£m	£m	£m	£m
Revised Budget Deficits	(0.2)	18.3	10.9	8.7	37.7
Adjustment	-	3.5	-	(3.5)	-
Adjusted Budget Deficit	(0.2)	21.8	10.9	5.2	37.7

3.5 The proposals to bridge these budget deficits are included later in this report.

Other Assumptions Excluded from MTFs Totals

3.6 The main assumptions that have led to the totals above have been set out in this and previous reports. However, the following assumptions **have not** been included within these totals:

- i. The Care Act 2014 will increase the costs to the Council considerably through the new legal responsibilities that fall on the Council from April 2015 and the funding reforms / Dilnot changes from April 2016 (both the cap on individual contributions but mainly through the change to the capital threshold). A full report on these will be going to the Health and Well-Being Board and DB. The government has stated that these costs will be fully reimbursed but there remains a risk that this will not happen in which case a further report will need to come back to Cabinet on how these costs will be met;
- ii. There may be development surpluses through Gloriana Ltd – these have not been included at this time as there is a degree of uncertainty;
- iii. Limited provision for an increase in the demand for services has been included – careful monitoring of the impact of regeneration, welfare reform and general demographic pressures will be required, especially in Adults', Children's, Planning and Transportation, Environmental and Housing Services.
- iv. There will undoubtedly be a cost of severance from savings proposals and the Voluntary Redundancy scheme. A separate budget has not been set aside for this and so the first approach will be for the services to contain the costs within their services with any excess being met from the Budget Management Reserve.

Savings proposals 2014/15 – 2017/18

- 3.7 In recent months Directors Board has been considering how to reshape services given the forecast financial position. This has been particularly challenging due to the scale of savings already achieved and the continuing growth of pressures on services, mainly due to the demographic changes as set out above. As part of this process during January and February all staff were invited to put forward their suggestions. Over 400 were received and have been considered by Directors Board, directorate management teams and at the executive boards, feeding into the proposals put forward to Members as part of this report.
- 3.8 Directorates have been able to identify both efficiency savings and more significant or innovative ideas as to where reductions in budgets can be made. Where possible alternative service delivery options have been considered to prevent considerable reductions in the level of service. Inevitably though there are some proposals where significant services would reduce or stop.
- 3.9 Initial savings ideas involving changes to services were shared with Cabinet members as part of Strategy Week in June 2014 in order to provide a policy steer. Cabinet agreed a number of the proposals in July 2014 for further development and public consultation including consideration by the relevant Overview and Scrutiny committees. These include some ideas that are particularly challenging, innovative and financially significant.

- 3.10 Appendix 1 sets out the savings proposals for Adults, Health and Commissioning.
- 3.11 Appendix 1, Section 1 sets out the savings proposals for further consideration by this committee. Appendices 2a-e set out the initial business cases for these savings proposals.
- 3.12 Appendix 1, Section 2 has been included for information only, as these have already been endorsed by Cabinet on 2 July 2014, however a summary on the efficiency savings around external placements is provided in 3.14 below with more detail attached at Appendix 3.
- 3.13 This committee is asked to consider the savings proposals for Adults' Health and Commissioning in Appendix 1 Section 1 and detailed in Appendices 2a-e, and comment on them as part of the consultation process and to inform further development and decision making.

3.14 **External placements**

This is where Adult Social care spends the bulk of its money. There is a significant amount of work to manage demand and reduce existing costs as part of our Placement Review Programme.

The challenge is that demand is growing for a number of reasons:

- demographic pressures are increasing
- complexity of need is increasing
- the number of young people coming through transition is increasing
- service users and carers expectations are increasing
- government policy – DILNOT funding reforms will lead to more people requiring adult social care support.

A joint programme of work has been established with Health and Housing to review all of the placements made through the external purchasing budget, to redesign the service offer for people helping us move away from high cost traditional residential responses to need, to bring people back people from long stay out of borough placements and re-shape the market in Thurrock. This work is being overseen by the **Placement Review Programme Board**. It has the following workstreams:

- a. Review of the respite/short break pathway for disabled adults. Notice has been given on the Breakaway block contract this will terminate in its current form at the end of March 2015. Alternative models of short breaks are being explored including Shared Lives, an adult shared care scheme, supported holidays, support in the individuals own home together with direct payments to enable carers and their relatives to have more choice. Breakaway are working with us to provide a menu of services that can be purchased with a direct payment or a managed budget. Hathaway Road will be closing.

- b. Review of Supported Living / Supported accommodation. A separate business case has been prepared regarding all the current supported accommodation highlighting where savings can be made.
- c. Mental Health Placements. We are working jointly with SEPT to review the existing service offer for both residential care and supported living. The initial stage of this work is now complete and we have clear figures regarding people who need to remain in their current placements those who can return to Thurrock and those who require a step down services to then move to their own accommodation.
- d. Joint work with Housing. This has been a key area as we have developed a pilot service using empty warden flats in sheltered housing complexes. These flats have been used by learning disabled people moving from residential care as a step down to their own accommodation. A recent review has shown that this has worked very well and Housing have agreed to extend the tenancy agreements for a further year. As a result of this we are now working closely with housing to identify further properties that can be utilised to support people to move back to Thurrock from high cost placements.
- e. Continuing healthcare. This part of the project is to ensure that a review of all high costs placements that may be eligible for NHS funding through continuing health care take place. These are small numbers but significant costs. The process is now well established in the social work teams and monitoring through the project group gives a clear picture of potential savings.
- f. Specifically targeted reviews of our high costs providers. This process has started with Family Mosaic, this work has covered service quality, service user experience, service cost and is exploring the possibility of deregistration of some properties.

Remaining Budget Gap

- 3.15 Despite the efficiencies and management action already agreed and proposals put forward, which total £26.5m across all services, this leaves an £11.2m shortfall against the budget gap in the MTFS of £37.7m over the three financial years. This assumes that all proposals are implemented. As set out above the Council does not have sufficient reserves to meet this gap or to replace any proposals that may not be agreed, fail to be implemented or if there is slippage in their delivery. Additional savings proposals will need to be developed particularly to address the £5.4m gap for 2015/16 (the net effect of 2014/15 and 2015/16 as below). Directors Board will develop these during July for consideration at a budget focused additional Cabinet meeting in August. This meeting will also focus on the cumulative impact of the reduction in budget and implementation of all the proposals on service delivery including our ability to meet statutory duties and the implications for staff.

3.16 These are summarised as follows:

	2014/15	2015/16	2016/17	2017/18	Total
	£m	£m	£m	£m	£m
Adjusted Budget Deficit	(0.2)	21.8	10.9	5.2	37.7
Appendix 2 Savings (2014/15 savings already accounted for)	(0.1)	(9.3)	(4.4)	(2.8)	(16.6)
Appendix 3 Savings	(0.4)	(6.4)	(2.5)	(0.6)	(9.9)
Remaining Projected Deficits	(0.7)	6.1	4.0	1.8	11.2

4. Reasons for Recommendation

4.1 The Council has a legal obligation to set a balanced budget. The reduction in funding to the Council is unprecedented at a time when demand on services is growing, requiring a fundamental change in the way the Council approaches addressing the budget gap and in considering the future shape of the Council going forward. Members are asked to consider the specific savings proposals proposed for Adults Health and Commissioning as part of the consultation process to inform further development and decision making.

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

5.1 During Strategy Week, Directors Board, the Leader and Cabinet have been consulted on the key elements feeding into this report. Senior managers throughout the council have also been involved in identifying potential savings options and all staff have been widely consulted for additional ideas, which have also been considered.

5.2 Specific savings proposals will require detailed business cases and, where appropriate, be subject to public consultation including:

- Overview and Scrutiny committees to consider the proposals in July
- Public consultation during the summer as required
- Cross party Member and partner working group to consider all proposals
- Budget focused additional Cabinet meeting in August covering specific issues including community hubs
- Partner and supplier consultation on specific proposals as required
- Consultation with staff including trade unions from July and August

5.3 The outcomes of the consultation will feed into the final proposals put forward for decision making at the earliest opportunity in September and October 2014 followed by implementation.

5.4 The consultation will be supported by a comprehensive communication plan for external engagement during the consultation and decision making process.

5.5 Internal consultation with staff on specific proposals particularly where there is a restructure will be in line with HR policy and guidelines.

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

- 6.1 The proposals set out in this report have wide ranging implications for the Council, the way it works and the services it provides. Some of these will improve the way the Council does business and the service provided to residents by making them more targeted and efficient, however the cumulative impact of such a significant reduction in budget and the implementation of savings proposals will change service delivery levels, our ability to meet statutory requirements and therefore impact on the community and staff. The potential impact of the savings proposals on the Council's ability to safeguard children and adults will be kept carefully under review and mitigating actions taken where required.
- 6.2 The Council has commenced a voluntary redundancy process with staff. The outcomes from the process and full impact of the savings proposals on staff will be known over the next few months feeding into the implementation of management actions and decision making for savings proposals.
- 6.3 The changes and impact for each proposal in Appendix 1 is set out in the detailed business cases attached to this report including where policies and performance may change as a result. The impact on the community is covered under section 7.3 below.

7. Implications

7.1 Financial

Implications verified by: **Sean Clark**
Head of Corporate Finance

The financial implications are set out in the body of this report and appendices. Council officers have a legal responsibility to ensure that the Council can contain spend within its available resources. This must also include a consideration of the risk in achieving that budget and so robust monitoring of accepted proposals will be essential throughout the coming years.

7.2 Legal

Implications verified by: **Fiona Taylor**
Head of Legal and Democratic Services

There are no specific legal implications as a result of this report, however, any implications of specific savings proposals are set out in individual business

cases to inform consultation and final decision making. The Council's Section 151 Officer has a statutory requirement to set a balanced budget.

7.3 Diversity and Equality

Implications verified by: **Natalie Warren**
Community Development and Equalities
Manager

Each savings proposal with changes to the service requiring public consultation has a detailed business case setting out how the saving will be achieved including the level of service reduction and mitigating actions. As part of developing the business case a comprehensive Community and Equality Impact Assessment (CEIA) will be completed, informed by the public consultation. An assessment of the cumulative impact from all the CEIAs will be completed by the Community Development and Equalities team to inform final decision making on the savings to be made for 2015/16.

It is recognised that there is likely to be a cumulative impact on the voluntary and community sector due to proposals to both reduce core grants and specific grants currently provided by services across the Council. A full assessment will be completed in consultation with the CVS to determine the implications for the sector and impact on the wider community.

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

Other significant implications are identified in each business case to inform the consultation process and final decision making.

8. Background papers used in preparing the report

- Budget savings proposals working papers
- Cabinet reports, July 2014: 2013/14 Draft Outturn and MTFs Update; Shaping the Council 2015/16 and Beyond

9. Appendices to the report

- Appendix 1: Adults, Health and Commissioning savings proposals for 2014/15 – 2017/18
- Appendix 2: Business cases
 - a) Efficiency in Public Health Commissioning
 - b) Older People's voluntary sector contracts

- c) Voluntary Sector Contracts
- d) Equipment
- e) Supported Living Review
- Appendix 3: Business case - External Placements

Report Authors:

Sean Clark, Head of Corporate Finance, Chief Executive's Office

Karen Wheeler, Head of Strategy & Communications, Chief Executive's Delivery Unit

Roger Harris, Director of Adults, Health and Commissioning

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Appendix 1: Adults Health and Commissioning savings proposals for 2014/15 - 2017/18

Section 1: Savings proposals for 2014/15 – 2017/18 for development & consultation

Savings Proposal	2014/15	2015/16	2016/17	2017/18
Adults Health & Commissioning				
Efficiency in Public Health Commissioning		1400		
Equipment		100		
Older People voluntary Sector contracts - to stop funding those areas that are non-statutory		100		
Learning Disability, Mental Health and other 3rd sector contracts - to cut or reduce those areas that are non-statutory		213		
Supported Living Review - to cut or reduce those areas that are non-statutory	70	430		
Total for Directorate	70	2243	0	0

Section 2: For Noting - Efficiency Savings 2015/16 - Management Actions

Savings Proposal	2014/15	2015/16	2016/17	2017/18
Adults Health & Commissioning				
Use of Public Health Funds	1000	-1000		
Collins House income generation		40		
Social Workers - Fieldwork restructure		198		
Better Care Fund - to secure further NHS funds to support core Adult Social Care services		2000		
Close Hathaway Road Short breaks service	50	0		
Extra Care (Piggs and Kynoch) - Management savings and reduced use of agency staff		80		
Older People's Day-care - Management savings and reduced use of agency staff		52		
External Placements - Better use of local services rather than expensive residential placements		400	300	300
Review of Infrastructure support - Adults, Health and Commissioning		100		
Total for Directorate	1050	1870	300	300

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Shaping the Council 2015-16 and beyond: Savings Business Case

Business Case Title	Efficiency in Public Health Commissioning		
Revision No:		Date:	14 May 2014
Lead Director	Roger Harris		
Lead HOS	Debbie Maynard		
Critical friend/Exec Bd			
Business Case Author	(if different to HOS)		

Section 1: Summary

Savings Proposal			
Service heading	Current Costing	Budget 2015/16/17	
Non Pay	£42,000	£21,000	Only pay for essential non pay, staff work from home to reduce travel costs and reduce training to the team. Limited purchase of materials reduce by £ 21,000
New PHG	£1,100,000	£550,000	Review the proposals from the PHG grant that was secured from PH England; scale back some of the recurrent agreements from 1 April 2015 – some of the initiatives e.g. Beat the Street will only be for one year reduce by £ 550k
Sexual Health Services	£1,787,000	£1,587,000	This is a Mandated Services by the DoH that local authorities must commission. It covers a range of services from core GUM, Chlamydia screening, IUCD fitting and screening. The proposal is to review the service and reduce by £200k
Health Checks	£429,000	£329,000	Again a Mandated Services but review and reduce by £100k
DAT Funding	£893,000	£893,000	New contract signed and started 1 st April 2014 for three years.
Drugs	£358,000	£358,000	As with DAT funding above
Alcohol	£70,000	£35,000	No community prevention programmes for Thurrock residents reduce by £35k
School Nursing 5 - 19 year service	£1,559,000	£1,309,000	Partly Mandated Services for the National Child Measurement Programme plus HWB priorities for Tobacco Control and Weight Management reduce by reduce by £250k in new tender 01/04/15 – risk in the offer to schools and possible safeguarding implications
Children's Weight Management (HWB Priority)	£253,000	£200,000	Health Checks is mandated service will need programmes to refer into for weight management programmes BIG RISK if we are going to reduce obesity this service will not be reduce by £53k

Adults Weight Management (HWB Priority)	£122,000	£72,000	Health Checks is mandated service will need programmes to refer into for weight management programmes BIG RISK if we are going to reduce obesity this service will not be reduce by £50k
Tobacco Control (HWB Priority)	£525,000	£425,000	Health Checks is mandated service will need programmes to refer into to help people stop smoking – more targeted programmes (maybe in-house stop smoking team) reduce by £100k
Parenting Breastfeeding	£300,000	£200,000	No community support for parenting and breastfeeding which has a huge impact on obesity and HWB of families reduce by £100k
Library Services	£14,000	£0	Central Health Intelligence and referencing experts for undertaking literature reviews, evidence based practice reduce totally £14k
Projects Other	£18,000	£9,000	Funding if Primary Care overachieves on LES and for One off projects to pilot invest to save schemes reduce by £9,000
Total	£7,470	Saving - £1.4m	

Strategic rationale

The public health spend on contracts has already achieved over £1m through the work completed in 2013/14 transition year into the council. This work was carried out as the original PHG had a shortfall of £1.2million. This proposal further offers more savings through reviewing the current contracts. We have undertaken benchmarking with 5 of our CIPFA comparator sites, consulted with public through workshops and surveys and group and community meetings. We served notice to NELFT for all our services in 2013/14. Three new services will be tendered for from 1 April 2015 and reviews of all other services complete in 2014/15.

A Public Health Strategy Board has been established that reports into the HWB a PID has been produced and work streams established to oversee this savings plan.

Approximate Cost Savings

£1.4 million by 31st March 2015

Further efficiencies will be agreed for 2015/16 through the service reviews.

Timescales

Activity	Timescale
Three new services re commissioned by 1 April 2015	By 1 April 2015

Risks /Consequences	
The main risk is that new providers are not identified.	
Mitigation	
Phased reductions over two years.	

Section 2: Finance, savings and costs

Financial summary

General Fund budget 2014-15

	Staff £000s	Premises / Transport £000s	Supplies/ Services £000s	Direct Payments £000s	Third Party Payments £000s	Total Expenditure Gross £000s	Income £000s	Net Expenditure £000s
2014/15								

Staff Related savings

Current number of posts (FTE and headcount)	There may be reductions in providers who deliver these services but not in Thurrock Council directly.
Number of posts to be deleted (FTE and headcount)	
Amount of salary saving (inc on-costs)	

Non- Staff Related savings

Premises and buildings (inc utilities)	
Transport	
Supplies and services	
Other (please specify)	

Third Party Related savings/income

Commissioning/contracts	£1.4m 2015/16
Charges to the HRA/DSG/PHG (NB can be negative)	
Increase fees & charges	
Grants/additional funding streams	
Other (please specify)	

Benefits – non financial

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Costs & Resources to deliver the savings

Direct costs	
Redundancy costs	
Accommodation costs	
Procurement and/or Legal costs	
Other HR costs	
Other (please specify)	

Section 3: Impact/Consequences of proposal – not covered in financial section

Impact on Corporate Priorities/objectives/ performance targets/standards

Give details regarding any/all that are relevant – Risk/mitigation is next section

Priority 1. Create a great place for learning and opportunity	
Priority 2. Encourage and promote job creation and economic prosperity	
Priority 3. Build pride, responsibility and respect to create safer communities	
Priority 4. Improve health and well-being	New Efficient services will improve the health and wellbeing of local communities
Priority 5. Protect and promote our clean and green environment	
Well-run organisation - financial & governance; staff; customers	

Impacts on partners

Our current provider NELFT may not be the provider of choice from 1 April 2015

Impacts on customers / community and equality/diversity implications

EqIA will be undertaken as part of the commissioning process.

Has an EqIA been undertaken?

NO – this will be covered during the recommissioning of the new services.

Date:

Other impacts/implications

The Public Health Grant is ring-fenced – we will re-direct the released monies to fund existing activity and services within the Council that will not be cut. It will allow the PHG to focus on some other key areas of activity within the Council.

Section 4: Risks and Mitigation

Delivery risks

Risk Description	Likelihood	Impact	Rating	Management or Mitigating Action
E.g. failure to..will lead to... resulting in ...				
No new providers identified for new services	2	3	6	Ongoing discussions with potential providers

Service risks

Risk Description	Likelihood	Impact	Rating	Management or Mitigating Action
E.g. failure to..will lead to... resulting in ...				
A reduction on this scale will mean a significant reduction in service in those areas. We have tried to protect those areas that are mandated – ie required by the DoH. However, it will mean a reduction in some priority areas such as smoking cessation and school nursing	3	3	9	We will protect those areas that are mandated. We will seek to get as many efficiencies as possible through a tightly managed procurement based on a scaled down specification.

For information on the ratings criteria guide, please see <\\Thurdata01\data\THURROCK\EXCHANGE\ROM>

Likelihood	4	8	12	16
	3	6	9	12
	2	4	6	8
	1	2	3	4
	Impact			

Section 5: Assumptions, Dependencies & Exclusions

Timeframes Assumptions/ Dependencies/Exclusions	
Benefits Assumptions/ Dependencies/Exclusions	

Costs Assumptions/ Dependencies/Exclusions	
Other/ General Assumptions/ Dependencies/Exclusions	

Section 6: Stakeholder Engagement Requirements

		Approximate timelines
Staff/Unions NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Jackie Hinchliffe	<input type="checkbox"/>	
Portfolio Holders/Members NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Directors Board	x <input type="checkbox"/>	The process has been approved at HOSC and HWB
Partners NB. Services should not be undertaken consultation with partners in isolation – all such activity should be co-ordinated through Directors Board	x <input type="checkbox"/>	Notice has been formally served to current providers. The Public Health strategy Board overseeing this work has partners as members Partners have completed surveys
Residents/Public NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Directors Board	x <input type="checkbox"/>	We have widely consulted on new services with community groups
Other – please specify	<input type="checkbox"/>	

Section 7: Any other comments to support savings proposals

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Shaping the Council 2015-16 and beyond: Savings Business Case

Business Case Title	Older People's voluntary sector contracts		
Revision No:	1	Date:	16 May 2014
Lead Director	Roger Harris		
Lead HOS	N/A		
Critical friend/Exec Bd			
Business Case Author	Sarah Turner		

Section 1: Summary

Savings Proposal

SE207 (Older People Voluntary Organisations Budget)
SE202 (Meals on Wheels)

Total - £ 100k

Strategic rationale

SE207 – 3rd sector contracts

We have reviewed all of our 3rd sector contracts for older people's services.

The funding for Alzheimer's Society and Age UK Essex Befriending service needs to be maintained as these are core services and without these there would be increased demand on more costly statutory services.

However, the following contracts / grants whilst delivering a valuable service are not statutory. The reduction will be achieved by giving notice on the remainder of the voluntary organisations who largely provide advice, information and generic support. By giving notice now work can be undertaken with these organisations to access other funding sources.

However, these groups do provide important support to specific areas and any reduction will be a loss of service.

- Thurrock Asian Association £17,290 (net cost lower as some of this is rent to the Council so estimated at £ 10k net)
- TOFFs £5,000
- Age Concern Thurrock £2,600
- Age UK Essex Home Support £25,000

SE202 Meals on wheels

There has been a separate report detailing the change to the service to realise efficiencies.

The formal consultation is currently being undertaken. The reduction is reliant on a Cabinet decision that supports O&S preferred option rather than consultation responses which are resistant to the change.

The O&S preferred option would save approx £55,250 in 2015/16.

Approximate Cost Savings

- Thurrock Asian Association £17,290 (net 10k)
- TOFFs £5,000
- Age Concern Thurrock £2,600
- Age UK Essex Home Support £25,000
- Meals on Wheels approx £55,250 in 2015/16

Total : £ 100k

Timescales

Activity	Timescale
<ul style="list-style-type: none"> • Give notice on existing grant agreements and help organisations seek alternative funding • Arrange alternative meals provision 	<ul style="list-style-type: none"> • By March 2015 • By March 2015

Risks /Consequences

The key risk is that the voluntary sector becomes unviable with very little ability to deliver the preventative services and interventions. In turn this would mean an increased demand on the external purchasing budget. Statutory intervention would in many cases happen earlier in a persons life as there would be very little alternative and as such the increased demand on the external purchasing budget would be over a longer period of time.

Mitigation

The intention is to support organisations to seek alternative sources of funding to try and lessen the impact on their provision and the individuals they support. This however will not realise the amount of funding required and will take offices time to offer quite detailed support.

Section 2: Finance, savings and costs

Financial summary

General Fund budget 2014-15

	Staff £000s	Premises / Transport £000s	Supplies/ Services £000s	Direct Payments £000s	Third Party Payments £000s	Total Expenditure Gross £000s	Income £000s	Net Expenditure £000s
2014/15								

Staff Related savings

Current number of posts (FTE and headcount)	There may be reductions within the organisations affected.
Number of posts to be deleted (FTE and headcount)	
Amount of salary saving (inc on-costs)	

Non- Staff Related savings

Premises and buildings (inc utilities)	
Transport	
Supplies and services	
Other (please specify)	

Third Party Related savings/income

Commissioning/contracts	£100k per annum
Charges to the HRA/DSG/PHG (NB can be negative)	
Increase fees & charges	
Grants/additional funding streams	
Other (please specify)	

Benefits – non financial

None

Costs & Resources to deliver the savings

Direct costs	If Cabinet agree to the change in meals on wheels arrangements, O&S have requested that due to level of expected savings, an officer is employed to oversee and support service users and their families (and internally within ASC) with the change process. Estimated cost of £10 to £14k Officer time to support existing organisation in seeking alternative funding.
Redundancy costs	£45k (liability under the meals on wheels contract for redundancy – this has already been accounted

	for in the savings and as such the £100k would be the savings achieved – this is why predicted savings on the meals on wheels contract increased to £100k per annum rather than the £55k after 2015/16)
Accommodation costs	
Procurement and/or Legal costs	
Other HR costs	
Other (please specify)	May also be a short term cost to support our Customer Finance team and ECDP (direct payment advisory service) with the extraordinary increase they will experience in the number of direct payments as a result of this change. Up to 10k

Section 3: Impact/Consequences of proposal – not covered in financial section

Impact on Corporate Priorities/objectives/ performance targets/standards

Priority 1. Create a great place for learning and opportunity	
Priority 2. Encourage and promote job creation and economic prosperity	<p>This reduction in funding will result in redundancies locally.</p> <p>The reduction in funding may also impact on the income the Council receives from rent on buildings as Thurrock Asian Association and Meals on Wheels operate out of Council owned properties.</p>
Priority 3. Build pride, responsibility and respect to create safer communities	
Priority 4. Improve health and well-being	<p>The reduction in funding for Older People voluntary services may lead to a reduction in rather than an improved health and wellbeing.</p> <p>The reduction in Thurrock Asian Associations funding may adversely affect Asian elders.</p>
Priority 5. Protect and promote our clean and green environment	
Well-run organisation - financial & governance; staff; customers	

Impacts on partners

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Impacts on customers / community and equality/diversity implications

Any reduction in funding to the voluntary sector needs to be considered as a whole (i.e. we cannot consider the savings on a directorate by directorate basis) otherwise we may be disproportionately affecting this sector.

Community

The £5k funding for TOFFs could be seen as lessening the voice of older people in health, social care and wider council (and partners) decision making process.

Diversity Implications

These savings will primarily focus on services for older people and as such will have an adverse impact on this client group.

The savings for Thurrock Asian Association may adversely affect Asian elders and their ability to access services.

Has an EqIA been undertaken?

YES / NO

Date:

Other impacts/implications

The reduction in core funding to Age UK Essex will lead to increased costs for older people who need help with their shopping and other low level needs.

Age Concern Thurrock supported local older people to claim £82k in attendance allowance last year. They are completely volunteer led and receive only £2,600 – this reduction may be a false economy.

Section 4: Risks and Mitigation

Delivery risks				
Risk Description	Likelihood	Impact	Rating	Management or Mitigating Action
Failure to secure Cabinet decision for the preferred option for meals on wheels will lead to a reduction in the level of suggested savings.	2	4	8	Utilise the tender process to achieve savings (although this is unlikely to be at the same level)
Failure to secure alternative funding for the voluntary organisations will lead to services ending. This could result in increased reliance on statutory services and increased cost.	3	3	9	Directors Board to make decision at earliest possible date to allow enough time to seek alternative funding.

Service risks				
Risk Description	Likelihood	Impact	Rating	Management or Mitigating Action
Failure to secure alternative funding for the Thurrock Asian Association will lead to service ending. This could adversely affect Asian Elders and their ability to access services.	2	3	6	Directors Board to make decision at earliest possible date to allow enough time to seek alternative funding. Additional mechanism to ensure equality of access may need to be put in place e.g. greater availability of information in Asian languages.
Failure to continue with core funding to Age UK Essex will result in increased costs to older people.	4	2	8	There is no mitigating action. Other areas do not subsidise this cost.
Failure to continue with core funding to Age Concern Thurrock may lead to service closure and decrease the amount of attendance allowance local residents claim.	2	3	6	Directors Board to make decision at earliest possible date to allow enough time to seek alternative funding.

For information on the ratings criteria guide, please see <\\Thurdata01\data\THURROCK\EXCHANGE\ROM>

Likelihood	4	8	12	16
	3	6	9	12
	2	4	6	8
	1	2	3	4
	Impact			

Section 5: Assumptions, Dependencies & Exclusions

Timeframes Assumptions/ Dependencies/Exclusions	<ul style="list-style-type: none"> • Timeframe dependent on Director’s Board decision • Timeframe for Meals on Wheels dependent on Cabinet Decision
Benefits Assumptions/ Dependencies/Exclusions	<ul style="list-style-type: none"> • Meals on Wheels savings dependent on either Cabinet agreeing preferred delivery option or tender process resulting in a saving
Costs Assumptions/ Dependencies/Exclusions	<ul style="list-style-type: none"> • Assumption of Meals on Wheels worker based on 6 months of a band 5 or 6 member of staff with on costs. • 10k of additional money for ECDP/ customer finance based on assumption that Cabinet agree preferred option for Meals on Wheels (not required if we go to tender).
Other/ General Assumptions/ Dependencies/Exclusions	<ul style="list-style-type: none"> • Assumption - That no saving proposed could be deemed a statutory service. • Assumption – that support will be given by the Chief Executive Delivery Unit – Community Development department to assist these organisations to seek alternative funding. • Dependence on timely director’s board decision to allow for alternative funding to be sought.

Section 6: Stakeholder Engagement Requirements

		Approximate timelines
Staff/Unions NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Jackie Hinchliffe	<input type="checkbox"/>	
Portfolio Holders/Members NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Directors Board	<input checked="" type="checkbox"/>	<p>Portfolio holders/members need to be engaged in this discussion. Please note that some Members have interests in the voluntary organisations detailed in this report.</p> <p>Members will be involved in the meals on wheels decision making process via Cabinet (consultation response to O&S June with decision scheduled for September Cabinet).</p>
Partners NB. Services should not be undertaken consultation with partners in isolation – all such activity should be co-ordinated through Directors Board	<input type="checkbox"/>	
Residents/Public NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Directors Board	<input type="checkbox"/>	
Other – please specify	<input checked="" type="checkbox"/>	<p>The Council will be required to engage with the voluntary and charitable sector.</p>

Section 7: Any other comments to support savings proposals

Shaping the Council 2015-16 and beyond: Savings Business Case

Business Case Title	Voluntary Sector Contracts – Learning Disability Development Fund		
Revision No:	1	Date:	20th May 2014
Lead Director	Roger Harris		
Lead HOS			
Critical friend/Exec Bd			
Business Case Author	Catherine Wilson / Roger Harris		

Section 1: Summary

Savings Proposal

Learning disability, mental health and carers contracts (including the previous Learning Disability Development Fund and Healthwatch)

Saving - £ 213k

We have undertaken a review of all 3rd sector contracts (see separate business case for older people's contracts).

However, they will mean a significant reduction in service provision and withdrawal of support for very vulnerable communities.

Strategic rationale

Voluntary Sector Contracts (£43k): Throughout 2013/14 a number of tendering processes have been undertaken where cost savings have been realised. A number of these contracts have recently been let. The total value of these contracts is £ 430k. We would seek to agree at voluntary 10% reduction on these contracts.

The Learning Disability Development Fund (£ 120k) has been in existence since the implementation of Valuing People and the amount of money was allocated to each local authority to support that implementation. The money is no longer ring fenced and the projects it supports are over and above statutory duties.

The first project is Star Dating delivered by BATIAS Independent Advocacy Service; this is a friendship and dating agency for learning disabled people. It has been very successful in reducing people's social isolation but the LDDF no longer exists and this is a non-statutory service.

The second project is World of Work run by TCIL providing volunteering and work opportunities for people with learning disabilities. This is the only service that we currently commission that supports people with learning disabilities back into work.

Healthwatch (£ 50k): This is a service that the Council is required to commission. It replaced the

old LINK service. It provides an advocacy service, acts as the patients watchdog, provides advice and information for people wanting to access the NHS and is responsible for monitoring adult social care and children's social care. We currently fund Healthwatch £ 150k and it is hosted via the CVS. Although difficult to achieve Healthwatch could be encouraged to do more of its work through volunteers and seek alternative funding from other sources to fund specific work.

Approximate Cost Savings

- 10% across the board would be approximately £43,000
- BATIAS - Star dating £60,000
- Thurrock Centre for Independent Living - World of Work £60,000
- Healthwatch / CVS £ 50k

Timescales

Activity	Timescale
Voluntary Sector Contracts : Undertake renegotiation throughout 2014	To be achieved by March 2015
LDDF : Give notice on the contracts confirming that the 2 year contracts currently in existence will end in March 2015	To be achieved by March 2015
Healthwatch : Give notice to existing arrangement	Aim to achieve by April 2015

Risks /Consequences

Voluntary Sector Contracts

The first most significant risk is that this will destabilise the voluntary sector in Thurrock it could damage the positive working relationships that exist between all the organisations and the Council.

The second most significant risk is that the people who currently use all of these services have considerably reduced support meaning that the focus that these contracts currently give on supporting independence, the personalisation agenda, the LAC work and more fully supporting community inclusion will be lost. People will come into statutory services much sooner families will break down, particularly without carers support and the pressure on the external purchasing budget will increase and people will need to utilise services over a longer period of time.

The council is committed to coproduction and joint working with citizens and the reduction of these contracts would significantly damage and limit this approach.

LDDF

The Key risk is that the Council is seen to be limiting options for learning disabled people who continue still to be marginalised in the community. Isolation is a significant consequence of the

new models of working supporting individual personalised approaches and the ability to offer an organisation that assists in lessening that isolation is very positive.

Obtaining and keeping employment is a key indicator in the annual Learning Disability Self assessment and within the newly introduced Autism self assessment, Thurrock's positive progress in both around employment is a direct result of the work of TCIL. Employment for learning disabled people is highlighted nationally as an area that should receive focus from all local authorities to reduce marginalisation and increase community participation. With the introduction of universal Credit we require an organisation in Thurrock to offer support to those seeking employment who are learning disabled or who have autism and TCIL has the knowledge and expertise to offer this support. There is a significant risk that if we do not fund this service that employment will become a very low priority and the good progress that has been made will be lost.

Healthwatch :

Healthwatch was established as part of the NHS reforms which went live on April 1st 2013. The organisation plays an invaluable role in monitoring local health and social care services and support users, carers and patients. It is a requirement that each local authority commissions a local service but there is no ring-fenced grant for Healthwatch and the previous LINK grant is now incorporated within our general fund. This is a £50k reduction which would be 30% of their current grant. The organisation would be supported to find alternative funding to replace this reduction.

Mitigation

Voluntary Sector Contracts

There is very little that can lessen the impact of this approach other than the work around Local Area Co-ordination and community inclusion however this will only have a limited impact without the voluntary services in put and support. Assistance can be given to look at alternative sources of funding but that approach is limited if advice is being given to all voluntary organisations to pursue this route.

LDDF

The services offered through BATIAS whilst valuable are non-statutory.

The employment support is a vital component enabling Thurrock to deliver the national agenda around employment for learning disabled people and within the National Autism Strategy

Healthwatch

We would work with Healthwatch to see whether they could seek alternative funding or deliver more of their work through volunteers.

Section 2: Finance, savings and costs

Financial summary

General Fund budget 2014-15

	Staff £000s	Premises / Transport £000s	Supplies/ Services £000s	Direct Payments £000s	Third Party Payments £000s	Total Expenditure Gross £000s	Income £000s	Net Expenditure £000s
2014/15								

Staff Related savings

Current number of posts (FTE and headcount)	N/A
Number of posts to be deleted (FTE and headcount)	
Amount of salary saving (inc on-costs)	

Non- Staff Related savings

Premises and buildings (inc utilities)	
Transport	
Supplies and services	
Other (please specify)	

Third Party Related savings/income

Commissioning/contracts	£213,000
Charges to the HRA/DSG/PHG <i>(NB can be negative)</i>	
Increase fees & charges	
Grants/additional funding streams	
Other (please specify)	

Benefits – non financial

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Costs & Resources to deliver the savings

Direct costs	Officer time to renegotiate the contracts and support voluntary organisations to seek funding streams from elsewhere
Redundancy costs	
Accommodation costs	
Procurement and/or Legal costs	Procurement and Legal's time to oversee the possible decrease in contract price
Other HR costs	
Other (please specify)	Reducing the contract price for the Direct Payment and Advocacy contracts may increase the demand on the external purchasing budget for spot purchase of support where direct payments increase or where service users require support to state their views if their services are reduced.

Section 3: Impact/Consequences of proposal – not covered in financial section

Impact on Corporate Priorities/objectives/ performance targets/standards

<small>This</small> Priority 1. Create a great place for learning and opportunity	Learning disabled people would not have support to obtain equality of opportunity within employment and would be marginalised in the local community.
Priority 2. Encourage and promote job creation and economic prosperity	There would be no specific organisation to support employment for those who have a learning disability or experience autism.
Priority 3. Build pride, responsibility and respect to create safer communities	
Priority 4. Improve health and well-being	Lack of access to all of the services listed may impact on individual health and well being and family breakdown may occur through lack of capacity within advocacy and carers support services. This would in turn impact on the external purchasing budget.
Priority 5. Protect and promote our clean and green environment	
Well-run organisation - financial & governance; staff; customers	

Impacts on partners

The voluntary sector is an essential part the Thurrock community providing support over and above the funding they receive, to reduce that funding would have a very negative impact on the relationship that the council has with the voluntary sector,

Impacts on customers / community and equality/diversity implications

Any proposed reduction to the funding Thurrock Council give to the voluntary sector must be carefully considered as the work of the voluntary organisations in Thurrock provides a significant amount of support in preventing the need for longer term high cost services, supporting the community to be more resilient.

Making such savings will reduce the voice of those who use services and will as a consequence reduce the equality of opportunity that many people who use services or support those who do have fought so hard to obtain through partnership working with council offices and other statutory organisations. At the heart of the Care and Support Bill is the direction to be inclusive and to work in partnership and the funding reductions would dilute the very well established partnership forums.

Has an EqIA been undertaken?

NO **Date:**

Other impacts/implications

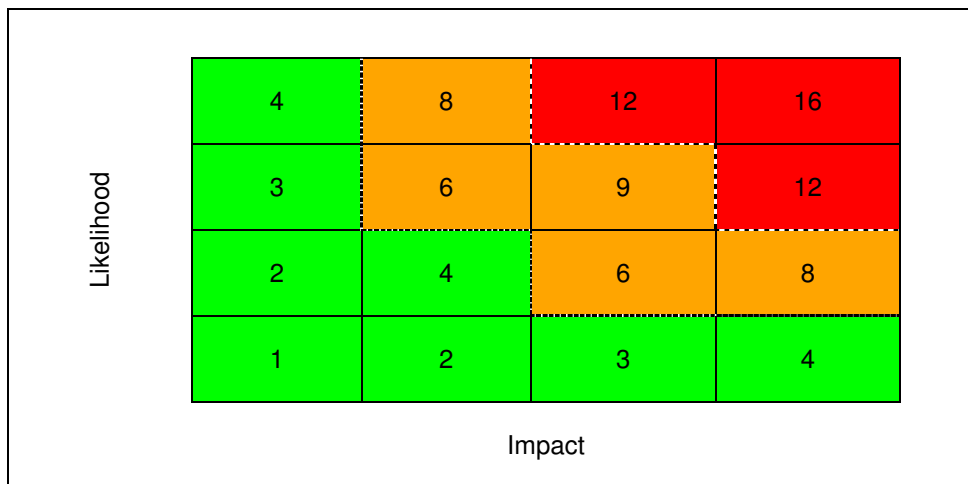
Section 4: Risks and Mitigation

Delivery risks				
Risk Description	Likelihood	Impact	Rating	Management or Mitigating Action
Failure to secure alternative funding will lead to a significant reduction in the services to be delivered	4	8	12	Support will be required from commissioners.
Failure to negotiate the savings may mean that some contracts will cease completely as there won't be enough funding	3	6	9	More detailed risk assessment will be required regarding the impact on service users and other funding streams

Service risks				
Risk Description	Likelihood	Impact	Rating	Management or Mitigating Action
Failure to support the employment priorities for learning disability and autism will impact on Thurrock's self assessment, national figures and the individuals themselves	8	12	16	To cease the LDDF and transfer to a grant approach with a reduced amount of funding which will still deliver the employment agenda
Failure to deliver Advocacy will mean that people can not participate in the planning of their own services or have the equality of opportunity to be part of their local communities	8	12	16	Work with provider to try and reduce risks
Failure to deliver Direct Payment Information Support and Advice will mean that transformation of service provision will not be able to be delivered appropriately supporting people to have real choice which may be a choice to use alternative services that are less costly.	8	12	16	Work with service users and provider to reduce impact for service users
Failure to adequately deliver the Carers Information Advice and Support service will impact on carers ability to care meaning that there may be an increase in the need for purchased services	4	8	12	Work with the provider and carers to try and reduce the impact

Failure to support Healthwatch will mean that a coordinated independent and representative voice of people who use services will be lost	4	8	12	Look to support alternative sources of funding and support
Failure to support the Stroke Service will mean that there will be a reduction in the numbers of people who are supported in the community and this may result in a higher need for residential care	4	8	12	Work with health partners and others to look to alternative sources of funding. And he never

For information on the ratings criteria guide, please see <\\Thurdata01\data\THURROCK\EXCHANGE\ROM>



Section 5: Assumptions, Dependencies & Exclusions

Timeframes Assumptions/ Dependencies/Exclusions	The assumption is being made that the voluntary organisations would willing renegotiate the contract price even though savings have already been made on the contracts in recent tender processes.
Benefits Assumptions/ Dependencies/Exclusions	Assumption being made that the reduction in funding is a real saving, this may not be the case as the cost may transfer to the adult social care external purchasing budget.
Costs Assumptions/ Dependencies/Exclusions	Assumption being made that the cost will not transfer to the external purchasing budget.
Other/ General Assumptions/ Dependencies/Exclusions	Support would be given to all organisation to seek alternative funding

Section 6: Stakeholder Engagement Requirements

		Approximate timelines
Staff/Unions NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Jackie Hinchliffe	<input type="checkbox"/>	
Portfolio Holders/Members NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Directors Board	x <input type="checkbox"/>	Portfolio Holders and members would need to be fully informed of all proposals as reduction in funding would have a significant impact on the welfare of their constituents.
Partners NB. Services should not be undertaken consultation with partners in isolation – all such activity should be co-ordinated through Directors Board	x <input type="checkbox"/>	All renegotiation and of contracts would involve all partners voluntary and statutory as any reduction in funding may impact with a requirement for increased statutory duty can use the term services.
Residents/Public NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Directors Board	x <input type="checkbox"/>	People who use the services would need to be informed of proposals.
Other – please specify	<input type="checkbox"/>	

Section 7: Any other comments to support savings proposals

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Shaping the Council 2015-16 and beyond: Savings Business Case

Business Case Title	Equipment and Assistive Technology		
Revision No:	1	Date:	04/07/14
Lead Director	Roger Harris, Director of Adults Health and Commissioning		
Lead HOS	Les Billingham, Head of Adults		
Critical friend/Exec Bd			
Business Case Author	Tania Sitch		

Section 1: Summary

Savings Proposal

Assistive Technology - Adult Social Care is currently funding £39k for AT practitioner we are reviewing use of this post

Thurrock Council as part of the Multi Agency Management Board purchases equipment through Essex Equipment Store (with Essex County Council leading) has negotiated a new agreement which will produce savings.

Assumptions are this will lead to £60k - savings

Strategic rationale

It must be recognised demand on equipment has grown as this is seen as a preventative measure that will generate savings in the longer term. More people are living at home with complex needs and this will create a growth in demand for equipment.

Assistive Technology is one of a number of preventative services. It aims to keep people at home, reduce admissions to hospital and residential care and reduce reliance on services. Demand has increased by 15% (growth in this area was encouraged as a preventative measure) and this has increased spend.

Approximate Cost Savings

OT Equipment contract - £60k

Assistive Technology - £40k

Timescales

Activity	Timescale
<p>1. Essex County Council new agreement being entered into which will produce savings. Current assumption £60k - £75k savings</p> <p>2. Review funding of AT post (funded through BCF) potential £39 k but part of Fieldwork restructure paper)</p>	<p>Implementation during 2014</p> <p>As part of whole ASC Fieldwork review by end of June 2014</p>

Risks /Consequences

Specific risks:

1: Risks of losing AT post is potential loss of promoting assistive technology and early intervention and prevention. Loss of performance and skills. Loss of expertise to take other initiatives forward. Politically sensitive. Loss of opportunities to avoid dependency, admissions etc which could lead to more falls etc. This will lead to increase in waiting list which has been reduced significantly after extensive process work

General risks:

Reducing current levels of investment to meet demand will lead to:

- introduction of waiting list for equipment once budget is fully committed
- increased risk to vulnerable people
- increase hospital admissions (falls)
- lack of prevention offer will increase demand for other more intensive ASC services
- increased complaints etc
- failure to meet statutory need
- impact of raised demands on carers
- more significant pressure in the system due to increase in dependency levels – loss of specialist knowledge/poor performance
- Politically sensitive

Mitigation

Integrated Community Equipment Service project and shared service agreement with Essex County Council.

Risk management approach to ensure critical equipment provision prioritised

Self assessment to promote / improve access to equipment.

Increase information and advice for self funding options

Explore income generation opportunities (delivery of moving and handling training / approved assessor training / reablement training)

Section 2: Finance, savings and costs

Financial summary

General Fund budget 2014-15

	Staff £000s	Premises / Transport £000s	Supplies/ Services £000s	Direct Payments £000s	Third Party Payments £000s	Total Expenditure Gross £000s	Income £000s	Net Expenditure £000s
2014/15			859					859

Staff Related savings

Current number of posts (FTE and headcount)	1
Number of posts to be deleted (FTE and headcount)	1
Amount of salary saving (inc on-costs)	£40K

Non- Staff Related savings

Premises and buildings (inc utilities)	0
Transport	0
Supplies and services	£60k ICES
Other (please specify)	0

Third Party Related savings/income

Commissioning/contracts	0
Charges to the HRA/DSG/PHG (NB can be negative)	0
Increase fees & charges	0
Grants/additional funding streams	0
Other (please specify)	0

Benefits – non financial

Asset Based Community Development / Self serve / promote independence / improve speed of access to support services / reduce face to face assessments and more self serve / encourage community prosperity / choice and control

Costs & Resources to deliver the savings

Direct costs	0
Redundancy costs	0
Accommodation costs	0
Procurement and/or Legal costs	0
Other HR costs	0
Other (please specify)	

Section 3: Impact/Consequences of proposal – not covered in financial section

Impact on Corporate Priorities/objectives/ performance targets/standards

Give details regarding any/all that are relevant – Risk/mitigation is next section

Priority 1. Create a great place for learning and opportunity	
Priority 2. Encourage and promote job creation and economic prosperity	Self Assessment promotes local business / stimulate market in equipment / Asset Based Community Development / engage in ULO
Priority 3. Build pride, responsibility and respect to create safer communities	Support Asset Based Community Development / community hubs etc
Priority 4. Improve health and well-being	<p>Positive impact: increased independence and access to equipment / early intervention and prevention support.</p> <p>Negative impact: Reducing current levels of investment to meet demand will lead to:</p> <ul style="list-style-type: none"> - introduction of waiting list for equipment - increased risk to vulnerable people - increase hospital admissions (falls) - lack of prevention offer will increase demand for other more intensive ASC services - increased complaints etc - failure to meet statutory need - impact of raised demands on carers - more significant pressure in the system due to increase in dependency levels – loss of specialist knowledge/poor performance
Priority 5. Protect and promote our clean and green environment	
Well-run organisation - financial & governance; staff; customers	

Impacts on partners

Reduce service offer may impact on Housing, Health & Social care services. Impact on partners with Essex CC and partners in relation to ICES. Impact on partners who deliver range of assessment and support services

Impacts on customers / community and equality/diversity implications

Self assessment plans will promote choice and control, self serve. However, negative impact will include:

- introduction of waiting list for equipment once money is used
- increased risk to vulnerable people
- increase hospital admissions (falls)
- lack of prevention offer will increase demand for other more intensive ASC services
- increased complaints etc
- failure to meet statutory need
- impact of raised demands on carers
- more significant pressure in the system due to increase in dependency levels – loss of specialist knowledge/poor performance

Has an EqIA been undertaken?

NO

Date: Outstanding

Other impacts/implications

Section 4: Risks and Mitigation

Delivery risks				
Risk Description	Likelihood	Impact	Rating	Management or Mitigating Action
Risk that prevention agenda is upheld and decisions made not to reduce prevention offer				This will be considered at DMT once business case written and risk considered
Of ULO not engaging	2	2	4	Active engagement is ongoing and they are actively participating, project plan agreed and in place

Service risks				
Risk Description	Likelihood	Impact	Rating	Management or Mitigating Action
E.g. failure to maintain current levels of investment to meet demand will lead to:	2	2	4	Integrated Community Equipment Service project and shared service agreement with Essex County Council.
introduction of waiting list for equipment	2	2	4	Risk management approach to ensure critical equipment provision prioritised
increased risk to vulnerable people	2	2	4	Self assessment to promote / improve access to equipment.
increase hospital admissions (falls)	2	2	4	Working with ULO to facilitate self assessment and equipment availability via local suppliers.
lack of prevention offer will increase demand for other more intensive ASC services	2	1	3	
increased complaints etc	2	2	4	Robust reviewing of what is critical and substantial and consultation with ULO and key stakeholders.
failure to meet statutory need	2	1	4	Increase information and advice for self funding options
raised demands on carers	2	2	4	Explore income generation opportunities (delivery of moving and handling training / approved assessor training / reablement training)
more significant pressure in the system due to increase in dependency levels – loss of specialist knowledge/poor performance	2	2	4	

For information on the ratings criteria guide, please see <\\Thurdata01\data\THURROCK\EXCHANGE\ROM>

Likelihood	4	8	12	16
	3	6	9	12
	2	4	6	8
	1	2	3	4
	Impact			

Section 5: Assumptions, Dependencies & Exclusions

Timeframes Assumptions/ Dependencies/Exclusions	ULO engagement and consultation / service demands and priorities remain consistent / resource availability to maintain demand
Benefits Assumptions/ Dependencies/Exclusions	Self Assessment is successful
Costs Assumptions/ Dependencies/Exclusions	ICES project assumptions / existing activity mix between simple and complex aids remain / full potential of Self Ax uptake is reached
Other/ General Assumptions/ Dependencies/Exclusions	

Section 6: Stakeholder Engagement Requirements

		Approximate timelines
Staff/Unions NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Jackie Hinchliffe	<input type="checkbox"/>	
Portfolio Holders/Members NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Directors Board	X	DMT report for July
Partners NB. Services should not be undertaken consultation with partners in isolation – all such activity should be co-ordinated through Directors Board	X	DMT report for July
Residents/Public NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Directors Board	X	DMT report for July
Other – please specify	<input type="checkbox"/>	

Section 7: Any other comments to support savings proposals

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Shaping the Council 2015-16 and beyond: Savings Business Case

Business Case Title	Housing-related support services		
Revision No:	2	Date:	2 July 2014
Lead Director	Roger Harris		
Lead HOS			
Critical friend/Exec Bd			
Business Case Author	Sue Wellard		

Section 1: Summary

Savings Proposal

Housing-related care and support services

The following contracts were originally funded under the Supporting People programme which had a ring-fenced grant. The ring-fence was removed in 2009 and the funding became part of the Council's revenue support grant.. Since that time, contracts have been re-tendered and some significant savings have been achieved. However due to the pressures on Council funding, and the fact that the services are non-statutory, then it is necessary to review them and the viability of retaining contracts.

There are a total of 16 services that provide support to a range of vulnerable people including people with mental ill-health and disabilities. Services include both accommodation based and floating support services which prevent homelessness and support people with vulnerabilities therefore helping the Local Authority to meet their Statutory duties with specific reference to the Homelessness Act and the Care Act. Services also support parents with children and therefore meet the Council's statutory obligations in relations to the Children's Act.

Timely interventions by these effective, low-cost services does prevent or delay the need for more intensive interventions such as residential care and therefore meet the Council's statutory obligations relating to prevention detailed in the Care Act.

The provision of these services supports the Council to meet their statutory duties in supporting vulnerable people as detailed above. Services also prevent and/or delay the need for more costly interventions and residential care. Therefore to terminate the services wholesale may be contrary to the directions contained within the Care Act. The services are also generally in keeping with the direction of travel contained within the Thurrock transformation strategy for health and social care; namely moving the focus of service provision upstream to manage demand for services more effectively

The current spend on housing related support services is £1.8m per annum. A list of services appears in the attached appendix

Strategic rationale

Officers in Adult Social Care, Children's and Housing have been reviewing all the contracts to identify savings and efficiencies. The proposals fall into 5 categories

Category 1: Contracts to terminate: The following contracts could be terminated with limited impact:

- a) **Mediation service:** This service provides homelessness intervention to young people aged 16-17 years of age. Agreement has already been reached with the service provider to terminate the service in December 2014 due to lack of referrals to the service
- b) **Homelessness Prevention Service** – this service provides intervention services to chaotic families/singles etc. that are on the point of being evicted. There are often associated issues which can include debt, domestic violence, involvement with the criminal justice system etc. There are similar services operating in Children's Social Care (Family Intervention Project) and in Housing (for tenants only and with a remit of dealing only with rent arrears) however the entry criteria are different.
- c) **Leaseholders:** Supporting People historically had obligations to pay a contribution towards the support charge for various private tenants in supported accommodation. The average amount of annual contribution for each tenant is around £10-£15 per annum

Category 2: Services dealing with homelessness that can be taken over by Housing

Many of these services are linked to homelessness prevention and therefore could potentially be moved to Housing (who have a statutory duty in this area). These services are currently funded from the General fund and if this arrangement is to continue, the Council would not benefit from financial efficiencies. However the possibility of funding some or all services from the Housing Revenue Account (HRA) will need to be investigated, which could potentially release savings in the General fund.

Housing has now confirmed the services that they are able to take over and fund from the HRA – see details below.

Category 3: Services that support residents but which may have an impact on Children and Young People's services

There are four services that need further investigation before a decision can be made on their future. These are Single Homeless Accommodation and Floating Support services and Teenage Parent and Floating Support services. Investigation is required as to whether alternative accommodation and support services are available which will continue to meet the needs of these client groups which will then allow the Council to decommission these services.

Category 4: Services that provide important preventative support to Adult Social Care clients but required further consideration

There are three floating support services, two specialist (Mental Health and Disabilities) and Generic that are currently commissioned. The services are in demand and work is being carried out to determine if all three services could be combined, to continue to deliver support but at a reduced cost. The current provider has been asked to submit a proposal considering between 20 and 50% reduction in costs of the current contract which realise between £108k and £269k

Category 5: Services that appear reasonable to retain but could potentially be supported by other funding streams: Adults, Health and Commissioning could retain those services relating to mental ill health and disabilities as Adult Social Care already has a statutory responsibility to most of these service users and therefore it would be appropriate to retain relevant services.

In some cases, Health may fund some services which would enable further savings to be achieved. Further information will be provided in due course.

Therefore each service has been considered individually, assessing the potential for termination, move to Housing/Health funding or retain and secure savings. Details appear below.

Approximate Cost Savings

Category 1: Contracts to terminate

1. Mediation service for young people – service will be terminated in agreement with provider – saving £71k per annum
2. Homelessness Prevention Service - £34, 064
3. Leaseholders – payment towards service charge - £609

Total: £105,673

Category 2: Services dealing with homelessness that can be taken over by Housing

Sheltered Housing scheme - £9,758

Homeless Hostel - £153,339

Sanctuary scheme –service will be totally funded by Housing (currently part-funded) – saving £5k per annum

Total: £168,097

Category 3: : Services that support residents but which may have an impact on Children and Young People’s services

Teenage Parent Accommodation and Floating Support service - £166,642

Single Homeless Accommodation and Floating Support service - £301,888

Total: £468,530 (if terminated)

Category 4: Services that provide important preventative support to Adult Social Care clients but required further consideration

Generic floating support service - £307,062

Mental Health floating support service - £62,497

Adult disabilities floating support service - £169,578

Potential savings for a combined, reduced service at say 50% - £269,000

Category 5: Services that appear reasonable to retain but could potentially be supported by other funding streams:

Adult disabilities accommodation service - £235,100

Mental Health accommodation service - £31,249

Rape and Incest Crisis Service - £38,772

Women's refuge and floating support service - £244,194

Timescales

Activity	Timescale
Depending on option(s) chosen:	
Option 1 – termination of contracts – 6 month notice period	6 months
Option 2 – move to Housing	3-6 months
Option 3 – retain	No timescale required

Risks /Consequences

Overall

- Risk of not meeting statutory duties under Homelessness legislation, Care Act, Children's Act – increased risk to vulnerable groups/reputational damage
- Potential homelessness for some vulnerable groups due to ceasing payment of support charge
- Risk of clients moving more quickly to need more intensive interventions/residential placements which would entail increased costs

Option 1a) – Terminate all contracts

The Council would not be able to meet its statutory obligations in respect of supporting vulnerable people. This would lead to an immediate need for high-level, crisis interventions and residential placements which would result in greatly increased expenditure.

e.g. Estimated cost of supporting a family who are homeless - £30k, cost of floating support service for one year - £3k

Estimated cost of a placement for a person with learning disabilities – an average of £750 per week, cost of supported housing placement for one year - £205 per week.

Options 1b) – Terminate some contracts

Dependent on Options 2 and 3 being realised

Option 2 – Move services to Housing– risks are that Housing/Health are unable to fund services in which case they will be terminated with six months notice. The risks associated with this as are outlined in Option 1a) However Housing have confirmed the services that they will be able to fund via HRA (see above)

Option 3 – Retain/other funding streams– risk is that other funding streams may not be available for some or all services in which case, services will either need to be reduced or

terminated

Mitigation

The intention is to try to ensure that these services continue to operate to support vulnerable people in the community, to prevent the need for costly interventions and crisis support and to enable the Council to meet its statutory responsibilities. However should Options 2 and 3 not be realised, then there is significant risk that this the risks outlined in Option 1 will be realised. However Housing have now confirmed the services that they are able to fund via the HRA

Section 2: Finance, savings and costs

Financial summary

General Fund budget 2014-15

	Staff £000s	Premises / Transport £000s	Supplies/ Services £000s	Direct Payments £000s	Third Party Payments £000s	Total Expenditure Gross £000s	Income £000s	Net Expenditure £000s
2014/15								

Staff Related savings

Current number of posts (FTE and headcount)	
Number of posts to be deleted (FTE and headcount)	
Amount of salary saving (inc on-costs)	

Non- Staff Related savings

Premises and buildings (inc utilities)	
Transport	
Supplies and services	
Other (please specify)	

Third Party Related savings/income

Commissioning/contracts	Potentially £1,011,300 – please see detail above
Charges to the HRA/DSG/PHG (NB can be negative)	
Increase fees & charges	
Grants/additional funding streams	
Other (please specify)	

Benefits – non financial

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Costs & Resources to deliver the savings

Direct costs	
Redundancy costs	
Accommodation costs	
Procurement and/or Legal costs	Legal costs to terminate/negotiate contracts
Other HR costs	
Other (please specify)	

Section 3: Impact/Consequences of proposal – not covered in financial section

Impact on Corporate Priorities/objectives/ performance targets/standards

Give details regarding any/all that are relevant – Risk/mitigation is next section

Priority 1. Create a great place for learning and opportunity	
Priority 2. Encourage and promote job creation and economic prosperity	Outcomes for all services include supporting people into education, employment and training. (EET) Some service providers have their own employment and training schemes for service users which create opportunities for EET; these will be lost if support contracts are terminated
Priority 3. Build pride, responsibility and respect to create safer communities	
Priority 4. Improve health and well-being	One of the main outcomes for all services is to promote health and well-being. This is especially relevant in homelessness services and service provision for people with mental ill-health and disabilities which are at risk
Priority 5. Protect and promote our clean and green environment	
Well-run organisation - financial & governance; staff; customers	

Impacts on partners

All services work holistically with statutory and voluntary services to provide an holistic package of support for individuals and families alike.

There will be an impact for statutory partners in Housing, Health, Children's Services, CMHT, Probation and the voluntary sector, all of whom link in and use services for their clients. In most cases, these services enable them to meet their statutory responsibilities in terms of accommodation and/or support for clients.

For example, the provision of single person's homeless accommodation provides supported accommodation for predominantly young people at risk from 16 years of age.(Southwark judgement) If this accommodation is not available, then Children's services would have an immediate duty to provide support and accommodation for young people falling into this category at a greatly increased cost. i.e. cost of accommodating in supported housing = £100 per week, cost of a child's placement – an average of £800 per week.

There may be also significant impacts on people with ill-health, including mental ill-health and disabilities if services are not retained. All service providers work closely with Health and Social Care and work in partnership to deliver outcomes for services.

Housing also utilise some of the floating support services to provide support to tenants and potentially homeless people. The impact may be that there is an increase in homelessness if preventative services are not available.

Impacts on customers / community and equality/diversity implications

Any reduction in funding in housing-related support services needs to be considered as a whole and the impact that there will be if there is a reduction or termination of services.

These services are the “safety net” for people who are vulnerable but who can be prevented from needing costly interventions and crisis services, by the timely provision of these low-cost, effective services. The reduction of provision may disproportionately impact on vulnerable people who will try to seek alternative support but undoubtedly a high proportion will move into crisis situations and there will be a duty for agencies to provide emergency interventions

Has an EqIA been undertaken?

NO – but this will be done for each scheme proposal

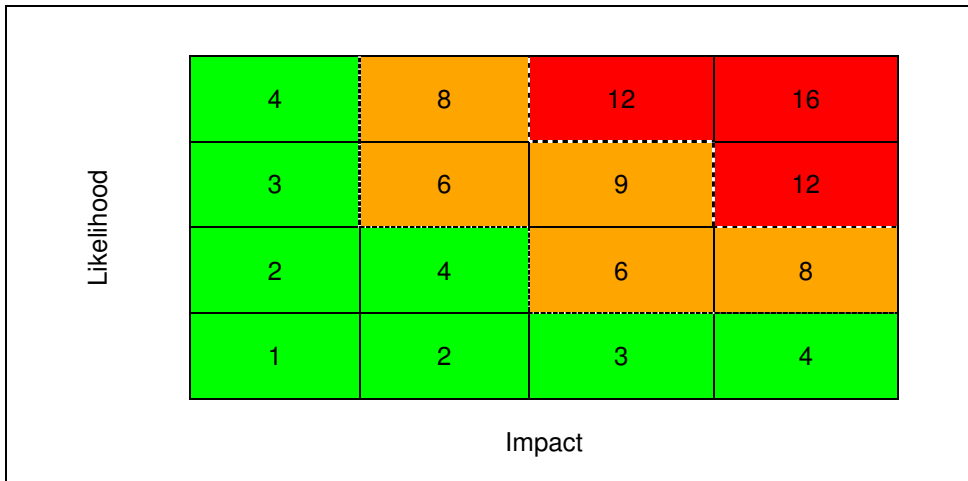
Other impacts/implications

Section 4: Risks and Mitigation

Delivery risks				
Risk Description	Likelihood	Impact	Rating	Management or Mitigating Action
Termination of services may lead to an increased need for statutory service intervention and increased cost	4	2	8	Investigate community services which may be able to provide some support otherwise no mitigating action
Failure to secure funding from Housing/Health for designated services will lead to termination. This could lead to an increased need for statutory service intervention and increased cost	3	4	12	There is no mitigating action as there are no other funding streams available. However Housing have now confirmed the services that they will be able to fund from the HRA
Termination of services may adversely impact on partners who rely on services to provide specific support to their clients	4	3	12	Work with partners to mitigate risks to clients
Failure to provide funding for the support charge for a sheltered housing scheme could potentially lead to homelessness for residents in receipt of benefits	3	4	12	Link with Housing to ascertain whether alternative Council accommodation would be available for affected vulnerable older people

Service risks				
Risk Description	Likelihood	Impact	Rating	Management or Mitigating Action
Failure to secure funding from Housing/Health for designated services will lead to termination of services.	2	4	8	Housing have now confirmed the services they are able to fund from the HRA. Health and other funding streams to be investigated. Investigation into community services that may be available to provide support.
Termination of services may adversely affect partner's ability to deliver their own services	2	4	8	Work with partners to mitigate risks to clients
Failure to provide funding for the support charge for a sheltered housing scheme could potentially destabilise the provider if tenants move out	1	1	1	Housing has agreed to take over funding of the scheme

For information on the ratings criteria guide, please see <\\Thurdata01\data\THURROCK\EXCHANGE\ROM>



Section 5: Assumptions, Dependencies & Exclusions

Timeframes Assumptions/ Dependencies/Exclusions	
Benefits Assumptions/ Dependencies/Exclusions	
Costs Assumptions/ Dependencies/Exclusions	
Other/ General Assumptions/ Dependencies/Exclusions	

Section 6: Stakeholder Engagement Requirements

		Approximate timelines
Staff/Unions NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Jackie Hinchliffe	<input type="checkbox"/>	
Portfolio Holders/Members NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Directors Board	x <input type="checkbox"/>	
Partners NB. Services should not be undertaken consultation with partners in isolation – all such activity should be co-ordinated through Directors Board	x <input type="checkbox"/>	
Residents/Public NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Directors Board	x <input type="checkbox"/>	
Other – please specify	<input type="checkbox"/> x	Current service users

Section 7: Any other comments to support savings proposals

Appendix

Total HRS Budget 2014/15

£1,875,600.00

Budget for 2014/15

Provider Name	Service Name	Contract end date	Predicted Spend for 2014/15	Comment
Brentwood Branch (CWL) Housing Association	St Annes	31.3.16	£9,728.16	Based on an average of 12
Family Mosaic Housing Association	Charles Street Homeless Early Intervention Service	31.3.16	£152,919.00	
Family Mosaic Housing Association	Adult Disabilities - Accommodation	31.3.16	£33,970.56	
Family Mosaic Housing Association	Adult Disabilities - Floating Support	31.3.16	£234,456.04	
Family Mosaic Housing Association	Generic Floating Support	31.1.15 (option to extend for further 2 years)	£169,113.36	Under notice for termination December 2014
Family Mosaic Housing Association	Mediation Service	31.1.15 (option to extend for further 2 years)	£306,221.24	
Family Mosaic Housing Association	Single Homeless Accommodation Service	31.1.15 (option to extend for further 2 years)	£71,174.48	
Family Mosaic Housing Association	Single Homeless Floating Support Service	31.1.15 (option to extend for further 2 years)	£153,540.92	
Family Mosaic Housing Association	Mental Health Accommodation Service	30.9.15 (option to extend for further 1 year)	£147,519.84	
Family Mosaic Housing Association	Mental Health Floating Support Service	30.9.15 (option to extend for further 1 year)	£31,163.60	
Sanctuary Housing Association	Teenage Parent Services - Accommodation	31.5.15	£62,325.64	
Sanctuary Housing Association	Teenage Parent Services - Floating Support	31.5.15	£156,070.20	
SER&ICC	Floating Support	31.3.16	£10,115.56	
Thurrock Womens Refuge	Refuge	30.6.15 (option to extend for a further 2 years)	£38,665.64	
			£144,450.28	

Thurrock Womens Refuge	Floating Support	30.6.15 (option to extend for a further 2 years)	£99,074.56	Not contract – shared cost with Housing – Housing to assume all costs by agreement from 2014
Thurrock Womens Refuge Leaseholders	Sanctuary scheme contribution		£5,000.00	To be terminated
	Direct Payment		£609.26	
Estimated Total for External Providers			£1,826,118.34	

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Shaping the Council 2015-16 and beyond: Savings Business Case

Business Case Title	External Placements		
Revision No:	1	Date:	20th May 2014
Lead Director	Roger Harris		
Lead HOS			
Critical friend/Exec Bd			
Business Case Author	Catherine Wilson and Roger Harris		

Section 1: Summary

Savings Proposal

External Placements – Proposed saving £ 1m over three years

Over £ 20m is committed through our external placements budget covering all service user groups – older people, learning disability, physical disability, mental health together with young people in transition and nursing and dementia care.

This savings proposal sets a target to manage the new demands and increasing demographic pressures plus deliver a £ 1m saving over three years.

Strategic rationale

This is where Adult Social care spends the bulk of its money. There is a significant amount of work to manage demand and reduce existing costs as part of our Placement Review Programme.

The challenge is that demand is growing for a number of reasons :

- demographic pressures are increasing
- complexity of need is increasing
- the number of young people coming through transition is increasing
- service users and carers expectations are increasing
- government policy – DILNOT funding reforms will lead to more people requiring adult social care support.

A joint programme of work has been established with Health and Housing to review all of the placements made through the external purchasing budget, to redesign the service offer for people helping us move away from high cost traditional residential responses to need, to bring people back people from long stay out of borough placements and re-shape the market in Thurrock. This work is being overseen by the **Placement Review Programme Board**. It has the following workstreams :

1. Review of the respite/shortbreak pathway for disabled adults. Notice has been given on the Breakaway block contract this will terminate in its current form at the end of March 2015. Alternative models of shortbreaks are being explored including Shared Lives, an adult shared care scheme, supported holidays, support in the individuals own home together with direct payments to enable carers and their relatives to have more choice. Breakaway are working with us to provide a menu of services that can be purchased with a direct payment or a managed budget. Currently Hathaway Road is temporarily closed for structural repairs and a consultation will begin in June to

review the need for a council provided short break service either at Hathaway or at another location. A recent carers partnership group meeting was held which was received very positively as people felt involved in the redesign of the services from the start of the process.

2. Review of Supported Living / Supported accommodation. A separate business case has been prepared regarding all the current supported accommodation highlighting where savings can be made. Alongside this the model of supported living for Thurrock is being explored drawing together all the current resources and developing a framework agreement to ensure consistency. The most important consideration is that supported living can pose risks regarding ordinary residency and mitigation of these risks will be built into the strategic approach.
3. Mental Health Placements . We are working jointly with SEPT to review the existing service offer for both residential care and supported living. The initial stage of this work is now complete and we have clear figures regarding people who need to remain in their current placements those who can return to Thurrock and those who require a step down services to then move to their own accommodation.
4. Joint work with Housing. This has been a key area as we have developed a pilot service using empty warden flats in sheltered housing complexes. These flats have been used by learning disabled people moving from residential care as a step down to their own accommodation. A recent review has shown that this has worked very well and Housing have agreed to extend the tenancy agreements for a further year. As a result of this we are now working closely with housing to identify further properties that can be utilised to support people to move back to Thurrock from high cost placements. One significant area is transition as we have a number of young people with very complex needs currently in high cost residential placements, we are currently writing a business case for 2 young people and two properties which will if successful enable them to move back to be closer to their families at a significantly reduced cost. However for the projects with housing to work and realise the savings there will need to be up front investment to refurbish the properties.
5. Continuing healthcare. This part of the project is to ensure that a review of all high costs placements (starting with Section 256 service users) that may be eligible for NHS funding through continuing health care take place. These are small numbers but significant costs. The process is now well established in the social work teams and monitoring through the project group gives a clear picture of potential savings.
6. Specifically targeted reviews of our high costs providers. This process has started with Family Mosaic, this work has covered service quality, service user experience, service cost and is exploring the possibility of deregistration of some properties. The commissioning team have developed with Family Mosaic a detailed action plan to improve services ensuring that they are in a position to change as the market requires. This model will be used with other high cost providers.

Approximate Cost Savings

£ 1m over three years

However, as noted above there are considerable demands from :

- a. Growing demographic pressures, especially nursing care and dementia
- b. Legal and regulatory requirements;
- c. Service user and carer expectations;
- d. Young people coming through transition

Timescales

Activity	Timescale
Business Case to be written up in more detail	By end July 2014
Consultation on some aspects of the workstreams with the	

users/carers/providers where relevant (e.g. respite review)	August – October 2014
---	-----------------------

Risks /Consequences

The most significant challenge is managing the increase in demand for services.

Mitigation

There may be a need as highlighted above for additional funding as projects develop to ensure they are established so that longer term more significant savings can be made.

Section 2: Finance, savings and costs

Financial summary

General Fund budget 2014-15

	Staff £000s	Premises / Transport £000s	Supplies/ Services £000s	Direct Payments £000s	Third Party Payments £000s	Total Expenditure Gross £000s	Income £000s	Net Expenditure £000s
2014/15								

Staff Related savings

Current number of posts (FTE and headcount)	
Number of posts to be deleted (FTE and headcount)	
Amount of salary saving (inc on-costs)	

Non- Staff Related savings

Premises and buildings (inc utilities)	
Transport	
Supplies and services	
Other (please specify)	

Third Party Related savings/income

Commissioning/contracts	Approximately £ 1m over three years
Charges to the HRA/DSG/PHG (NB can be negative)	
Increase fees & charges	
Grants/additional funding streams	
Other (please specify)	

Benefits – non financial

--

Costs & Resources to deliver the savings

Direct costs	Significant officer time
Redundancy costs	
Accommodation costs	
Procurement and/or Legal costs	Legal and procurement will be required to contribute to this project.
Other HR costs	
Other (please specify)	

Section 3: Impact/Consequences of proposal – not covered in financial section

Impact on Corporate Priorities/objectives/ performance targets/standards

Priority 1. Create a great place for learning and opportunity	
Priority 2. Encourage and promote job creation and economic prosperity	
Priority 3. Build pride, responsibility and respect to create safer communities	
Priority 4. Improve health and well-being	There is a risk that there will not be sufficient provision to meet the increases in demand and as such the health and well being of those with identified needs will not be met.
Priority 5. Protect and promote our clean and green environment	
Well-run organisation - financial & governance; staff; customers	

Impacts on partners

There may be an increased demand on health budgets which might be seen as transferring the costs.

Impacts on customers / community and equality/diversity implications

Customer choice may be reduced and the expectations of service users and their carers may not be met. Service user eligible needs may not be met.

Has an Equal been undertaken?

NO **Date:**

Other impacts/implications

Increase in complaints.
Increase in LGO referrals.

Section 4: Risks and Mitigation

Delivery risks

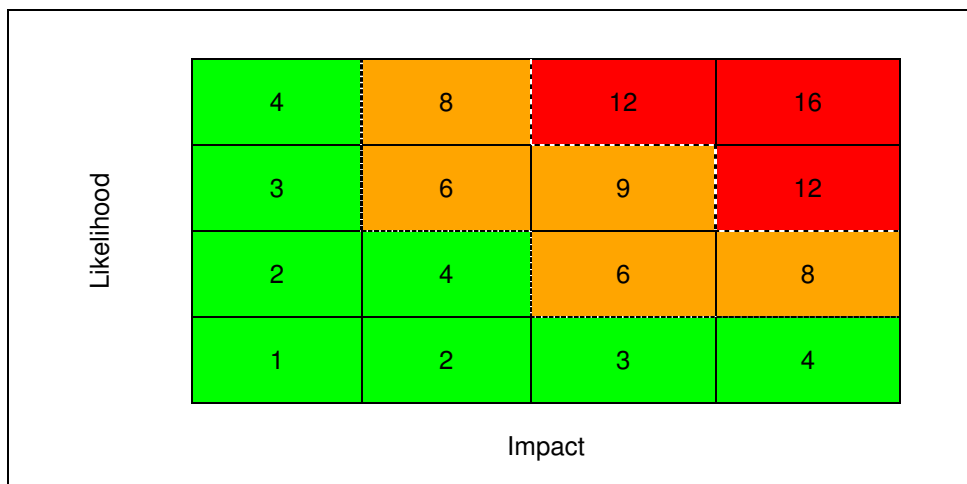
Risk Description	Likelihood	Impact	Rating	Management or Mitigating Action
Failure to deliver all the work streams of this project would mean that savings would not be realised, the main issue is ensuring that capacity is available to undertake all the detailed work.	2	4	6	Close management of the project team to support this complex task.

Service risks

Risk Description	Likelihood	Impact	Rating	Management or Mitigating Action
Failure to deliver a comprehensive consistent short break service pathway may result in break down with families and this may result in an increase needs for residential high cost support.	4	4	16	To ensure carers and partners are involved from the start in the service redesign.
Failure to create a robust supported housing framework agreement will heighten the risk of high costs, service that do not meet need and problems with ordinary residence	4	4	16	Involve providers in the design of the framework and learn from other local authorities.
Failure to build in predicted levels of need to the mental health work may result in demand increasing and resources not being available.	3	3	9	Ensure that the project is managed jointly with SEPT and that the mental health strategy is used to support projected need.

Failure to have funding available to refurbish properties will mean that utilising the housing stock will not be possible and a very positive opportunity will be lost.	4	3	12	Ensure that detailed business cases are written with clear financial modelling to realise the long term savings.
Failure to undertake detailed CHC assessments could mean that social care are paying for health needs	2	4	8	Make sure that CHC checklists are routinely completed.
Failure by Family Mosaic to deliver the changes required will mean that service redesign will not succeed	3	3	9	Continue to work closely with Family Mosaic taking a proactive role in supporting their service delivery

For information on the ratings criteria guide, please see <\\Thurdata01\data\THURROCK\EXCHANGE\ROM>



Section 5: Assumptions, Dependencies & Exclusions

Timeframes Assumptions/ Dependencies/Exclusions	The assumption is being made that savings can be delivered quickly, whilst savings can be realised to redesign the service offer will take time develop the alternatives and funding will be required.
Benefits Assumptions/ Dependencies/Exclusions	
Costs Assumptions/ Dependencies/Exclusions	The assumption is being made that reductions can be made even though the demand for services is increasing.
Other/ General Assumptions/ Dependencies/Exclusions	

Section 6: Stakeholder Engagement Requirements

Approximate timelines

Staff/Unions NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Jackie Hinchliffe	<input type="checkbox"/>	
Portfolio Holders/Members NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Directors Board	x <input type="checkbox"/>	Portfolio Holders and members would need to be fully informed of progress with the project as it may impact on the services received by their constituents
Partners NB. Services should not be undertaken consultation with partners in isolation – all such activity should be co-ordinated through Directors Board	x <input type="checkbox"/>	Partners both internally and externally will need to be involved so that the impact of any service reductions can be appropriately managed
Residents/Public NB. Services should not be undertaken consultation with staff in isolation – all such activity should be co-ordinated through Directors Board	x <input type="checkbox"/>	Residents will need to be actively consulted with.
Other – please specify	<input type="checkbox"/>	

Section 7: Any other comments to support savings proposals

Increasingly we are likely to see complaints from service users and families as we try and reshape services and model them in such a way that provides a service that meets there reasonable needs but in a more efficient way.

The number of LGO referrals in particular is likely to increase.

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29 July 2014		ITEM: 7
Health and Well-being Overview and Scrutiny Committee		
Meals on Wheels Public Consultation Results		
Wards and communities affected: All	Key Decision: Key	
Report of: Sarah Turner – Older People and Dementia Commissioner		
Accountable Head of Service: N/A		
Accountable Director: Roger Harris – Director of Health, Adults and Commissioning		
This report is Public		

Executive Summary

The Council currently holds a contract with RVS (until 31st March 2015) to provide hot meals to people who have been assessed as critical or substantial under the Adult Social Care FACS (Fair Access to Care) criteria¹. The meals on wheels service is in place to ensure that people who are unable to prepare their main meal (including reheating frozen food) have the facility to receive one hot and nutritionally balanced meal each day. In addition to the meal, RVS also carry out welfare checks and medication prompts (where it has been assessed as a need).

On the 12 November 2013, Overview and Scrutiny agreed for a public consultation to take place regarding future delivery options of a meals on wheels service. This report details the response received from the public consultation.

1. Recommendation(s)

- 1.1 Despite the consultation result, it is the Officers recommendation that HOSC's preferred option (combination of option of 3 and 6) is presented to Cabinet for decision. HOSC are asked to support this recommendation as this option will continue to meet the needs of the**

¹ Full Title of document: Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care – guidance on eligibility criteria for adult social care: England 2010

most vulnerable service users who require a meal whilst delivering savings in this difficult financial climate.

2. Introduction and Background

- 2.1 On 12 November 2013 a report was submitted to HOSC seeking approval to go out to public consultation regarding the future options for the delivery of meals on wheels in Thurrock. Six different options were identified.
- 2.2 HOSC identified a seventh option (a combination of options 3 and 6) as their preferred option.
- 2.3 A full public consultation (in partnership with Thurrock Coalition – our user led organisation) started on Friday 17th January 2014 for twelve weeks (until 11 April 2014).
- 2.4 All current service users were written to and questionnaires including prepaid return envelopes included in the mailing (copy of letter and questionnaire are in Appendix 1).
- 2.5 People also had the facility to complete a questionnaire on line.
- 2.6 In addition, Thurrock Coalition ran a public consultation event (drop-in session) at the Beehive Centre, West Street, Grays on Thursday 13th March 2014.
- 2.7 Thurrock Coalition and Council Officers also attended a number of boards/groups to raise the profile of the consultation e.g. Thurrock Disability Network, Disability Partnership Board, Older People's Parliament, Thurrock Over Fifties Forum
- 2.8 A table detailing the number of response from each consultation method is attached as Appendix 2

3. Issues, Options and Analysis of Options

- 3.1 70% of all respondents preferred Option 1 – Continue with current service delivery model (although the service would have to be tendered during 2014). The second most popular option with 10% of the 'votes' was O&S preferred option (to let the current contract end; to provide a subsidy in the form of a Direct Payment to eligible service users and provide support and advice to arrange a meal service).

	% of Votes
Overview and Scrutiny Preferred Option (Combination of 3 and 6): To let the current contract end. To provide a subsidy (in the form of a Direct Payment) to eligible service users so they can have a choice of provider. Provide support and advice to clients to arrange a meal service.	10
Option 1: Thurrock Council should continue with current service delivery model (although this will be retendered during 2014).	70
Option 2: Continue with current service delivery model but implement full cost recovery	3
Option 3: Stop providing a meal service and provide support and signposting information	3
Option 4: Provide only a frozen meal service.	3
Option 5: Provide a frozen meal service plus 15 minute call from a home carer to reheat the meal.	6
Option 6: Stop providing a meal service and provide a subsidy (in the form of a direct payment) to the services user.	1
None of the Above or a Combination of the options: If it is none of the above or is a combination of options, please detail your preference in the comments box below	3

3.2 The table below shows the percentage of 'votes' for each option

3.3 A number of additional comments were received as part of this consultation, a cross section of which are included in Appendix 3.

4. Reasons for Recommendation

4.1 Although in opposition to public consultation results the recommendation is to proceed with Overview and Scrutiny's preferred option due to the financial constraints the Council is currently operating within. Overview and Scrutiny's preferred option should secure efficiencies of approximately £50k in 2015/16 with an ongoing saving of approximately £100k thereafter. A tendered service would be unlikely to reach this level of savings.

It is the Officers view that this option will continue to meet the needs of the most vulnerable service users who require a meal whilst delivering savings.

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

5.1 Please see section 2.

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

6.1 RVS (current provider of meals on wheels) is a local employer. This decision is likely to result in redundancies in the community.

7. Implications

7.1 Financial

Implications verified by: **Michael Jones**
Management Accountant

The financial implications depends on the option chosen.

Overview and Scrutiny's preferred option should secure significant efficiencies. A tendered service (e.g. option 1 – the consultations preferred option) would be unlikely to reach this level of savings.

Overview and Scrutiny's preferred option should secure efficiencies of approximately £50k in 2015/16 with an ongoing saving of approximately £100k thereafter. A tendered service would be unlikely to reach this level of savings.

Members will be aware that the Council faces unprecedented financial pressures over the medium term and that significant savings will need to be achieved and some difficult decisions will be required. However, these have to also be balanced against the Council's statutory responsibilities and the Council's priorities

7.2 Legal

Implications verified by: **Dawn Pelle**
Adult Care Lawyer

Pursuant to Section 2 of the Chronically Sick and Disabled Persons Act 1972 the Council has responsibility to make arrangements for the provision of meals to eligible people.

If there is a change to how services are provided, service users must be reassessed to ensure that the change in delivery can still meet need.

7.3 Diversity and Equality

Implications verified by: **Teresa Evans**
Equalities and Cohesion Officer

The two main areas of implication are age and gender as the average age of recipient is 84 and a high percentage of users are female. All recipients have either a physical disability, sensory impairment and/or cognitive impairment.

This is a change in the delivery mechanism and not a cut in service. The cost remains the same to service users. However, any future delivery option must meet the needs of current and future users and support will be given to ensure a smooth transition to the new delivery option

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

N/A

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

- N/A

9. Appendices to the report

- Appendix 1 – Copy of consultation documentation
- Appendix 2 – Table of number and source of consultation responses
- Appendix 3 – Edited list of comments received during consultation period

Report Author:

Sarah Turner
Older People and Dementia Commissioner
Adult Social Care

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Consultation Document - Review of Meals on Wheels Arrangements in Thurrock

Please tick the option you would prefer Thurrock Council to carry out;

Options	Please tick (✓) one box
Overview and Scrutiny Preferred Option (Combination of 3 and 6): To let the current contract end. To provide a subsidy (in the form of a Direct Payment) to eligible service users so they can have a choice of provider. Provide support and advice to clients to arrange a meal service.	
Option 1: Thurrock Council should continue with current service delivery model (although this will be retendered during 2014).	
Option 2: Continue with current service delivery model but implement full cost recovery	
Option 3: Stop providing a meal service and provide support and signposting information	
Option 4: Provide only a frozen meal service.	
Option 5: Provide a frozen meal service plus 15 minute call from a home carer to reheat the meal.	
Option 6: Stop providing a meal service and provide a subsidy (in the form of a direct payment) to the services user.	
None of the Above or a Combination of the options: If it is none of the above or is a combination of options, please detail your preference in the comments box below	

Your Comment: Please provide any additional comments in the box below;

Thank you for completing this form, could you please return this in the freepost envelope enclosed

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«Title» «Forename» «Surname»
«Add1»
«Add2»
«Add3»
«Add4»
«Add5»
«PostCode»

17th January, 2013

Dear «Title» «Surname»,

Consultation on the future provision of Meals on Wheels

Thurrock Council is reviewing our current arrangements for meals on wheels and we want your view on the best option. The enclosed consultation document details the different options.

Why you have been sent this letter

Our records show that you (or a friend or family member if it is indicated that you are to be contacted on their behalf) currently receive meals on wheels.

Taking part

Your views are very important to us. Responses to the consultation will be considered before we submit our final recommendations to Cabinet in June 2014.

You can tell us your views in a number of ways.

1. You can respond to this consultation by completing the documents enclosed with this letter.
2. If you would like assistance with completing the questionnaire by telephone then you can call Thurrock Coalition who are an independent user-led organisation, separate from Thurrock Council on 01375 389864 between 10am-12pm and 2pm-5pm.

3. If you need help completing the form in your home then please call 01375 366392
4. By attending a drop-in event at the Main Hall, The Beehive – Voluntary and Community Resource Centre, West Street, Grays, RM17 6XP. The event is on Thursday 13th March and you can drop in at any time between 14.00 and 17.00 to discuss the consultation.

Sending back the completed questionnaire

All questionnaires should be returned to the Council by Friday 11th April 2014.

Thank you for taking the time to read this letter and I hope you will consider taking part in this important consultation.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'R. Harris', with a long horizontal flourish extending to the right.

Roger Harris
Acting Director of Adults, Health and Commissioning

Review of Meals on Wheels Arrangements in Thurrock

Thurrock Council would like people who use our services; carers, staff; partners and the interested public in Thurrock to comment on the attached proposal.

Large print, translations, text-only, and audio formats of this information pack can be produced on request. Please call 01375 366392 or email social.care@thurrock.gov.uk for these alternative formats.

1. Why are we asking you to take part in this consultation?

Thurrock Adult Social Care is having to review our current arrangements for Meals on Wheels services. This is because;

- If the reduction in demand for this service continues the current service will become financially unviable.
- Our current arrangements do not offer choice to people
- The amount of central government funding to Council's has reduced and we need to make efficiencies.

All future options are considered. Prior to consultation this was shared with the Health and Wellbeing Overview and Scrutiny Committee to find out their preferred option. We want to seek your feedback on this and all other options.

2. How does Thurrock do things now?

At the moment Thurrock Council commissions meals on wheels from the Royal Voluntary Service (Formerly WRVS – Women's Royal Voluntary Service). We have a contract and pay on a volume basis (i.e. the more meals we buy the cheaper each meal costs). This contract ends on 31/03/15.

Currently, somebody would get a meals on wheels service if they have been assessed as having either a critical or substantial need under the FACS (Fair Access to Care Services) criteria.

3. Options

As at September 2013 there are 146 people in receipt of meals on wheels.

This service is very important and delivered to our most vulnerable people in the community. The proposed change is to ensure that we can continue to deliver meals on wheels in the future and to offer clients a choice in provider.

The demand for meals on wheels has significantly reduced over the last few years (In 2009/10 56,535 hot meals were provided, it is estimated in 2013/14 this will be down to 33,000 meals). As meals on wheels are purchased on a volume basis (i.e. the more meals we buy the cheaper each meal costs) this is becoming financially unviable: This service cost the Council approx £140k per annum in addition to client contributions of £4 per meal.

What is the preferred option?

Overview and Scrutiny Members preferred option is a combination of option 3 and 6 (please see table below);

- To let the current contract end. To provide a subsidy (in the form of a Direct Payment) to eligible service users and provide support and advice to arrange a meals service.

This option provides:

- Choice to service users – they can use their subsidy to purchase a meal from any provider
- The ability to continue to afford a meal – By providing a subsidy, service users will not have to experience an increase in their contribution
- Support and advice – so that vulnerable people are helped to access a meals service that suits them
- Significant financial savings for the Council to be reinvested in other services

The subsidy will be set at £1.25 per meal. The reason for this amount is because the meals service operating in both Havering and Barking and Dagenham without contract can deliver a two course hot meal at a cost of £5.25 (service users currently contribute £4). This organisation currently operates our school meals (and delivers frozen meals) and is willing to deliver hot meals in the area. However, the existing provider or any other local provider e.g. café, pub, casserole club etc can provide a meal under this approach as people can use their subsidy to buy a meal from a provider of their choice. This should result in a more diverse market and give people greater choice.

Anybody with dementia/cognitive impairments who are unbefriended will be fully supported through the change.

What are the other options?

Option	Pros	Cons
1. Continue with current service delivery model (although this will be retendered during 2014).	<ul style="list-style-type: none"> Vulnerable people receive a hot meal, welfare check and medication prompt (where appropriate). 	<ul style="list-style-type: none"> If the drop in level of demand continues we will be paying a higher unit price making the service financially unviable. This does not offer the service user choice.
2. Continue with current service delivery model but implement full cost recovery	<ul style="list-style-type: none"> The council would save between £120k and £150k per annum (dependent on volume). Vulnerable people continue to receive a hot meal and welfare check. 	<ul style="list-style-type: none"> Based on current demand and prices, service users would have to pay £7.78 per meal. An increase of £3.78 in addition to the £4.00 they currently contribute This would result in an addition £1,380 cost per year. This may put people in a position where they could not continue to meet the cost of provided meals. This could also result in a significant drop in demand, resulting in an even higher unit price and the service becoming financially unviable or extra cost to the individual.
3. Stop providing a meal service and provide support and signposting information.	<ul style="list-style-type: none"> The council would save between £120k and £150k per annum (dependent on volume). Able to secure a reputable provider to work in the area without a contractual relationship with the Council. Greater choice for service user 	<ul style="list-style-type: none"> Could place vulnerable people at risk if insufficient alternative provision in the market. Council may need to replace this service with additional home care calls for those people (approx 4) in receipt of a medication prompt. Possible increased cost to service users. May result in redundancies of RVS employees
4. Provide only a frozen meal service.	<ul style="list-style-type: none"> The council would save between £120k and £150k per annum as the cost of the meal would be met by the service user. 	<ul style="list-style-type: none"> This is not a viable option as our current recipients are either unable to stand to heat a meal or alternatively are unable to remember to heat and eat a meal.

<p>5. Provide a frozen meal service plus 15 minute call from a home carer to reheat the meal.</p>	<ul style="list-style-type: none"> • Ensure that vulnerable person's nutritional and welfare needs are being met. • May provide more choice to service users. • May be better for service users with dementia as they can receive a visual prompt. 	<ul style="list-style-type: none"> • Without subsidy it could result in significant cost to people as they would be paying for both the cost of the meal and a 15 minute visit. • Capacity issues in home care contracts (and the care sector as a whole) may make it difficult for this amount of additional calls to be met. May take trained carers out of the system to prepare meals when non-care staff is able to meet this need.
<p>6. Stop providing a meal service and provide a subsidy (in the form of a direct payment) to the services user.</p>	<ul style="list-style-type: none"> • Council could save money depending on the level of subsidy offered. • Council meets identified need. • May provide more choice to service users and their families. • Service users can afford a meal service. 	<ul style="list-style-type: none"> • Could place vulnerable people at risk if insufficient alternative provision in the market.

4. Next Steps

The consultation will start on Friday 17th January 2014. All questionnaires should be submitted to the Council by Friday 11th April 2014.

A public consultation event will be held on Thursday 13th March 2014. People can drop-in between 14.00 and 17.00 at the Main Hall, Beehive - Voluntary and Community Resource Centre, West Street, Grays, RM17 6XP to get more information, ask questions about the proposal, and give us their views in person.

You can respond to this consultation by completing the questionnaire provided online at <https://consult.thurrock.gov.uk/> or by returning a paper copy to the freepost address below:

Monitoring Officer
Performance, Quality and Information Team
Thurrock Council
FREEPOST ANG1611
Civic Offices
New Road, Grays,
Essex, RM17 6SL

Thurrock Coalition who are an independent user-led organisation, separate from Thurrock Council can help you in completing the questionnaire should you require it. They can be contacted on 01375 389864 between 10am-12pm and 2pm-5pm.

Alternatively if you would like to speak to someone from Thurrock Council or need someone to come and help you complete the form in your home then please call 01375 366392.

If you do not wish to complete a questionnaire but still wish to give us your views, you can write to us at:

Joint Commissioning Officer (Older People and Dementia)
Adults, Health & Commissioning
Thurrock Council
FREEPOST ANG1611
Civic Offices
New Road
Grays Essex
RM17 6SL

Once the consultation is complete we will summarise the feedback received and use this to inform our final recommendations to the Cabinet in June. The final decision will be shared and published on Thurrock Council's website

Appendix 1 – Demographic Information

As at September 2013 there are 146 people in receipt of meals on wheels

- Although there are people as young as 46 using meals on wheels, the average age of user is 84 years old.
- 94 (64%) recipients are female and 52 (36%) male.
- 123 of the 146 people in receipt of meal on wheels live alone.
- Of the 23 people who live with others, 14 people are partners (i.e. 7 couples both with care needs, often one partner also has dementia), the remaining 9 live with a family member who are either at work during the day or they are in a co-dependent relationship e.g. elderly father and son who has learning disabilities who both require a meal.
- 30 people (21%) receive meals on wheels because they have a cognitive impairment (this is largely dementia or short term memory loss but does include younger adults with enduring mental health issues). Typically they require a meal as they are unable to remember to eat.
- 75 people (51%) receive meals on wheels for physical issues. This is largely people with restricted mobility who are unable to stand to heat a frozen meal. This is due to a number of health conditions but most commonly osteoporosis, arthritis or Parkinson's (although a number of these are combined with sensory impairments).
- 41 people (28%) of people have both physical and cognitive impairments i.e. unable to mobilise and have dementia/short term memory loss.

Appendix 2 - Table of number and source of consultation responses

	Postal Returns (including one response handed to commissioner)	ULO Telephone / Drop-in	Diversity Network Responses	Home Visits	Consultation Event at The Beehive	Internet Responses	Total
O&S Preferred Option (Combination of 3&6)	2	1	5	0	0	4	12
Option 1	34	0	1	0	4	45	84
Option 2	1	1	0	0	0	2	4
Option 3	1	0	0	0	0	3	4
Option 4	2	0	0	2	0	0	4
Option 5	1	1	0	0	3	2	7
Option 6	0	0	0	0	0	1	1
None of the above or a Combination of Options	0	2	1	0	1	0	4
Total							120

Please Note: Thurrock Council actually received 106 internet responses in total. However 50 responses were from the same IP address (domestic residence). As such, all except one of these have been disregarded for the purpose of this consultation. Therefore total number of responses to be considered is 57.

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Appendix 3 – Edited list of comments received during consultation period (not all options received comment)cc

Comments received regarding Option 3 & 6 (O&S Preferred Option)

- With the hubs and other community bases could they not supply hot food and get people in to eat?
- Although I have ticked option 3/6 I am concerned about people with learning disabilities and dementia. I would very much like the Council to report back to TDPB on this matter, once the overall vote has been counted.

Comments received regarding Option 1 (continue with current service delivery model)

- I have filled in this form for a person who has no skills for preparing food for himself after a severe stroke. He gets one hot meal a day. The Council should be ashamed by even thinking of stopping his meals which he does contribute to. He is and has been a tax council/poll/income payer during his working life and even into this 70's. Think again please for mine and others like him.
- The overview and scrutiny preferred option leaves vulnerable clients at the mercy of previously untried meal providers. Hot meal delivery has traditionally fallen with meals on wheels, failing that what? Pizza Hut? The local kebab shop? Totally unacceptable.
- The meals I receive are good quality. I would not like to see this change. This consultation does not appear to address the benefits of seeing a friendly face when they bring lunch. Please leave things as they are.
- The current service suits our mother who suffers from Alzheimers – she is in a good routine and unable to prepare food herself. She looks forward to the meals on wheels coming and enjoys the variety and quality of the food. If it is no longer viable then option 5 would be the next preferred option.
- I cannot cook for myself and rely on this service as a life line. I am housebound and cannot go out on my own. This the only way I can get a hot meal every day.
- My father has Alzheimer's and is reliant on the superb service that is currently in place.
- We would like to continue the current service model with current costs. But realise that there are cost issues.
- I am the primary carer for my mother. She was assessed as needing the meal every day. It is a crucial service. The best thing is that it gives me

peach of mind, as I don't live in Thurrock myself. I know my mother is receiving a hot meal daily, even at the weekend.

The time is great and the people (staff) are great. The menu is fine. My mother is able to choose – having the 'same each month' box to tick is fine.

- I personally think that Thurrock's vulnerable elderly would be worse off if meals and wheels were to stop. Meals on wheels provide more than a meal delivery service, they go in and check on the elderly in all manor of ways. Checking on their well being on a daily basis and can report any problems that may arise.

Option 5 (Provide a frozen meal service plus a 15 minute call from a home carer to reheat the meal.)

- I think this option would cost less for the Council than direct payments. MoW is only a reheated frozen meal anyway, with this option will get a carer check on them too. Also give option of what want on the day not have to plan. Option to be built in for sandwich to be made and left for evening.
- There are good providers of frozen meals at an affordable price. A partnership with one or two of those providers (to ensure appropriate nutrition etc) plus a carer to heat frozen meals at the right time, could be the optimal cost/benefit solution.

Other Option or Combination of Options

- Main concern is safety in the kitchen. My father who has been receiving meals on wheels for two weeks and starting to really enjoy the food and the visit from the volunteer, is himself unsafe to heat frozen food, or to cook a meal as his cognitive ability and memory are becoming increasingly poor. He would be able to pay more for het current service. He would be a suitable candidate to have food heated for him in his own home. He would be unable to organise his own food from a local supplier. Family may be able to help with this if suitable options are given as no family member lives in the Thurrock locality. So a combination of options may be suitable. I think a hot meal service in some shape or form is essential for vulnerable adults.
- Direct payment option for those the Council is confident can organise meals from another source, but for those who cannot switch provider of service to same as Barking and Dagenham as cost to Council would be cheaper than current cost – provided the quality was maintained.

29 July 2014	ITEM: 8
Health and Wellbeing Overview and Scrutiny Committee	
The Future of Short Break Services for Disabled Adults in Thurrock	
Report of: Alison Nicholls, Carers Strategy Officer	
Wards and communities affected: All	Key Decision: For information
Accountable Head of Service: N/A	
Accountable Director: Roger Harris, Director, Adults Health and Commissioning	
This report is Public	

EXECUTIVE SUMMARY

The future of short break services is currently being reviewed and joint working with carers, Thurrock Coalition and other professionals has started. The Council needs to seek more flexible options for short breaks which appeal to more carers and offer better value for money. The initial work is involving carers in the planning process regarding what is needed in Thurrock. This report highlights key issues which will support the development of short break options for disabled adults in Thurrock.

1. RECOMMENDATIONS:

- 1.1 That Health and Well Being Overview and Scrutiny Committee are asked to comment on the proposed changes to the provision of Short Break Services for disabled adults in Thurrock**
- 1.2 That Health and Well Being Overview and Scrutiny Committee note that a wide review and initial work to develop short break options for disabled adults has now started and the results of that review will be reported back to the Committee.**
- 1.3 That Health and Well Being Overview and Scrutiny Committee note the decision of the Director, in consultation with the portfolio holder, that Hathaway Road Short Break Service is permanently closed.**
- 1.4 Health and Well Being Overview and Scrutiny Committee is asked to comment on the proposal of an allocation system before a final paper is presented later in the year.**

2. INTRODUCTION AND BACKGROUND:

- 2.1 Until April 2014 there were two main options for residential short breaks for disabled adults in Thurrock, Breakaway and Hathaway Road. Both of these were in place to provide planned short breaks which promote the independence, inclusion and skills development of disabled adults whilst at the same time providing a break for their carer. In addition to planned breaks, both facilities have occasionally been used in emergency situations where there is a risk of the caring role breaking down.
- 2.2 Breakaway, run by East Living is a four bedded unit in Aveley. Thurrock has a block contract in place for exclusive use of 3 bed spaces; the fourth is marketed to other local authorities. The Council have given notice to Breakaway on the current block contract. How this service will be purchased in the future is part of the ongoing review of Short Break options, we are working in partnership with Breakaway to look at models that will support individuals to purchase short breaks directly from Breakaway with a personal budget. How this model will develop, as well as the development of other short break options will be subject to a wider review and further consultation. The Council will be seeking more flexible options for short breaks which appeal to more carers and offer better value for money.
- 2.3 Hathaway Road is a three bedded unit in Grays which is owned by Thurrock Lifestyle Solutions Community Interest Company and was leased by the Council until April 2014. The Council were running (with their own staff) a short break residential service at Hathaway Road until 3rd April 2014 when problems with the drainage system meant that the building was no longer suitable for occupation. Repairs to the building are now almost complete. However the decision has been taken by the Director, in consultation with the Portfolio Holder, not to enter into a new 3 year lease for the property, as residential short breaks can be offered at Breakaway under an already funded block contract and new ways of offering short breaks are being explored.
- 2.4 There were nine regular users of the short break services at Hathaway; this represents less than 2% of adults in Thurrock with a moderate or severe learning disability. All of these people have now been accommodated in other services, predominantly Breakaway. Council staff, previously employed to run the service, have been redeployed elsewhere and agency staff used for the service have been released.
- 2.5 The decision not to renew the lease and not to continue with the service has generated savings to the Council of approximately £65,000 per annum.

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

- 3.1 With all options for providing short breaks (both residential and non-residential) currently under review by a task and finish group of professionals, partners and carers, there are likely to be significant changes to how Short Break services are provided in future.

- 3.2 For Breakaway the block contract was for £400,952 for the period April 2013 to March 2014. A 10% reduction has been negotiated representing a reduction of £40,095, giving a total cost for 2014/15 of £360,857
- 3.3 For Hathaway Road the total annual cost was £155, 000, savings have been realised of approximately £65,000 per annum covering the vacant staff post, the premises cost and the services and supplies. The staff have been redeployed and there may be a further saving.
- 3.4 In the last 12 months there were 30 regular users of residential short break services, 9 people using Hathaway Road and 21 using Breakaway. Based on the Institute of Public Carer's data highlighting that there are approximately 560 learning disabled adults in Thurrock of which 380 are known to adult social care the figure of 30 represents 5% of learning disabled adults using the service.
- 3.5 A key area that will need to be resolved, given that there will be a range of Short Break options, is the development of an allocation criteria for short break services. The purpose of an allocation system would be to make sure that the process is open, transparent and fair, individuals and their families would be allocated a personal budget, or a number of hours or days. This will be based on the identified needs of the person using the service and their carer. Work is being undertaken designing a model of allocation for short breaks. Attached at Appendix One are two examples of allocation criteria. These models have been given to the task and finish group for review and discussion. The contribution of Overview and Scrutiny Committee to this process would be very valuable.
- 3.6 The task and finish group is undertaking a focussed piece of work to develop different options for short breaks for disabled adults in Thurrock. Initially they have looked at:
- **Shared Lives** which is a scheme to match families who want to offer support and disabled adults, the family will offer day and overnight stays in their home to give the individuals carers a break.
 - **Holidays with support** so an individual can go on holiday with a paid carer and give their unpaid carer a break
 - **Friends and Places** which is a scheme to support friendships and so enable people to have evenings out, access leisure and other activities. This would be a scheme independent of the local authority with minimal funding

There a number of other models that will be considered and the task and finish group will put together a proposal for Thurrock for wider consultation.

4. REASONS FOR RECOMMENDATION:

- 4.1 That Health and Well Being Overview and Scrutiny Committee are fully informed and involved in the proposals to review current short break services and to develop, in partnership with carers and professionals, a range of short break options for disabled adults in Thurrock.

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

5.1 This piece of work has begun in partnership with carers and other professionals as we want to develop the options through a co-production approach. Once we have determined the options for short breaks there will be a public consultation held over 12 weeks which will include (but not be limited to) engagement via face to face meetings, public events, attendance at carers events and web-based feedback mechanisms.

6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

6.1 Decisions regarding the future options for short break services for disabled adults have the potential to impact on all Corporate Priorities but specifically Providing High Quality and Accessible Public Services.

7. IMPLICATIONS

7.1 Financial

Implications verified by: **Mike Jones**
Management Accountant

The financial implications of this proposed work will be the realisation of the saving that has been put forward as part of the budget and medium term financial strategy discussions.

7.2 Legal

Implications verified by: **Dawn Pelle**
Solicitor

There are no legal implications for this report.

7.3 Diversity and Equality

Implications verified by: **Teresa Evans**
Diversity Officer

The guiding principles of the proposal to redesign short break services for disabled adults in Thurrock is to ensure fairer access to short break services for individuals and their families. However the task and finish group will need to be mindful of the impact of such changes on individuals and carers. It is very positive that carers are involved in this work from the start and this involvement will be closely monitored.

7.4 **Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):

-

APPENDICES TO THIS REPORT:

- Appendix 1 Allocation Models for Short Breaks

Report Author Contact Details:

Alison Nicholls – Carers Strategy Officer

Allocation Models for Short Breaks

Although these models are described in terms of bed nights the principle can be applied to any form of short break allocation, personal budgets, hours, days or overnight stays.

Model One

Up to 28 nights short break

One or more of the following:-

- Not sole carer and in good health
- Necessary to maintain carer's working life
- Enable carers to take a holiday or participate in a family event
- Development opportunity for the service user eg as preparation for independent living
- Enable service user to maintain local networks and social opportunities
- Enable carers to have quality time with other family members
- Provide a service user with a break from a difficult family environment

Up to 42 nights short break

At least one of the above plus one or more of the following:

- Changing needs of a carer eg deterioration in health or death of a partner
- Carer under extreme stress due to age and/or health problems/sole carer/cared-for has high support needs, complex disabilities or challenging needs
- Risk of the home situation breaking down imminently without the opportunity for planned move-on for the service user
- Extended break needed due to family crisis or hospital discharge where higher levels of support are needed temporarily
- People with complex and challenging needs where there is heightened stress for the carer

There is discretion to increase the upper limit in exceptional circumstances

Model Two

The guiding principle is that of equity and fairness so that limited resources can be shared out with everyone getting a slice of the cake, but that those with greatest need getting most. It is called a **matrix assessment**

- The disabled person is assessed against a series of statements about various conditions (like a multiple-choice question) and a score is given. A final score, unique to that person is established and is called the Individual's Score

- A series of statements about the level and range of existing services and support is chosen and the score is subtracted from the Individual's Score.
- The carers situation is scored against a further series of statements and this is added to the previous score

Personal Score	100
Less Support Score	-25
Sub Total	75
Carers Score	45
Total	120

Each eligible person and carer is assessed so the scores will build up and can be ranked from highest to lowest.

The next step is to identify the size of the resource to be allocated, this could be bed nights or cash (if DP's are to be offered). Assuming a respite resource of 3 beds for a full year i.e. a total of $365 \times 3 = 1,095$ bed nights to allocate.

Dividing the total allocation score into the resource available identifies the co-efficient. In the example below, resource=1095 bed nights divided by a total score of 3610, gives a co-efficient of 0.303. The individual score is then multiplied by the co-efficient to get the allocation of bed nights. So everyone gets a fair share.

Person	Score	Co-efficient	Bed Nights
A	420	0.303	127
B	380		115
C	350		106
D	310		94
E	300		91
F	280		85
G	280		85
H	260		79
I	250		76
J	240		73
K	220		67
L	200		61
M	120		36
Total	3610		1095

By building some slack into the system (i.e. less available bed nights and therefore a reduced co-efficient) you can help to alleviate client mix issues, new entrants who require respite and emergencies. This system however does require all assessments to be completed at one point in the year so that each family can be given their score and allocation. This may put additional pressures on social work teams and so a system to address this may need to be developed.

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Public Health

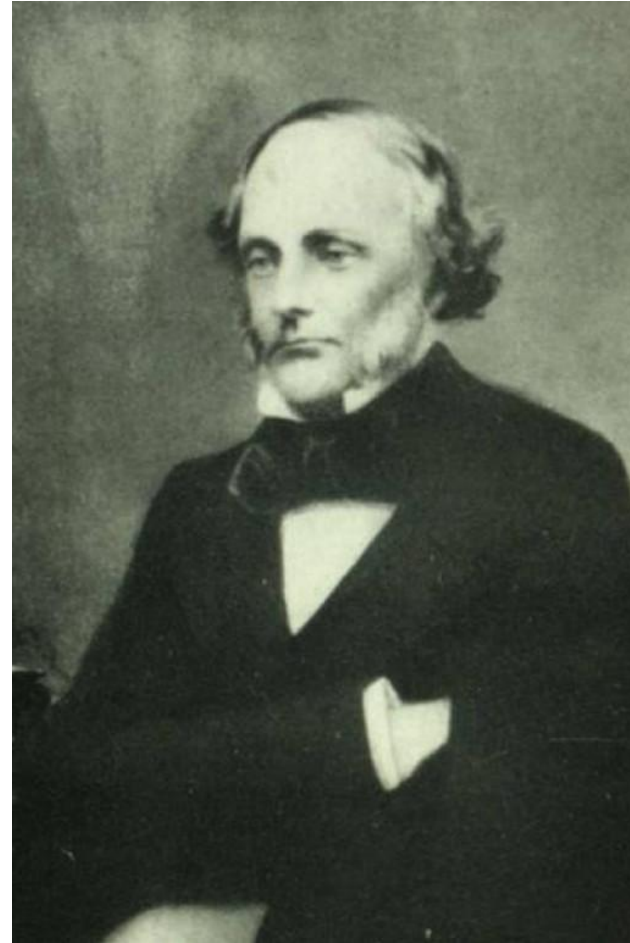
Dr Andrea Atherton
Director of Public Health

29th July 2014



Public Health in Local Authorities

- Dr William Duncan – appointed as Medical Officer of Health by Liverpool Town Council in 1842
- Focus of role – living conditions, sanitation & housing and control of communicable diseases
- 85% of deaths due to communicable disease before 1900



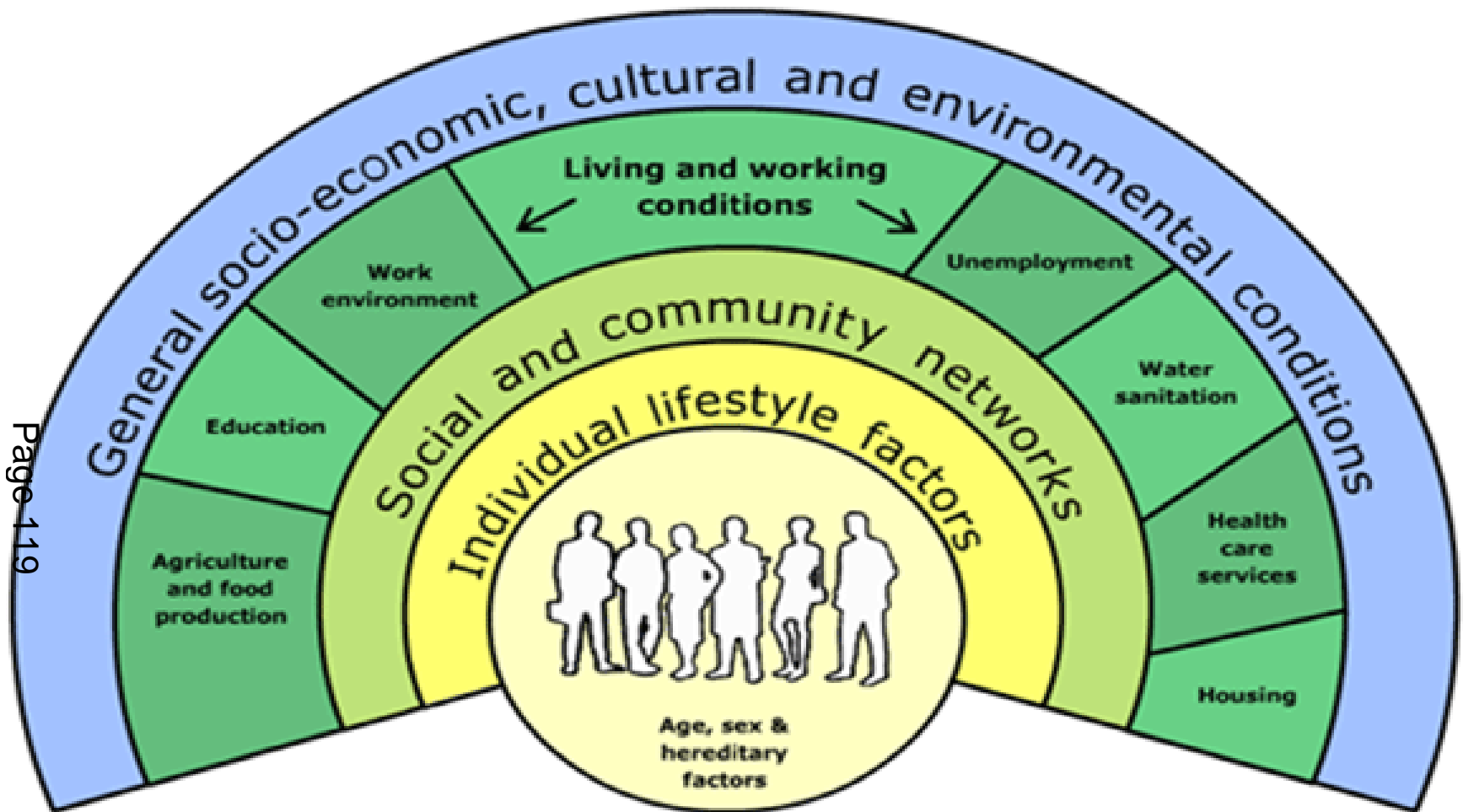
A Definition of Public Health

Page 118

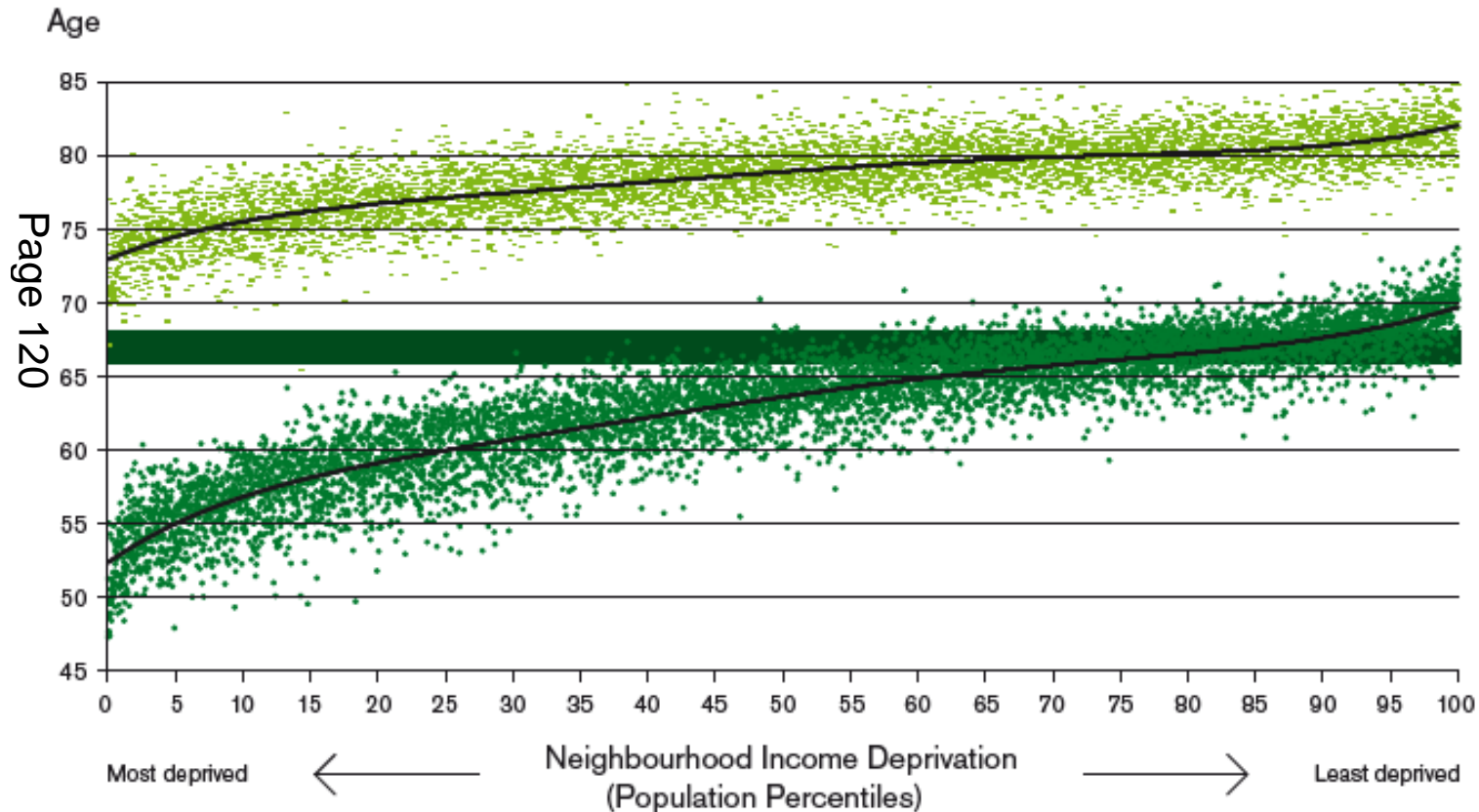
Public Health is the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society.

Sir Donald Acheson

The wider determinants of health



Life expectancy and disability-free life expectancy at birth, persons by neighbourhood income level, England 1999-2003



- Life expectancy
- DFLE
- Pension age increase 2026–2046

Source: Office for National Statistics⁵

Domain	Indicator	Local No Per Year	Local value	Eng value	Eng worst	England Range	Eng best
Our communities	1 Deprivation	21,313	13.4	20.4	83.8		0.0
	2 Children in poverty (under 16s)	7,510	22.0	20.6	43.6		6.4
	3 Statutory homelessness	69	1.0	2.4	33.2		0.0
	4 GCSE achieved (5A*-C Inc. Eng & Maths)	1,098	59.5	60.8	38.1		81.9
	5 Violent crime (violence offences)	1,907	12.0	10.6	27.1		3.3
	6 Long term unemployment	1,068	10.3	9.9	32.6		1.3
Children's and young people's health	7 Smoking status at time of delivery	272	11.4	12.7	30.8		2.3
	8 Breastfeeding Initiation	1,662	69.5	73.9	40.8		94.7
	9 Obese children (Year 6)	322	19.8	18.9	27.3		10.1
	10 Alcohol-specific hospital stays (under 18)	6	15.6	44.9	126.7		11.9
	11 Under 18 conceptions	93	30.5	27.7	52.0		8.8
Adults' health and life style	12 Smoking prevalence	n/a	20.7	19.5	30.1		8.4
	13 Percentage of physically active adults	n/a	53.4	56.0	43.8		68.5
	14 Obese adults	n/a	31.4	23.0	35.2		11.2
	15 Excess weight in adults	269	70.8	63.8	75.9		45.9
	16 Incidence of malignant melanoma	15	10.4	14.8	31.8		3.6
Disease and poor health	17 Hospital stays for self-harm	98	60.8	188.0	596.0		50.4
	18 Hospital stays for alcohol related harm	642	461	637	1,121		365
	19 Drug misuse	399	3.8	8.6	26.3		0.8
	20 Recorded diabetes	7,701	6.1	6.0	8.7		3.5
	21 Incidence of TB	5	8.9	15.1	112.3		0.0
	22 Acute sexually transmitted infections	1,176	743	804	3,210		162
	23 Hip fractures in people aged 65 and over	123	555	568	828		403
Life expectancy and causes of death	24 Excess winter deaths (three year)	48	13.3	16.5	32.1		-3.0
	25 Life expectancy at birth (Male)	n/a	79.2	79.2	74.0		82.9
	26 Life expectancy at birth (Female)	n/a	82.4	83.0	79.5		86.6
	27 Infant mortality	6	2.5	4.1	7.5		0.7
	28 Smoking related deaths	229	350	292	480		172
	29 Suicide rate	11	7.6	8.5			
	30 Under 75 mortality rate: cardiovascular	99	90.4	81.1	144.7		37.4
	31 Under 75 mortality rate: cancer	172	158	146	213		106
	32 Killed and seriously injured on roads	68	43.2	40.5	116.3		11.3

Health Profile of Thurrock

- Population 160,849
- Increasing ethnic diversity
- Population growth in 0-15's and >65's
- Lower deprivation compared to England average
- Higher proportion of children in poverty (22%)
- Lower levels of statutory homelessness
- Levels of long term unemployment similar to England average

Health Profile of Thurrock

- Female life expectancy lower than the England average
- Life expectancy gap: 8.2 years for men and 7.7 years for women

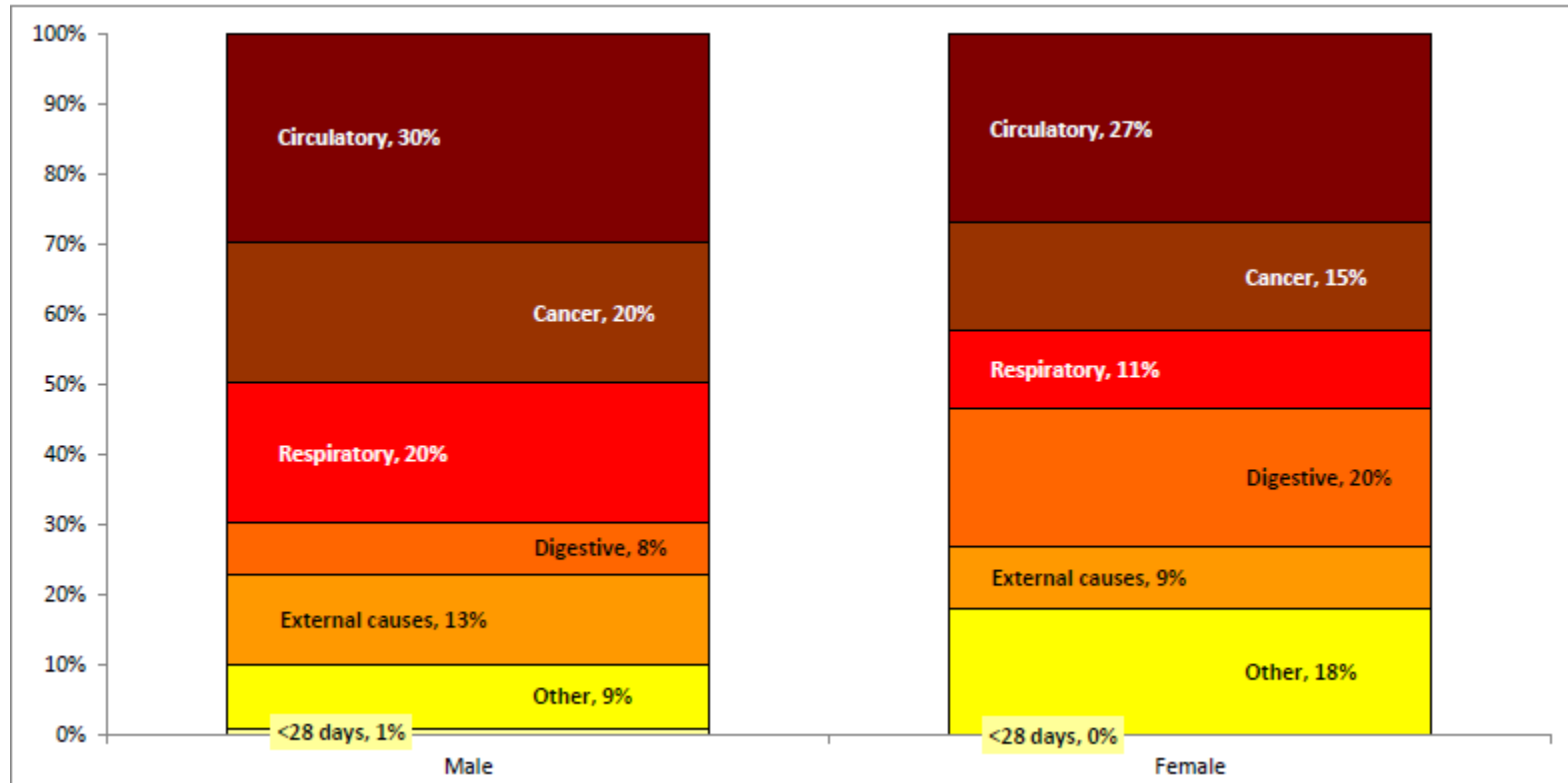
Health Profile of Thurrock

Lifestyle behaviours

- 20.7% of adults smoke
- 46.6 % of adults do not undertake recommended levels of physical activity
- 25.1% adults eat 5 portions of fruit & vegetables a day
- 70.8 % of adults have an unhealthy body weight
- Better than England average rate of hospital stays for alcohol related harm and levels of drug misuse

Causes of gap in life expectancy between the 20% most deprived and 20% least deprived wards in Thurrock

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Public Health Domains

- **Health Improvement:** lifestyles, specific diseases and risk factors, inequalities, wider determinants of health
- **Health Protection:** action to prevent or reduce the harm caused by communicable disease / environmental hazards, and emergency preparedness
- **Healthcare Public Health:** clinical effectiveness and efficiency, audit and evaluation to inform service planning
- All underpinned by public health intelligence

The New Public Health System

- Local authorities : local leadership role
 - Public Health England: a new national integrated public health system providing a range of specialist functions
- Four regional hubs and 15 centres
- Eight Knowledge & Information Network Teams
- Local links to Anglia & Essex Centre and Essex Health Protection Team

Public Health Responsibilities of Thurrock Council

- Under the Health and Social Care Act 2012, from 1st April 2013, unitary and upper tier authorities have:

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A duty to improve the health of the local population

- A duty to protect the health of the local population
- Provide a number of mandatory services

Public Health in Thurrock Council Mandatory Services

- From 1st April 2013 responsible for mandatory public health services:
 - Access to sexual health and contraceptive services
 - The National Child Measurement Programme
 - NHS Health Check Assessments
 - Duty to ensure plans to protect health of population
 - Public health advice to NHS Commissioners

Sexual Health and Contraceptive Services

- Genitourinary Medicine Service and community contraceptive and sexual health services commissioned from North East London NHS Foundation Trust
- Chlamydia screening programme
- Out of area attendances

National Child Measurement Programme

- Measure and weigh children in Reception (age 4-5) and Year 6 (age 10-11)
- Use data to inform national policy and locally to inform planning /commissioning services

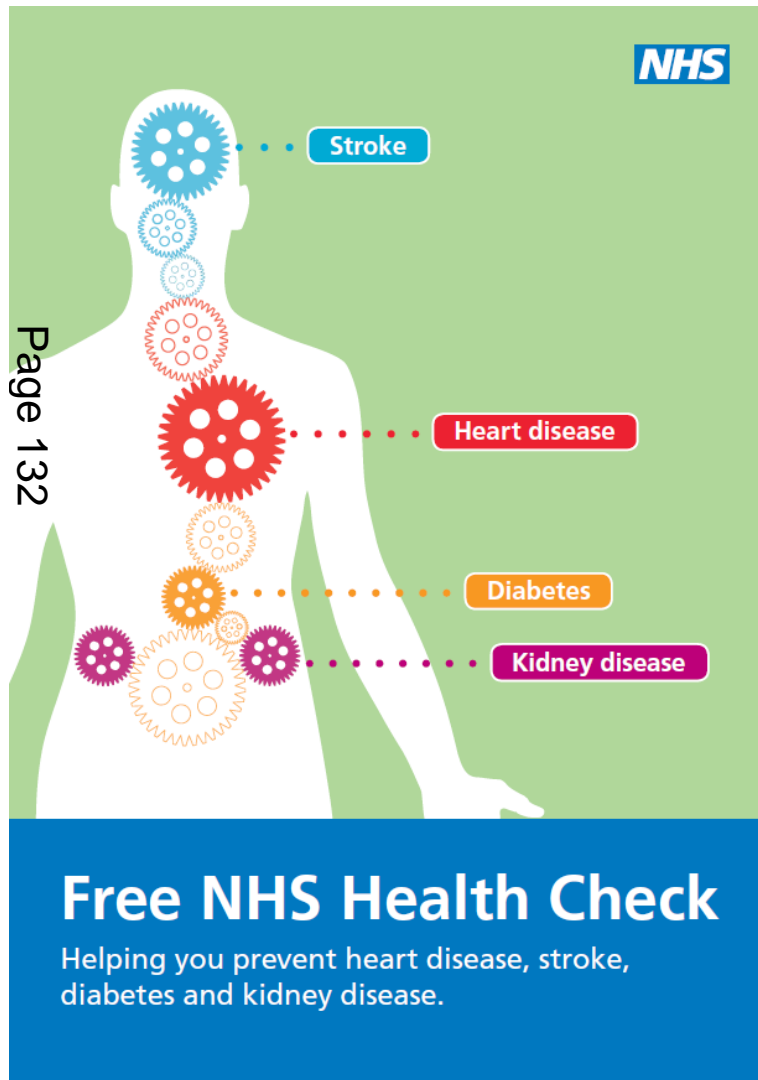
2012/13 results for Thurrock:

12.5% in Reception and 15.7% Yr 6 overweight (13.0% and 14.4% in England)

- 9.6% in Reception and 19.8% Yr 6 obese (9.3% and 18.9% in England)

NHS Health Check Programme

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The graphic features a white silhouette of a human figure against a green background. Inside the silhouette, various colored gears and virus-like shapes represent different health conditions. Lines connect these shapes to labels: a blue gear for 'Stroke', a red gear for 'Heart disease', an orange gear for 'Diabetes', and a purple gear for 'Kidney disease'. The NHS logo is in the top right corner. A blue banner at the bottom contains the text 'Free NHS Health Check' and 'Helping you prevent heart disease, stroke, diabetes and kidney disease.'

NHS

Stroke

Heart disease

Diabetes

Kidney disease

Free NHS Health Check
Helping you prevent heart disease, stroke, diabetes and kidney disease.

Eligible population:

- 40-74yrs
- Not already diagnosed
- Invited every 5 years
- Tests include blood pressure, cholesterol, body mass index, plus questions on family history and lifestyle behaviours
- Given level of risk
- Appropriate advice and management of risk factors

Duty to protect the health of the population

- Duty includes minor outbreaks of infectious disease to full-scale emergencies
- Key role of Public Health England/ Essex Health Protection Team
- Local Health Resilience Partnerships in place to facilitate health sector preparedness
- LHRPs are co-chaired by a lead DPH and NHS England Area Team lead director for EPRR

Public Health Advice to NHS Commissioners ('Core Offer')

- Provide specialist public health advice to commissioners on priorities for health spending
- Develop care pathways, policies and guidelines to improve health outcomes
- Produce high quality evidence summaries for exceptional treatment requests using ethical and legal principles
- Provide healthcare audit, evaluation and research
- MOU with Thurrock CCG for 'core offer'

Other Public Health Responsibilities of Local Authorities



Tackling Lifestyle Factors

- Tackling smoking and obesity are the key public health priorities in the Thurrock Health and Wellbeing Strategy
- Focus over last 12 months on developing a Thurrock Healthy Weight and Thurrock Tobacco Control Strategy
- Public Health Responsibility Deal
- Making Every Contact Count
- Signatories of Local Authority Tobacco Control Declaration
- 'Beat the Street' – to increase physical activity

Healthy Child Programme (0-5) /5-19

5-19

- School nursing service : new service specification and re-commission service from 1st April 2015

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0-5

- Currently commissioned by NHS England - will transfer in October 2015
- Family nurse partnership

Public Health Intelligence

- Public Health Outcomes Framework
 - 2 high level outcomes and 4 domains
- Joint Health & Wellbeing Strategy – informed by JSNA
- Annual Public Health Report –statutory
- Pharmaceutical needs assessment – publish by 1st April 2015

Other Public Health Activities in 2013/4

- Public health team links to each DMT
- Well homes initiative with private sector housing
- Workforce health: 'New Year – New You'
- Service reviews
- Links with emergency planning on cold weather and heat wave plans
- Over 75's health needs assessment with Thurrock CCG

THANK YOU
ANY QUESTIONS?

29 July 2014	ITEM: 10
Health and Well-being Overview and Scrutiny Committee	
Proposal for new services for Children’s Weight Management, Adults’ Weight Management and School Nursing service from 1 April 2015	
Wards and communities affected: All wards	Key Decision: No decision
Report of: Debbie Maynard, Head of Public Health	
Accountable Head of Service: Debbie Maynard – Head of Public Health	
Accountable Director: Dr Andrea Atherton – Director of Public Health, /Roger Harris, Director of Adults, Health and Commissioning,	
This report is public	

EXECUTIVE SUMMARY

At the end of September 2013 the public health team served notice on the Children’s weight management, Adult weight management and School Nursing service.

This paper follows on from the previous HOSC paper in February 2014 where it was agreed that a final paper would be presented at the July meeting showing:

- the results of the service reviews undertaken
- the scope of the new services following these reviews

1. RECOMMENDATIONS:

1.1 For the members of the Health Overview and Scrutiny Committee to note and support the contents of the report.

2. INTRODUCTION AND BACKGROUND

2.1 The public health service reviews and consultations have now been completed and the findings are summarised below for

- Children’s Weight Management Service
- Adult Weight Management Service

- School Nursing 5 – 19 Service

3 ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

- 3.1 We are now advising relevant key Boards of the results of this work. The Public Health Strategy Board will finalise the paperwork that will be presented to the Health and Wellbeing Board for approval, with the final service specifications that will inform the tendering process. Following approval these services will then go out to tender in early autumn 2014.
- 3.2 A full report has been completed following the benchmarking work completed by the team with five of our CIPFA comparator sites (see Appendix 1).

The CIPFA Local Authorities who took part in the benchmarking exercise are:

- Wigan
- Milton Keynes
- Swindon
- Medway
- Dudley

Children's Weight Management

- 3.3 Following the benchmarking review, it is proposed that the children's weight management programmes that follow on from the National Child Measurement (NCMP) each year in schools, will now be delivered by the school nursing service rather than a separate team.
- 3.4 We will also be commissioning for new child weight management services linked to midwifery, with some programmes being delivered from children centres and local clubs with the focus being on fun for all the family. We will look at age specific programmes i.e. teenage, toddlers, boys only or girls only sessions and programmes for disabilities etc. We want any child or young person to be able to access services, no one should be disadvantaged.
- 3.5 These services will be tendered for one year only to measure the impact of the programmes on families' children and young people; we aim to review how successful these services are on the wellbeing of our children and young people.

Adult's Weight Management

- 3.6 The process has been managed through the Healthy Weight work stream which reports into the Public Health Strategy Board. A Healthy Weight Strategy has been produced using all the consultation results and the outcomes following the Healthy Weight workshop. The final scope of the service has been agreed following the findings of this work.
- 3.7 The new Adult Weight Management service will be commissioned for one year using a Health Trainer model linking in with community delivered programmes i.e. commercial weight management programmes, exercise and activity clubs, allotments, health walks, cookery classes, fun sessions to get people moving, nutrition advice etc. These services will be age related and

will cover medical and non-medical referrals. We will also look at programmes for those with disabilities.

- 3.8 These services will be tendered for one year only so to measure the impact of these programmes on the community – we need to review how successful new services are on the wellbeing of our local communities.

3.9 **5 – 19 (School Nursing) Service**

Letters were sent to all schools in Thurrock to advise them we were reviewing the service. A survey was sent to each school requesting details around what is currently working well and where schools would like to see change, a total of 19 schools responded. An on-line survey was sent to pupils via schools, the Youth Cabinet and the Children in Care Council. A total of 93 pupils responded and 14 school nurses completed a survey around their current role. We sent out a letter to all schools offering to visit them and met 6 with schools in total. The Head of Public Health attended a session with Head Teachers and presented details around this work. Finally a meeting was held with the current school nursing team to discuss the findings of this work.

Following all the reviews the agreement is that the new service would be a School Nursing Universal Plus model where the school nurses will follow up with delivering family weight management programmes in the 5 clusters and deliver emotional support to pupils in schools – the school nurse will wear a uniform and the details around when the school nursing team is in each school will be advertised on school notice boards. The school nurse will also work closer with parents in the future. This service will be tendered for 3 years.

- 3.10 Following all the reviews the agreement is that the new service would be a **School Nursing Universal Plus model** where the school nurses will still provide a basic school nursing service in school clusters as now.

- 3.11 The difference with a **Universal Plus** model is that the service offers additional services to pupils - school nursing teams will follow up proactively from the National Child Measurement Programme in each school by delivering family weight management programmes in the 3 clusters and offering additional support across schools for weight management support generally, plus they will deliver emotional wellbeing support to pupils in schools too – we will require the school nurse to wear a uniform so they are easily recognised and each school to include details around when the school nursing team is in their school advertised on school notice boards. The school nurse will also work closer with parents in the future. This service will be tendered for 3 years.

4. REASONS FOR RECOMMENDATION:

- 4.1 For the members of the Health Overview and Scrutiny Committee to note the contents of the report.

Obesity is a priority identified in the HWB priorities in Thurrock over the next 2 years. By delivering these three programmes differently we believe that we will start to make a difference to our obesity rates and deliver community focused programmes that will improve the health and wellbeing of our communities across Thurrock.

5. CONSULTATION

5.1 Full consultation was completed to shape these new services.

6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

6.1 The new proposed delivery of these three services will contribute to the delivery of the corporate priority to 'to improve health and wellbeing of Thurrock people.

7. IMPLICATIONS

7.1 Financial

Implications verified by: **Mike Jones**
Management Accountant

There are no financial decisions that relate to this report. The new services will not exceed the current public health grant. Efficiencies will be sought as part of the new services.

7.2 Legal

Implications verified by: **Michael Henson-Webb**
Solicitor

There are no legal considerations arising from this report. Full tendering and procurement policies will be adhered to.

7.3 Diversity and Equality

Implications verified by: **Natalie Warren**
Telephone and email: **01375 652472**
Nwarren@thurrock.gov.uk

Each service review has taken into account the diversity needs of the local populations. As part of the review consultation with a range of groups has been completed to inform the new programmes. All future commissioned services will have an equality impact assessment completed

7.4 **Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

There are no other implications.

BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):

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**HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE
WORK PROGRAMME 2014-15**

Report Name	Lead Officer	Meeting Date
Future of the Residential Short Break Service at Hathaway Road	Alison Nicholls	29 July 2014
Meals on Wheels – Consultation Results	Sarah Turner	29 July 2014
Public Health – Overview Presentation	Debbie Maynard/ Andrea Atherton	29 July 2014
Service Models: Adult and Children Weight Management Service and School Nursing	Debbie Maynard/ Andrea Atherton	29 July 2014
Budget?	Sean Clark	29 July 2014
Budget Report		2 September 2014
Care Act: to receive a report on the changes proposed and the Council's state of readiness.	Ceri Armstrong	2 September 2014
Ombudsman Investigation Report - Learning	Rhodri Rowlands?	2 September 2014
Regeneration, Air Quality and Health	Debbie Maynard/ Andrea Atherton	14 October 2014
Aging well Annual Public Health Report	Debbie Maynard/ Andrea Atherton	14 October 2014
Health and Social Transformation - to receive a report on the Better Care Fund and the council's proposed service changes and governance model.	Roger Harris	14 October 2014
Budget		2 December 2014
Pharmacy Needs Assessment	Debbie Maynard/ Andrea Atherton	2 December 2014
Adult Social Care Local Account	Rhodri Rowlands	2 December 2014
Budget		13 January 2015
		13 January 2015
		13 January 2015

Report Name	Lead Officer	Meeting Date
		17 February 2015
		31 March 2015

Items to be Scheduled:

- Social Care Service Reviews (Les Billingham/ Roger Harris)
- CCG Performance Report

Briefing Notes:

- Adult Social Care Performance Report: July and November