

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 **12 January 2016**

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

## Membership:

Councillors Graham Snell (Chair), Steve Liddiard (Vice-Chair), Yash Gupta (MBE), James Halden, Charlie Key and Tunde Ojetola

Ian Evans (Thurrock Coalition Representative) and Kim James (Healthwatch Thurrock Representative)

## Substitutes:

Councillors Leslie Gamester, Martin Kerin and Andrew Roast

## Agenda

Open to Public and Press

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<b>1. Apologies for Absence</b>	
<b>2. Minutes</b>	<b>5 - 14</b>
To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 1 December 2015.	
<b>3. Urgent Items</b>	
To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	
<b>4. Declarations of Interests</b>	

**5. Items Raised by HealthWatch**

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

<b>6. Changes to Fees and Charges 2016-17</b>	<b>15 - 22</b>
<b>7. Thurrock Health and Wellbeing Strategy 2016-2019</b>	<b>23 - 30</b>
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Agenda published on: **4 January 2016**

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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.

**Vision: 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 aspiration and attainment so that residents can take advantage of local job opportunities
- Support families to give children the best possible start in life

**2. Encourage** and promote job creation and economic prosperity

- Promote Thurrock and encourage inward investment to enable and sustain growth
- Support business and develop the local skilled workforce they require
- Work with partners to secure improved infrastructure and built environment

**3. Build** pride, responsibility and respect

- Create welcoming, safe, and resilient communities which value fairness
- Work in partnership with communities to help them take responsibility for shaping their quality of life
- Empower residents through choice and independence to improve their health and well-being

**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 and safeguard the most vulnerable people with timely intervention and care accessed closer to home
- Enhance quality of life through improved housing, employment and opportunity

**5. Promote** and protect our clean and green environment

- Enhance access to Thurrock's river frontage, cultural assets and leisure opportunities
- Promote Thurrock's natural environment and biodiversity
- Inspire high quality design and standards in our buildings and public space

## Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 1 December 2015 at 7.00 pm

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**Present:** Councillors Graham Snell (Chair), Steve Liddiard (Vice-Chair), Yash Gupta (MBE), James Halden and Charlie Key

Ian Evans, Thurrock Coalition Representative  
Kim James, Healthwatch Thurrock Representative

**In attendance:** Councillor Barbara Rice, Cabinet Member for Adult Social Care & Health  
Alastair McIntyre, Locality Director South and West Essex Midlands and East (East), NHS England  
Mandy Ansell, (Acting) Interim Accountable Officer, Thurrock NHS Clinical Commissioning Group  
Roger Harris, Director of Adults, Health and Commissioning  
Ian Wake, Director of Public Health  
Jenny Shade, Senior Democratic Services Officer

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

### **22. Minutes**

The Minutes of the Health and Wellbeing Overview and Scrutiny Committee, held on 13 October 2015, were approved as a correct record.

Councillor Halden requested that a minute item on Urgent Business is changed to the following:

Councillor Halden voiced concerns stating that if Dr Deshpande, Mandy Ansell and Ian Wake had expressed a lack of confidence in the report, and if they were concerned how would other members be expected to have any confidence. The proposed change in service would not improve the cancer patient pathways he would support the Chair's recommendation to refuse.

The Committee agreed to this change.

### **23. Urgent Items**

There were no items of urgent business.

### **24. Declarations of Interests**

There were no declarations of interest.

## **25. Items Raised by HealthWatch**

Kim James, the HealthWatch co-opted member, raised two items for the Committee's attention.

### Learning Disability Health Checks

This will be covered in Agenda Item 6.

### Domiciliary Care

Concerns how fragile Domiciliary Care is in Thurrock and to ensure that HealthWatch work together with Adult Social Services for a resolution.

Roger Harris updated the Committee that this was the biggest risk being faced at the moment and that Adult Social Care was working very closely with two providers. Swift intervention with one provider resulted in packages of care back in house over the last couple of weeks another provider having given six months' notice.

The Chair asked the Officer that the Committee could be reassured that there had been no loss of service.

The Officer confirmed that no absolute guarantee could be given, as the next couple of weeks will be difficult with staff working on the packages of care that are now back in house.

Councillor B. Rice would like to put on record for this Committee her thanks to the Adult Social Care team who have continued to work hard and commitment to ensure the service is covered.

Councillor Gupta asked the Officer how many people are affected by the packages of care coming back in house. The Officer confirmed that 80 packages of care had been brought back in house from the first provider and that approximately 250-300 packages of care from the second provider. A total amount of packages of care in the borough is approximately 500-600.

Councillor Halden commented that a working group may be appropriate to look at reconfiguring the service and that this may result in some policy changes.

The Chair asked the Officer to bring this item back to the Health Overview & Scrutiny Committee (HOSC) in January. The Officer confirmed that the service would need to be redesigned and remodelled with a substantial consultation period. The Officer stated that to ensure this was carried out appropriately he asked the Chair for some time to get this right before presenting the report. The Chair agreed to have this report back to HOSC when ready.



## **RESOLVED:**

**That the report on Domiciliary Care be brought back to the Health Overview and Scrutiny Committee when an update is available.**

### **26. Learning Disability Health Checks**

The Officer presented the report that provided Members with the details of the current arrangements in respect of the enhanced service agreement with General Practitioner (GP) practices in Thurrock. The report highlighted the issues and delivery in respect of this agreement and an action plan to improve the delivery and uptake of the service.

Last year's figures show the uptake in Thurrock is unacceptably poor with only 17 per cent of possible Learning Disability checks carried out and completed in line with the Enhanced Service in 2014/15.

The report also detailed the current state of play in respect of the update and delivery of the Enhanced Service in Thurrock.

Data is also provided in the report which identified the current state of play in respect of the levels of activity which is extracted from GP systems.

Councillor Halden asked how practices who demonstrated a nought per cent in 2013/14 year can be given the opportunity to do the same in 2014/15. Councillor Halden also stated that surely surgeries would be in breach of contract for not undertaking what they signed up to do.

Councillor Key asked NHS England what the reasons were for surgeries not meeting targets and what the plan was to get the 100 per cent uptake. Alastair McIntyre stated that there were a number of reasons but mainly that the enhanced service checks were not the highest priority. To get a 100 per cent uptake was a very tough ask and that further discussions between NHS England and CCG would take place to address this.

Councillor Gupta asked for clarification on where do patients go of the surgeries that declined to take up the offer of the Enhanced Service. Mandy Ansell confirmed that these patients are referred to a separate provider that offers this Enhanced Service.

Councillor Gupta asked how many residents had undergone the enhance service checks. It was confirmed that data was not to hand for this quarter.

Ian Wake compared the figures for Thurrock with Southend and Rochford and Castle Point where a much greater level of health check coverage had been achieved. He stated that he found it hard to believe that demand for Learning Disability Health Checks from people in Thurrock would be significantly lower, and suggested that this was therefore a problem with the current providers.

Kim James said that HealthWatch had been working on this for nearly seven years with no results or answers. Kim stated that the same conversations were being held and the same answers being given but nothing is being delivered. NHS England were failing the residents of Thurrock and solutions were urgently needed. Kim commented that groups in the community had written to NHS England but had not received any responses.

The Chair agreed with comments raised by Members and Officers and stated that with the practices in place, surgeries should be saying no when there is no intention of them carrying the Enhanced Services.

Roger Harris stated that he applauded those that had declined to take up the offer of the Enhanced Service as they actually realised that they were unable to fulfil the requirement. NHS England should recommend that all practices opt-out of the service and that CCG commission an alternative provider to undertake these checks.

Councillor Key agreed with Roger Harris's solution as we are already another year down the line with no better results. Councillor Key asked what else the Health Overview & Scrutiny Committee can do. Alastair McIntyre agreed that the buck stopped with NHS England and that he would make it his personal commitment to improve the service.

Councillor B Rice commented that this was an unfair and an unjust service that the residents of Thurrock will not put up with for any longer. Lobby Groups with HealthWatch had been ongoing for over four years and it was totally unacceptable. Councillor B. Rice also commented that it was unacceptable that NHS England was only aware of the information in this report late this afternoon.

Alastair McIntyre stated to the Committee that the Enhanced Service levels in Thurrock were not good enough and would take away the committee's comments and get it right for the population of Thurrock.

Councillor Gupta suggested that the Chair, on behalf of the Health Overview and Scrutiny Committee write to NHS England to express the Committee's concerns. The Chair agreed to take this forward.

## **RESOLVED**

- 1. That the Health & Wellbeing Overview and Scrutiny Committee note the progress of the Learning Disability Checks by Thurrock GP Practices and the plans to improve activity.**
- 2. That the item Learning Disability Health Checks be added to the work programme for February 2016.**
- 3. That the Chair on behalf of the Health Overview and Scrutiny Committee will write to NHS England expressing concern over the uptake of this service.**

## **27. NHS Thurrock CCG Primary Care Update**

Mandy Ansell (Acting) Interim Accountable Officer from the Thurrock NHS Clinical Commissioning Group, presented the Members with a summary of the key issues with regards to Primary Care and provided an overview of the steps being taken to address the primary care provision in Tilbury.

Mandy stated that from 30 November 2015 following the closure of the South Essex Emergency Doctors Service (SEEDS), Integrated Care 24 (IC24) will now be providing out of hours service from 1 December 2015. This service will be available at the same location of the Thurrock Community Hospital.

A discussion took place between Members and Officers on the Thursday afternoon closure of some GP surgeries. NHS England confirmed and expected all surgeries to open Thursday afternoons and that IC24 were not contracted to pick up any cover. Alastair McIntyre stated that the expectation was for all practices to open Thursday afternoons and will enforce this.

Councillor Halden commented that the report provided a vague commitment and that the committee was expecting something more coherent. Councillor Halden had concerns that there was not a long term vision.

Councillor B. Rice commented that there was a firm commitment to the change of surgeries in Tilbury and to plan ahead to improve the primary care in Thurrock. Councillor B. Rice thanked Ian Wake for all the analysis work undertaken to get the project to this stage and that future plans were required to move this project forward.

Councillor B. Rice welcomed the SEEDS plan apart from the surgeries still not opening on a Thursday afternoon and that residents welcomed that the location had not changed.

An update on the Locality Based Primary Care Weekend Hubs was given by Mandy Ansell that hubs were up and running and extra capacity was provided if Saturday mornings were fully booked. The Sunday service is proving less popular in some locations but it is very popular in Tilbury. A new IT platform will provide the option for directly bookable appointments and provide the service for patients that can be seen between 4-8 hours without the need to go to A&E from the end of January 2016.

An update on the recruitment of GPs in Thurrock was discussed and the fact that Thurrock has one of the worse levels of under-doctoring which potentially leads to chronic problems.

Councillor Halden stated that the report presented was principally focused on Tilbury and asked the Officer why there was no reference to other wards. Councillor Halden also voiced concern that this report was due to focus on the whole of Thurrock and not specific areas as minuted on the 23 July 2015. Mandy Ansell stated that the report concentrated on Tilbury and Purfleet due

to the high needs and the regeneration projects that were on-going in these areas.

Alastair McIntyre commented that the recruitment of GPs was generally difficult not just in Thurrock.

Mandy Ansell confirmed that the four weekend hubs were working well and were being well publicised to residents of Thurrock. An article will be in local papers shortly to advert the extra cover available during the Christmas holiday period.

The Chair agreed with the Members comments and asked CCG to provide an updated report on the whole of Thurrock which had been minuted but not forthcoming to the HOSC committee. It was agreed that Tilbury was a good place to start and that the model used will be implemented across the borough. The Chair asked that a report be brought back to HOSC in March 2016.

## **RESOLVED**

- 1. That the Health and Wellbeing Overview and Scrutiny Committee note the contents of the report.**
- 2. That the item Primary Care be added to the work programme for March 2016 and that the report is for the whole of Thurrock.**

## **28. Essex Success Regime**

Mandy Ansell (Acting) Interim Accountable Officer of NHS Thurrock Clinical Commissioning Group presenting the report to Members which set out the outcomes of the work undertaken by Boston Consulting Group between 29 September 2015 and 2 November 2015. There were 40 stakeholders including patient representatives that were involved with the outcome of what the Essex Success Regime should focus on and how to deliver this service.

The report highlighted that NHS England, Monitor and the Trust Development Agency had decided that the Essex Success Regime will focus on Mid Essex and South Essex including the two unitary authorities of Southend and Thurrock.

The process to recruit an Essex Programme Director was unsuccessful and therefore a Chair, David Fish, had been appointed to lead the work.

Roger Harris stated that he had concerns on the focus of the report and that when fundamental problems were not tackled the same problems will come back.

All members agreed that there was no definition on what success looks like and when we will know. Mandy Ansell confirmed that further work with

stakeholders was in hand with a further briefing scheduled for Friday 4 December.

The Chair asked Mandy Ansell why it is such a big project. Mandy Ansell stated that she could not comment but Thurrock Clinical Commissioning Group had a very clear vision for primary care and confirmed that the four Clinical Commissioning Groups had plans to meet next week for the first time to look at this challenging piece of work.

Councillor B. Rice commented that the report seemed to be very complex where nobody seemed to understand what it meant.

The Chair agreed with Members that the report contained nothing new and that money was being spent on a project that no-one seemed to understand.

The Chair stated that the recommendation should be rewording to remove the words "the progress so far of". All members agreed to this change.

## **RESOLVED**

- 1. That the Health & Wellbeing Overview & Scrutiny Committee note the Essex Success Regime.**
- 2. That the report on Essex Success Regime should not be brought back to the Committee until there is further substantial information for the Committee to note.**

*Mandy Ansell and Alastair McIntyre left the committee room at 8.45.*

## **29. Adult Social Care Local Account 2015**

Roger Harris, Director of Adults, Health and Commissioning presented the report to Members which provided an update on how adult social care is performing in delivering key priorities and the progress which has been made on the actions highlighted in the 2014 Local Account.

The report included examples of the achievements and positive progress made over the last 12 months against the 10 key priorities and also included examples of the things that need more work to be done on with the priorities for the next year.

The report also contained a summary of Thurrock's performance on the performance indicators in the national adult social care outcomes framework.

Councillor Key thanked the Officer for the report and stated that the content of the report was a credit to Councillor B. Rice, Roger Harris, Ian Wake and the adult social care team for the work carried out.

Councillor Halden commented on the positive outcomes of the Mental Health Strategy and asked if this should be an item on the Health Overview & Scrutiny work programme. The Officer confirmed that this item was discussed at the Health & Wellbeing Board where a lot of work had already been carried out in consultation with Mental Health Groups. Discussions will take place between the Chair and Vice Chair to establish which scrutiny committee this should fall in.

Councillor Gupta referred to the Committee to the Carers Strategy and asked for clarification on assessments. The Officer confirmed that due to the changes of the Care Act has now put carers on an equal legal footing as services users as they now have right to an assessment. The Officer confirmed that CARIADS (Carers Advice and Information Service) had been operating for over a year on behalf of the Council to give the support and advice to carers.

Councillor B. Rice thanked the Members for their kind words and personally thanked Roger Harris, Ian Wake and their team's efforts and commitment.

The Chair agreed with the Members comments and personally thanked the team for their enormous efforts in supporting the residents of Thurrock.

#### **RESOLVED**

**That the Health and Wellbeing Overview and Scrutiny Committee consider and note the report.**

### **30. Work Programme**

The Chair and Members agreed that the following items be added to the work programme:

- That an update on Learning Disability Health Checks be included on the work programme for February 2016.
- That an update on Primary Care be included on the work programme for March 2016.

Members were in agreement with the proposed changes to the work programme, following which the Chair requested that an updated work programme be circulated to the Committee and Officers following the meeting.

#### **RESOLVED**

**That the work programme be noted subject to the amendment details above.**

**The meeting finished at 9.00 pm**

Approved as a true and correct record

**CHAIR**

**DATE**

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<b>12 January 2016</b>	<b>ITEM: 6</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>	
<b>Changes to Fees and Charges 2016-17</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-key
<b>Report of:</b> Mike Jones, Strategic Resources Accountant	
<b>Accountable Head of Service:</b> Sean Clark, Head of Corporate Finance	
<b>Accountable Director:</b> Lyn Carpenter, Chief Executive	
<b>This report is Public</b>	

## **Executive Summary**

This report seeks approval to revise fees and charges for Thurrock Council with effect from 1 April 2016.

The paper provides narrative for all discretionary charges for each directorate. It is to be noted that there is a wider review of commercial opportunities across the Council in progress. Any proposed price changes proposed as part of the wider review will be managed under the delegated authority of the Chief Executive and relevant Cabinet Member (where appropriate.)

### **1. Recommendation(s)**

**1.1 That the committee consider the proposed charges as detailed in the appendix.**

### **2. Introduction and Background**

2.1 In reviewing the fees and charges for 16/17 officers (where practicable) have ensured cost recovery of discretionary activities while at the same time undertaken a benchmark against neighbouring authorities.

2.2 The table below highlights the actual (14/15) and forecast (15/16) income from external fees and charges.

Service Area	Actual 14/15 £000's	Budget 15/16 £000's	Forecast <sup>1</sup> 15/16 £000's
Adults	7,463.0	8,358.6	8,254.6
Thameside Theatres	471.4	346.7	425.0
Children's Services	4,881.9	5,248.3	5,204.3
Environment	681.9	739.8	846.7
Legal Services <sup>2</sup>	119.8	84.5	124.9
Registrars	234.4	155.8	213.4
Commercial Hall Hire	88.5	82.6	83.9
Public Protection	363.8	337.8	378.7
Housing (General Fund)	844.1	744.5	786.0
Transport & Highways	949.7	994.8	1,109.8
Planning & Developments	1,709.1	1,449.2	1,865.8
<b>TOTAL</b>	<b>17,807.6</b>	<b>18,542.6</b>	<b>19,293.1</b>

- 2.3 In setting the fees for 16/17, a total growth of £775k has been applied that equates to a stretch target of £600k and £175k previously agreed at the first phase of the MTFS process, the following tables provides a high-level reconciliation.

Description	Amount £000's
Budget 15/16	18,542.6
1% uplift on existing fees & charges (bud 15/16)	185.4
<b><u>Rebaseline budgets to actual performance for 15/16</u></b>	
➤ Registrars (Fcst Outturn £213.4k in 15/16)	68.0
➤ Environments (Fcst Outturn £846.7k in 15/16)	102.0
➤ Thameside Theatre(Fcst Outturn £425k in 15/16)	75.0
➤ Growth in Grangewaters Income	20.0
➤ Parking Charges Increase	150.0
<b><u>MTFS Items previously agreed</u></b>	
➤ Filming/Sponsorship	100.0
➤ Growth in Legal Traded Services	50.0
➤ Increases in Planning Fee Income	25.0
<b>TOTAL EXTERNAL INCOME BUDGET 16/17</b>	<b>19,318.0</b>

<b>Service Area</b>	<b>Budget 15/16 £000's</b>	<b>1% uplift £000's</b>	<b>Growth Items £000's</b>	<b>Budget 16/17 £000's</b>
Adults	8,358.6	83.6		8,442.2
Thameside Theatres	346.7	3.5	75.0	425.0
Childrens Services	5,248.3	52.5	20.0	5,320.8
Environments	739.8	7.4	102.0	849.2
Legal Services	84.5	0.8	50.0	135.4
Filming & Sponsorship			100.0	100.0
Registrars	155.8	1.5	68.0	225.0
Commercial Hall Hire	82.6	0.8		83.9
Public Protection	337.8	3.4		341.1
Housing General Fund	744.5	7.5		751.9
Transport & Highways	994.8	9.9	150.0	1,154.8
Planning & Growth	1,449.2	14.5	25.0	1,488.7
<b>TOTAL</b>	<b>18,542.6</b>	<b>185.4</b>	<b>590.0</b>	<b>19,318.0</b>

2.4 As part of the commercial transformation work that is in progress, detailed sales and marketing plans will be developed for each service area.

### **3. Thurrock Charging Policy**

3.1 The strategic ambition for Thurrock is to adopt a policy on fees and charges that are aligned to the wider commercial strategy and ensure that all discretionary services cost recover.

3.2 Furthermore, for future years, while reviewing charges, services will also consider the level of demand for the service, the market dynamics and how the charging policy helps to meet other service objectives.

### **4. Proposals and Issues**

4.1 The fees and charges for each service area have been considered and the main considerations are set out in the following section.

### **5. Adults and Social Care**

5.1 The strategic objective for charging for Adults & Social Care is to secure full cost recovery where possible. The two biggest areas for Adult & Social Care charging are constrained by national regulations:

5.1.1 The national CRAG rules apply for residential and nursing care (Charging for Residential Accommodation Guide). CRAG proscribes what levels of charging apply, the various thresholds and asset levels at which full charging can apply;

5.1.2 Domiciliary Care: At present Thurrock charge £ 13 per hour and pay the provider £ 13 per hour (full cost recovery). The service is means tested against national rules which mean the Council need to ensure ability to pay is fully taken into account (income support level plus 25%.)

5.2 It is to be noted that a consultation is underway regarding proposed changes to Adult Social Charges. The proposals affect four main areas of social care services:

- Day care for older people and the Care Service
- Charges for the Adult Social Care Service an extra income of £ 100k<sup>1</sup> is earmarked from this element of the savings programme for 16/17
- Equipment and adaptations costing less than £50
- The provision for Extra Care Housing assumes £ 50k of savings for 16/17 from the new charging regime for extra care

5.3 The consultation concludes in December 2015 and a full report of findings and recommendations will be presented in early 2016.

5.4 The existing and proposed charges are detailed in the Appendix.

## **6. Consultation**

6.1 A consultation is in progress with regard to the proposed changes outlined in Adult Social Care. With regard to all other items; the proposals in this report do not affect any specific parts of the borough. Fees and charges are known to customers before they make use of the services they are buying.

## **7. Implications**

### **7.1 Financial**

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

The increase in fees and charges set out in the report have been built into the overall 2016/17 budget.

### **7.2 Legal**

Implications verified by: **Daniel Toohey**  
**Principal Solicitor Contracts and Procurement**

Fees and charges generally fall into three categories – Statutory, Regulatory and Discretionary. Statutory charges are set in statute and cannot be altered by

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<sup>1</sup> The targeted growth areas for Adults have not been allocated to the £775k growth target (sect 4.3) as they are allocated to a separate MTFs growth item.

law since the charges have been determined by Central government and all authorities will be applying the same charge.

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

Discretionary charges relate to services which the Council can provide if they choose to do so. This is a local policy decision. The Local Government Act 2003 gives the Council power to charge for discretionary services, with some limited exceptions. This may include charges for new and innovative services utilising the power to promote environmental, social and economic well-being under section 2 of the Local Government Act 2000. The income from charges, taking one financial year with another, must not exceed the cost of provision. A clear and justifiable framework of principles should be followed in terms of deciding when to charge and how much, and the process for reviewing charges.

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

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

### 7.3 **Diversity and Equality**

Implications verified by: **Rebecca Price**  
**Community Development Officer**

The Council has a statutory duty under the Race Relations Act 2000 (Amendment), the Disability Discrimination Act 2005 and the Sex Discrimination Act 1975 (Amendment) to promote equality of opportunity in the provision of services and employment. Decisions on setting charged and fees are subject to the Council's decision-making structures. Concessions should be available to groups or individuals in the community, where the increase may result in them being excluded from particular activities.

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

Not applicable.

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

- None.

**9. Appendices to the report**

Appendix 1: Draft Fees and Charges Booklet 2016-17

**Report Author:**

Mike Jones

Strategic Resources Accountant

Corporate Finance

ADULT SERVICES - STRATEGIC COMMISSIONING and RESOURCES	STATU TORY OR DISCRE TIONAR Y	BASIC CHARGE 2015/16	VAT GROUP	2016-17 PROPOSED BASIC CHARGE	2016-17 PROPOSED CHARGE INCLUDING VAT  (Where applicable)
		£		£	£
<b>MEALS ON WHEELS Service not applicable 2015-16</b>					
Per meal served at home	D	4.00	O	Consultation	Consultation
Per meal served at Luncheon Club	D	4.00	O	Consultation	Consultation
Per meal for services at day centres					
- mid day meal	D	4.00	O	Consultation	Consultation
- breakfast only	D	1.00	O	Consultation	Consultation
- tea only	D	1.00	O	Consultation	Consultation
<b>DOMICILIARY CARE</b>					
The charge for home care per hour is	D	13.00	O	13.00	13.00
Charge made in line with "Fairer Charging" guidance with protection for people on Income Support plus 25% buffer.					
Service users in receipt of double handed care will be charged double					
<b>RESIDENTIAL ACCOMMODATION CHARGES</b>					
Maximum weekly charge for residents to other local authorities					
Residential Accommodation is outside the scope of VAT when supplied to/for people who were Thurrock residents but exempt when supplied to/for non Thurrock residents or other local authorities					
Homes for Older people ( Per Week )	D	600.00	O	600.00	600.00
Charges to Other Local Authorities/Organisations are at rates shown above.					
<b>Community Day Care Service</b>					
The scale of charges outlined below relate to the charges per day made to other Local Authorities where Non-Thurrock residents attend the Centre					
Adult Community Services - Fees are based on individual needs and circumstances.					
<b>CHARGE FOR ATTENDANCE AT DAY CENTRES **</b>					
Per attendance	D	9.70	O	Consultation	Consultation
<b>TRANSPORT **</b>					
Per Journey	D	1.00	O	Consultation	Consultation
these charges are for Thurrock Residents					
<b>RESPIRE CARE FOR ADULTS WITH DISABILITIES **</b>					
The charge outlined below relates to the use of Thurrock Council's own Short Break Service					
Charge per night per service user	D	20.00	O	Consultation	Consultation
<b>PENDANT ALARMS</b>					
Private Housing Tennant (Per Week)	D	0.93	O	Consultation	Consultation
<b>BLUE BADGES</b>					
Application Fee	D	10.00	O	10.00	10.00

\*\* There are no recommended increases in charges in respect of the above as Services will be changing and new charges will have to be subject to individual business cases as a consequence of the commissioning process

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<b>12 January 2016</b>		<b>ITEM: 7</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>		
<b>Thurrock Health and Wellbeing Strategy 2016-2019</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-key	
<b>Report of:</b> Ian Wake, Director of Public Health		
<b>Accountable Head of Service:</b> n/a		
<b>Accountable Director:</b> Roger Harris, Director of Adults, Health and Commissioning; Carmel Littleton, Director of Children's Services; and Ian Wake, Director of Public Health		
<b>This report is</b> Public		

## Executive Summary

This report outlines the rationale behind the refresh of Thurrock's Health and Wellbeing Strategy, the case for change, proposed area of focus, and the draft priorities for the refreshed Strategy.

The report aims to seek the views of the Committee as part of the Strategy's engagement approach.

A final draft of the Strategy will be brought to a later Committee meeting prior to seeking agreement at Full Council in March 2016.

### 1. Recommendation(s)

- 1.1 **The Committee comment on the refreshed Strategy's proposed priorities and areas of focus as part of the engagement process;**
- 1.2 **The Committee agree to a final draft of the Strategy being brought to a future meeting prior to sign off by Council in March 2016; and**
- 1.3 **The Committee note progress made on the development of the refreshed Strategy.**

### 2. Introduction and Background

- 2.1 Health and Wellbeing Boards were established as part of the Health and Social Care Act 2012. All upper-tier local authority areas are required to have a Health and Wellbeing Board which contain representatives from the Council,

NHS and voluntary and community sector. The Boards focus on improving the health and wellbeing of the local population and reducing health inequalities. They do this by identifying priorities and areas of focus that are contained within Joint Health and Wellbeing Strategies.

- 2.2 Thurrock's first Health and Wellbeing Strategy was introduced in 2013 and will expire in 2016. The Strategy focused on the following priority areas for Adult Health and Wellbeing and Children and Young People's Health and Wellbeing:

**Adult Health and Wellbeing**

- Improve the quality of health and social care
- Strengthen the mental health and emotional wellbeing of people in Thurrock
- Improve our response to frail elderly people and people with dementia
- Improve the physical health and wellbeing of people in Thurrock

**Children and Young People's Health and Wellbeing**

- Outstanding universal services and outcomes
- Parental, family and community resilience
- Every succeeding
- Protection when needed

- 2.3 The process to refresh the Strategy 2016-2019 has commenced. This paper details progress made on the development of the refreshed Strategy and asks the Committee to comment on proposed priorities and areas of focus.

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

- 3.1 The Committee will be acutely aware of the current pressures on public services, which includes both the reduction in available resources alongside an increase in demand and complexity of individuals requiring care and support. In 1948, only 52% of the population lived beyond the age of 65. By 2011, this percentage had increased to 86%. Whilst people living longer should be celebrated, a greater number of people over the age of 65 are living with disabilities and there are pressures from both older client groups (e.g. dementia and complex needs) and also children, young people and young adults with specialist care needs (e.g. autism). The case for change is clear.
- 3.2 The refreshed Strategy needs to be an expression of Thurrock's response to the case for change and must drive that change. Not only is demand growing and resources shrinking, but the majority of resources available for health and care are focused on treating ill-health when it is most acute – e.g. Hospitals. It is key that an outcome of the Strategy is getting better value from the 'Thurrock Pound' which can be achieved both by releasing resource through prevention and early intervention, but also through more effective commissioning of areas that are prioritised within the Strategy and which impact upon demand.

- 3.3 The refreshed Strategy must respond to key needs, and also maximise strengths. Key needs concluded from the Thurrock JSNA and other local health intelligence are detailed below.

### **Epidemiological needs**

The three biggest causes of premature death in Thurrock are:

- Cardio-vascular disease;
- Cancer; and
- Respiratory disease.

The most common long-term conditions are:

- Hypertension (high blood pressure);
- Depression;
- Respiratory problems (asthma and COPD);
- Diabetes; and
- Cardio-vascular disease including strokes/TIAs, Coronary Heart Disease and Heart Failure.

### **Comparative Needs**

Thurrock has significantly poorer outcomes than England on:

- Life expectancy (between top and bottom decline of deprivation);
- Percentage of children in poverty;
- Smoking prevalence and smoking attributable mortality;
- Obesity levels (Children and Adults);
- Male and Female life expectancy at 65;
- Under 18 conceptions;
- Percentage of looked after children

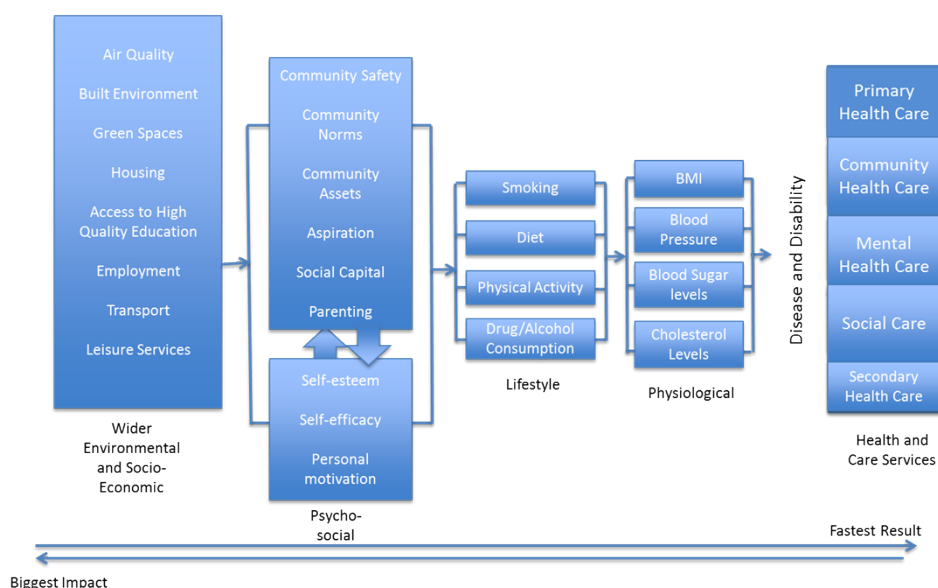
### **Corporate Needs**

- Financial viability of health and social care – including children’s services;
- Unacceptable levels of variation in primary care quality and access – including significant levels of under-doctoring;
- Fragmented health and wellbeing system;
- Significantly increasing 0-19 population; and
- Insecure joint investment in the children’s Early Help offer.

The Strategy must focus on making an impact on the issues detailed above. To ensure that the Strategy is having the impact and making a difference, an outcomes framework including targets and indicators will sit alongside it. This will allow the Health and Wellbeing Board to hold organisations and

individuals to account for delivery and to monitor the success of the Strategy or otherwise.

3.4 Key to reducing the issues identified in 3.3 is developing a Strategy that focuses on prevention and early intervention and on ensuring that Thurrock citizens ‘start well, live well, and age well’. This would mean ensuring that the ‘system’ shifts from responding to illness, to promoting and maintaining good health and wellbeing. It also means ensuring the ‘system’ includes individuals and communities as well as organisations and services and encouraging and promoting individual responsibility as part of the solution. Doing this requires a focus on some of the ‘wider determinants of health’ – those critical to improving health and wellbeing outcomes for Thurrock’s population. The determinants that influence good health and wellbeing and ensure the whole population are able to achieve good health and wellbeing outcomes are demonstrated in the following chart:



3.5 Five draft priority areas have been developed and are being engaged on that capture the focus set out in 3.4 and aim to respond to the needs detailed in 3.3. To ensure that the Strategy is focused on delivery, work is in progress to look at how the priority areas can be described as goals – in brackets. The priorities and goals will be further influenced by comments received as part of the on-going engagement process. The draft priority areas are:

- Prevention and early intervention (reduce avoidable ill-health and mortality);
- Build strong and sustainable communities (create physical and social environments which promote health and wellbeing);
- Improve mental health and wellbeing (strengthen emotional health and wellbeing);
- Transform health and social care (create a health and social care system which is integrated around the person); and

- Ensure that all agencies work together to deliver services that collectively improve the lives of all children and young people, ensuring that every child regardless of their circumstances has access to the best services and outcomes (significantly improve educational outcomes and employment).
- 3.6 For the Strategy to be successful, it needs to drive both specific action and influence other agendas across the Council and beyond. Action plans linked to each priority will therefore contain a mixture of new and existing activity. This will include linking to and influencing agendas such as the vision for Primary Care, Economic Development Strategy, Local Plan (Planning Framework), Stronger Together Programme, Building Positive Futures Programme, Children and Young People’s Plan.
- 3.7 Thurrock’s regeneration and economic development plans for example represent a huge opportunity to improve health and wellbeing, and to alleviate pressures on public services – both via creating employment opportunities, but also the development of infrastructure. Plans to develop and Integrated Health Living Centre in Tilbury are an excellent illustration of how health and wellbeing can be improved as part of plans for regeneration. The Council, NHS England and the CCG are working with the Purfleet development to improve health and care services, especially primary care.

### **Strategy Development Timetable**

- 3.8 The Strategy will continue to be developed through engagement activity and oversight by the Strategy Steering Group (containing representatives from across the Council, CCG, and Voluntary Sector). The timetable for Strategy development and sign-off is detailed below:

<b>Committee/Activity</b>	<b>Purpose</b>	<b>Date</b>
Engagement Activity	Engagement on draft priorities	23 November 2015 – 22 January 2016
Children and Young People’s Partnership Board	Consultation on outline	11 January 2016
Health and Wellbeing Overview and Scrutiny	Consultation on outline	12 January 2016
Children’s Services Overview and Scrutiny	Consultation on outline	19 January 2016
Children’s Services Overview and Scrutiny	Final Draft	9 February 2016
Health and Wellbeing Overview and Scrutiny	Final Draft	16 February 2016
Health and Wellbeing Board	Approve Final Draft	TBC (Feb 2016)
CCG Board	Approve Final Draft	24 February 2016
Cabinet	Approve Final Draft	9 March 2016
Council	Approve Final Draft	23 March 2016

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

- 4.1 To seek the Committee's views on the development of Thurrock's refreshed Health and Wellbeing Strategy and suggested approach.

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

- 5.1 An engagement approach has been designed as part of the development of the Strategy. The approach has been developed with advice from Thurrock CVS, Healthwatch Thurrock and Thurrock Coalition. This includes ensuring that dialogue with the community is built in to the on-going development of actions and initiatives linked to how to improve health and wellbeing in Thurrock.
- 5.2 The engagement approach includes an on-line survey, but aims to maximise opportunities for face-to-face engagement and discussion.
- 5.3 The first stage of engagement will conclude on the 22<sup>nd</sup> January 2016 and be supported by the analysis of responses received and a post-engagement report.

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

- 6.1 The development of the Strategy is intrinsically linked to the Corporate Priority 'Improve Health and Wellbeing' and is the delivery arm of that priority.

#### **7. Implications**

##### **7.1 Financial**

Implications verified by: **Kay Goodacre**  
**Finance Manager**

The Strategy's development and delivery will be within existing budgets.

##### **7.2 Legal**

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

The Health and Wellbeing Board has a statutory responsibility for overseeing the development and delivery of the Strategy, and the Council and CCG has a shared duty for preparing the Strategy as part of the Health and Social Care Act 2012.

### 7.3 **Diversity and Equality**

Implications verified by: **Becky Price**  
**Community Development Officer**

The focus of the Strategy is improving the health and wellbeing of the local population. This will include a strong focus on reducing health inequalities which will mean understanding and responding to intelligence identifying geographical areas and population groups where health inequalities are most prevalent.

### 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**

None.

### **Report Author**

Ceri Armstrong  
Directorate Strategy Officer  
Adults, Health and Commissioning

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<b>12 January 2016</b>	<b>ITEM 8</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>	
<b>Consultation on the proposed changes to the way Social Care is provided in Thurrock</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Not Applicable
<b>Report of:</b> Roger Harris, Director of Adults, Health and Commissioning	
<b>Accountable Head of Service:</b> Les Billingham, Head of Adult Services	
<b>Accountable Director:</b> Roger Harris, Director of Adults, Health and Commissioning	
<b>This report is Public</b>	

## Executive Summary

Thurrock Council is having to make considerable savings to its budget and these proposals are contributing to that exercise. Adult Social Care was required to deliver in-year reductions of £500k in 2015/16 and a minimum of £ 750k savings in 2016/17 as part of the Council’s Medium Term Financial Strategy (MTFS). These figures do not include any amounts for demographic growth in 2016/17, nor the changes arising from the introduction of the National Living Wage – the combination of which is likely to add at least £2m of pressures to the Directorate.

This report concerns actions to reduce costs and to improve the efficiency and effectiveness of social care services. It provides a summary of the consultation on the proposed changes to the way some aspects of social care is provided in Thurrock. The proposals affect 4 main areas of social care services:

1. Day Care for older people including the service at the Carers’ Centre
2. Charges for adult social care services
3. Equipment and adaptations costing less than £50
4. The provision of Extra Care Housing

The consultation undertaken between 14 September and 7 December shows support for increasing the availability of day care but on a reduced number of sites. However, it is also clear some respondents prefer day care to be provided in smaller, more local settings, particularly for people with memory loss or dementia.

The consultation showed strong disagreement with the proposal to increase charges for services. Although a majority indicated they felt they were entitled to receive the services without having to pay more, a significant number commented on the financial pressures faced by the Council and accepted that charges may need to be

raised. In considering this matter Committee will note that means testing will offer financial protection to a significant proportion of current service users.

There was a similarly strong disagreement with the proposal to no longer provide equipment or adaptations costing less than £50. However, a significant number commented that the proposal would be acceptable if safeguards were in place to ensure those service users who face hardship or lack capacity were assisted with sourcing and installation.

In relation to extra care housing, concerns were expressed about the proposal to stop providing extra care housing in Kynoch Court. However, the increase in the number of extra care flats at Piggs Corner will mitigate this loss of provision, as will the development of care-ready housing such as that being developed at Derry Avenue, South Ockendon and Calcutta Road, Tilbury.

The report takes account of the contribution made to achieving the savings target by management action already implemented, including the reduction in the number of social worker posts, and the deletion of other posts. It should be noted that the current proposals for day care are the first phase of a longer term programme of improvements. Further efficiencies are expected to result from this work however the focus will be on developing local flexible and in some cases specialist solutions which can mitigate the concerns expressed during the consultation.

The report provides an estimate of the savings which could be realised if the proposals were implemented to change the day care offer, to no longer provide equipment or adaptations costing less than £50, and to change the provision of extra care housing. An estimate of the increased income resulting from the proposed increase in charges is also given.

## **Recommendations**

- 1. Members are asked to note the summary of the consultation, and the summary of the impact of the proposed changes by Thurrock Coalition, contained in Appendix 1 and 2 of this report.**
- 2. Members are asked to comment on the following proposed options for cost savings and increasing charging income to achieve the budget savings requirement prior to the report going to Cabinet in February for final agreement.**

### **Options for Day Care:**

- 1a to change the day care offer from provision on six sites to three sites (Bell House, South Ockendon; the Carers' Centre Cromwell Road Grays; and Kynoch Court, Corringham) saving an estimated £200,000 in 2016/17 (RECOMMENDED); or**
- 1b to change the day care offer from provision on six sites to 1 site (the Carers' Centre, Cromwell Road Grays) saving an estimated £500,000.**

#### **Options for Charging for Day-Care and Transport:**

- 2a** to increase the charges for day care (except Short Breaks) over a period of three years until the charge is half the full cost of the service, raising in 2016/17 an estimated £56,696 (RECOMMENDED);
- 2b** to increase the charge for transport, to cover the full cost of that service, raising an estimated £2,649 (RECOMMENDED);
- 2c** No change to the current arrangements.

#### **Options for charging for Careline:**

- 3a** to Increase the charge for Careline, to cover the full cost of that service, raising an estimated £117,900;
- 3b** to increase the charges from 1<sup>st</sup> April 2016 for new service users;
- 3c** to take the opportunity of the recent re-structure to undertake a full review of the community alarm service to establish how effective it is, to explore new models of working including linkages to the out of hours service, and to rationalise the different costing and charging arrangements. For this reason a recommendation on the way forward is deferred until the review is complete. (RECOMMENDED)

#### **Options for Items of Equipment and Adaptations costing less than £50:**

- 4a** No longer providing items costing less than £50, saving an estimated £60,000 but establish an exceptional circumstances system (RECOMMENDED);
- 4b** Continue to provide these items, forgoing a potential estimated saving of £60,000.

#### **Options for Extra Care Housing:**

- 5a** No longer providing extra care housing at Kynoch Court would produce savings in 2016/17 estimated at £81,000; and
- 5b** increasing the number of units at Piggs Corner to 55 flats and also charging concierge costs to rent and service charges would produce savings in 2016/17 estimated at £143,000, (both RECOMMENDED).

#### **Options for Elizabeth Gardens:**

- 6a** From 1 April 2016 charging all existing and new leaseholders at Elizabeth Gardens for the care and support service they receive raising an estimated £8,164;
- 6b** From 1 April 2016 charging only new leaseholders at Elizabeth Gardens for the care and support service they receive which may raise no extra income in 2016/17 (RECOMMENDED).

## **2. Introduction and Background**

- 2.1 On 23 July Committee was presented with a report on a budget review and a requirement for further service changes for adult social care. The context for the report was the requirement for savings in the Directorate as a result of an updated MTFs, and also pressures on services from increased demand from an ageing population living with more complex health and social care needs. The proposals were intended to address part of the savings target of £500,000 for the current year (2015/16) and a further £750,000 for the year 2016/17. In addition the Directorate is facing demand pressures of over £1 million (mainly around the growth of the population and high cost areas such as dementia and autism) plus the costs associated with the introduction of the National Living Wage on 1<sup>st</sup> April 2016 – also estimated at over £1 million.
- 2.2 Committee considered the proposals for service reductions at its meeting on 23 July and resolved that a 12 week consultation should be undertaken. It was noted that this would mean that the required savings may not be delivered this year and further savings opportunities may need to be developed. In consequence it is unlikely that any changes agreed could be introduced before April 2016.
- 2.3 The consultation ran from 14th September to 7th of December; the consultation questionnaire can be viewed on the “Have my say” page of the Council’s website. Appendix 1 of this report summarises the consultation responses. The report provides an analysis of the main options for change, taking account of the consultation responses received. The report also takes account of the information provided by Thurrock Coalition and Healthwatch Thurrock on the equality impact of the proposals. Appendix 2 contains the Summary Report on impact of the proposed changes prepared by Thurrock Coalition for the Committee which includes suggested measures to mitigate the negative impacts of the proposals.

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

### **3.1 Proposed changes affecting Day Care for older people including Day Care at the Carers' Centre**

- 3.1.1 The consultation demonstrated some support for the existing day centre offer (including day care sessions and the sitting service) but there was also a recognition that efficiency savings could be made by consolidating the offer in fewer centres. This would also allow a more flexible service to be offered in terms of the duration of sessions, and improve the availability of day care by offering sessions for a larger number of service users at each site.
- 3.1.2 It is therefore proposed that from April 2016, day care will be provided at Kynoch Court in Corringham, Monday to Friday. As at present, the day care service at Bell House in South Ockendon will be provided Monday to-Friday. and at the Carers' Centre at Cromwell Road Grays every day except Thursday. The service at each site will be expanded at Kynoch Court and

Bell House from 15 to 20 places, and at the Carers' Centre to 25 places. This will result in the provision of 65 places at these centres per day.

- 3.1.3 In order to develop the day care offer further it is proposed that local sessional alternatives to day care in centres is developed, using LACs and voluntary and community organisations including Age UK to connect service users to resources in their community, as well as initiatives such as Community Catalysts and Shared Lives. This could include coffee mornings, hobby and craft groups, chair based exercises and activity clubs etc.
- 3.1.4 In order to improve the service and secure cost savings of up to **£200,000** it is proposed to cease the provision of day care at Harty Close in Stifford Clays, Arthur Barnes Court in Chadwell and at the Lodge at Piggs Corner in Grays. The Café in Piggs Corner will continue to be operated on the current basis by the extra care staff based there. Day care staff will take over responsibility for running the Café at Kynoch Court on the current basis while an alternative provider is found to operate the facility.
- 3.1.5 It is also proposed to introduce charges for service users using day care at the Carers' Centre Cromwell Road (on the same basis as Bell House and Kynoch Court).
- 3.1.6 The consultation highlighted the importance of understanding more fully the need for specialist care for people with memory loss and dementia. While work is undertaken to scope this requirement it is proposed that the Council continues to offer day care places to people with dementia in the day care centres.
- 3.1.7 It is evident from the consultation that most users of these services require transport, and for their carers this is a valuable part of the offer, extending the time during which they are free from their caring responsibilities. It is therefore proposed that transport will continue to be offered to all who are assessed as requiring it.

## **3.2 Proposals affecting charging for adult social care services**

- 3.2.1 In common with a number of national surveys the consultation appears to show a number of misconceptions regarding the provision of, and funding for adult social care. A sizable majority of respondents commented that they felt the services should be provided free, arguing that they expected them to be funded from the National Insurance and general taxation that they have paid during their working life. However, there was some acknowledgement of the fact that while the Council has a duty to provide social care it must do so within the available resources, and that these have been reducing for some years. Overall there was little support for the proposal to extend charging to services previously provided free of charge or charged for at less than the full cost, although a number of respondents did comment that service users should be expected to pay for their social care if they could afford to do so.

- 3.2.2 In a number of cases the respondents indicated the increase in charges would make them unaffordable and lead to service users having to go without the service. Modelling undertaken by Customer Finance shows that in relation to the current users of the services around 30% are assessed as being unable to contribute towards the costs of their care and so they would be unaffected by the proposals. A further 50% are assessed as being able to pay something towards their care and so they may expect to have to pay more, depending on their individual circumstances. The remaining 20% are assessed as, or have stated that they are able to pay the full cost of their care.
- 3.2.3 The proposals to increase charges for day care (including day care sessions at the day care centres, transport to the centres, the sitting service – but not short breaks), extra care housing, and Careline could potentially raise approximately £185,000 in 2016/17 towards the required budget savings when fully implemented. It should be noted that the proposals for day care would be implemented over a 3 year period until half the full cost of the service is chargeable.
- 3.2.4 In relation to Careline, it is noted that charging the full cost of the service would mean a substantial increase of £1.57 per week for service users (or a full £2.50 per week for those Council tenants who receive the service but currently make no contribution to the costs). In light of Housing and Adults, Health and Commissioning coming together, the recent restructure provides an opportunity to review the arrangements and to re-appraise the costs and benefits of community alarm technology to the whole social care prevention agenda. Linkages with the out of hours service and new models of working also merit examination. There is a strong case for deferring any decision on changing the charging arrangements for Careline until this review has been undertaken. To allow for this, the proposed increase in charges for Careline is not recommended at this stage and consequently the potential increase in charging income for 2016/17 is reduced to **£59,300**
- 3.2.5 In view of the opposition to the proposed increase in charges any decision to proceed with this proposal should explain the limited resources available to the Council for the discharge of its social care duties. It would also be appropriate to highlight the safety net provided by means testing so that all those assessed as not having to make a contribution towards the services they receive can be identified and re-assured, and those who may be asked to pay more are offered an assessment to ensure they are receiving their full benefits entitlement.

### **3.3 Equipment and adaptations costing less than £50**

- 3.3.1 The consultation proposed that the Council would no longer provide lower value items such as raised toilet seats, bath lifts and hand rails and half steps, and instead offer information and advice about how the items may be sourced by the service user, carers or families and, where necessary, installed. The

consultation noted this has been the practice for some time with a neighbouring borough.

- 3.3.2 This proposal also met with strong disagreement although a good many comments received were supportive, with a number noting the benefits to service users in terms of obtaining the equipment they need at their convenience, and in the choice of colour or design that appealed to them.
- 3.3.3 Analysis of the current usage of the catalogue agreed with our community equipment provider ECL (formerly Essex Cares) indicates the proposal to no longer supply items of equipment or adaptations costing less than £50 could save **£60,000** in a full year.
- 3.3.4 However, it is likely that there will be cases where service users will be unable to source equipment or where there is an urgent need to provide and fit the equipment – e.g. to prevent someone staying in hospital when they are fit for discharge. As a result officers will work up proposals for exceptional circumstances arrangements to apply so that it does not cause unnecessary delays or possible deterioration in someone's circumstances.

### **3.4 The provision of Extra Care Housing**

- 3.4.1 There are two separate proposals regarding the provision of extra care housing. The proposal concerning the Council's extra care housing schemes recognises that schemes of 65 flats or more are usually needed to ensure financial viability. For this reason it is proposed to expand the Council's extra care offer at Piggs Corner to create 55 flats on the site. Savings in the region of £155,000 are estimated for Piggs Corner in 2016/17 as a consequence of night time cover being provided by a concierge service (funded by rents and service charges) in conjunction with the social care out of hours service. By providing domiciliary care at Kynoch Court and no longer letting flats as extra care housing, net savings in the region of **£81,000** are projected for 2016/17 (based on annual operating costs of 192,873, and allowing for the need to commission additional home care packages for service users who remain - estimated to be £111,509).
- 3.4.2 Also relevant is the investment in specialised housing for older adults in the Borough, in response to the recommendations of the HAPPI Report. Currently 25 specialised homes have been developed at Derry Avenue South Ockendon with a further 36 in the development pipeline for Calcutta Road Tilbury. Work undertaken during the course of the recent housing needs assessment to complement the Social Housing Market Assessment will provide justification for significant further investment in these types of schemes across the Borough.
- 3.4.3 During the course of the transition to the new arrangements, each resident will be assessed to ensure that the necessary arrangements for their care and support are maintained. Transitional protection will also be offered in terms of

the charging for both the housing and social care services so that no tenant/service user is expected to pay more than they currently pay.

- 3.4.4 In relation to the extra care offer at Elizabeth Gardens, there is a need to address the anomaly whereby all tenants in the scheme make a contribution to the 24/7 care and support service (subject to means testing) but some leaseholders do not. In relation to those leaseholders who state that they do not use this service, it is clear that their decision to move to a scheme which provides these facilities and services means they know they do not have to rely on any external care and support service should they need assistance.
- 3.4.5 A further safeguard in relation to those on low income is that every resident will be offered a financial assessment in respect of the affordability of the charge for the care and support services: And the Council has a duty to ensure that the charge is fair and that it does not take residents below a specified minimum income. As noted above, implementing this change, as well as addressing a charging anomaly may raise an estimated **£8,000** per year compared to the current pattern of contributions. However, many leaseholders felt that this potential cost was not made clear to them when they brought their property. As a result, if the service is not being used by leaseholders the core charge will only be implemented for new owners after 1 April 2016.

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

- 4.1 The available funding for social care in Thurrock is not sufficient to cover the cost of all the services currently provided, and as noted above, further financial pressures are anticipated as a result of demographic changes. A number of efficiency measures have already been undertaken, and operating costs have been reduced, including the deletion of a number of social worker and other posts. By remodelling the day care service and extra care housing we hope to make further savings while improving the offer. However, a significant shortfall remains and to cover this, the only options available are to seek further contributions from those who pay for their care, or to reduce the level of service provision further. In relation to the latter it must be borne in mind that the Council must make sure it continues to meet its statutory duties.

#### **Financial implications of the proposals**

- 4.2 In view of the significant financial pressures in adult social care, and in the context of wide spread opposition to any increase in charges but also the acceptance (by a minority) of the appropriateness of seeking increased contributions from service users who can afford to pay, Committee is asked to comment on the proposed changes, (including the further safeguards proposed in their report), which are intended to raise in the region of **£543,000 in costs savings and increased charging income in 2016/17.**



4.3 The estimated savings related to each of the proposals are as follows:

	2016/17
<p><u>Day Care:</u>                      Option A (Recommended) - Providing day care for 20 service users per day at Bell House and Kynoch Court and for 25 at the Carers' Centre i.e. 65 places in total (5 days at Bell House and Kynoch Court and 6 days at the Carers' Centre) would give an estimated saving of £200,000 in 2016/17.                      Option B (not recommended) - Providing day care for just 25 high care service users per day at 1 centre (the Carers' Centre) would give an estimated saving of £500,000 in 2016/17.</p>	£200,000
<p><u>Equipment and Adaptations costing less than £50:</u>                      No longer providing these items would save £60,000. However, measures to mitigate the difficulties faced by those on low incomes or who are otherwise unable to source and install the items means the full value of this saving will not be realised.</p>	£60,000
<p><u>Extra Care Housing (Piggs Corner):</u>                      The estimated cost saving from the introduction of concierge at night time with an out of hours social care service would produce an estimated saving of £155,000 in 2015/16. When transitional protection for existing tenants is factored in the saving needs to be reduced by an estimated £12,000</p>	£143,000
<p><u>Extra Care Housing (Kynoch Court):</u>                      No longer providing extra care housing at Kynoch Court would give an estimated saving of £192,000, less the estimated costs of providing domiciliary care to the existing residents (111,000) would save £81,000 in 2016/17</p>	£81,000
<b>Total estimated savings for the proposals in 2016/17</b>	<b>£484,000</b>

4.4 The estimated income from charging related to these proposals is as follows (to be phased in over 3 years 2016-19):

	Yr1	Yr2	Yr3
Day Care	£2,020	£50,894	£94,276
Transport	£2,649	£2,649	£2,649
Alarm	£117,902	£117,902	£117,902
Elizabeth Gardens	£8,164	£8,164	£8,164
Sitting Service	£11,956	£11,956	£11,956
Carers Centre	£42,720	£48,935	£55,150
<b>Forecast Total</b>	<b>£185,411</b>	<b>£240,500</b>	<b>£290,097</b>
<b>Assumptions</b>			
1. All current service users remain active.			
2. Service levels remain constant			
3. Contribution levels remain constant.			
4. No growth or throughput has been factored.			
5. No alterations in other non-residential service provisions have been factored in.			

## Issues and actions arising from the consultation

- 4.5 Clearly, if there were other options, the Council would not choose to propose reductions in services, or increases in charges, for adult social care in Thurrock. In considering the proposals for change contained in this report account has been taken of the responses to the consultation. In particular:
- 4.5.1 Means testing will limit the full impact of any increase in charges to around 20% of service users, although a number of others, who make some contribution to the costs of their service may also see an increase. To limit the impact of this, financial and benefits assessments will be offered to all affected;
  - 4.5.2 Transitional protection will ensure that existing tenants in extra care housing pay no more for their housing and social care than they do at present. Further, the proposed changes at Piggs Corner and Kynoch Court will in time result in an enhanced service and increased number of extra care places in the Borough;
  - 4.5.3 In the light of the responses to day care proposals, further work will be undertaken to develop more flexible community based offers, to scope a more specialised offer for people with dementia, to continue to offer transport to all who are assessed as requiring it, and to make these offers available to service users who fund their own social care;
  - 4.5.4 Phasing in the proposed increase in the cost of day care to half the full cost over 3 years, with only a small increase from the present level of charge in the first year; will ease the effect of the increase initially and allow account to be taken of the impact of the increase on service users;
  - 4.5.5 As noted in the consultation summary in Appendix 1 below, the proposals to charge up to half the full cost for short breaks would result in substantial increases in costs for some service users. It is also not clear that with the effect of means testing any significant increase in income would result. For these reasons it is recommended the proposal is not progressed;
  - 4.5.6 In preparing the Equality Impact Assessment full account will be taken of the evidence submitted by Thurrock Coalition on the impact of the proposed changes to the provision of adult social care in Thurrock, and all recommendations for mitigation will be examined in detail with consequent action proposed in a report to Cabinet in February 2016.

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

- 5.1 In line with the recommendation of the Committee at its meeting on 23 July a consultation on the proposed changes to the provision of adult social care was undertaken over 12 weeks between 14 September and 7 December 2015.
- 5.2 Two questionnaires were produced (one an easy read version for people with learning disabilities) and were published on the consultation portal. Letters were sent with the questionnaires to some 2,800 users of non residential services in Thurrock. In addition Thurrock Coalition and Healthwatch Thurrock held meetings and events across the Borough during the consultation period. The Council also ran briefings for staff and providers, attended the Thurrock Over Fifties Forum and met leaseholders at Elizabeth Gardens to discuss the proposed changes.
- 5.3 In total 528 separate responses were received. These have been entered onto the consultation data base to inform the analysis contained in this report.
- 5.4 In the “About You” section of the questionnaire 72% of those responding to the questions gave their age as 60 years or more, 68% said they were female and 30% male, and 52% indicated they considered themselves to be a disabled person:

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

- 6.1 These are dealt with in the body of the report.

## **7. Implications**

### **7.1 Financial**

Implications verified by: **Kay Goodacre**  
**Finance Manager**

The proposed cost savings measures and proposed increases in charges set out in this report are required in order to ensure that the overall savings target within the Medium Term Financial Strategy is delivered. A decision on implementing the proposals will need to be taken by Cabinet, taking account of the views of the Committee, and the Council’s statutory responsibilities.

### **7.2 Legal**

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

This consultation has been undertaken in accordance with the Thurrock Joint Compact between the Council and third sector partners. A Community and

Equality Impact Assessment is currently being prepared in line with the Council's policy. A further report will be made to Cabinet in February for final agreement on the proposed changes to the provision of adult social care as set out in the report.

### 7.3 **Diversity and Equality**

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

A Community and Equality Impact Assessment, taking account of the consultation responses and the Submission from Thurrock Coalition on the impact of the proposed changes is being prepared. When finalised, this will be signed off by the Head of Adult Services and matters relevant to the implementation of the proposals, including mitigation measures for negative impacts, will be reported to Cabinet alongside any recommendations for changes to provision and charges they are asked to approve.

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

These are covered in the body of the report.

### 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):

- The consultation questionnaires can be viewed on the Have my say page of the Council's website or via: <https://consult.thurrock.gov.uk/portal>
- The Council Consultation Portal contains data from all 528 responses received to the consultation on proposed changes to adult social care in Thurrock.
- Summary report on the impact of the proposed changes from Thurrock Coalition.

### 9. **Appendices to the report**

1. Summary analysis of the consultation responses
2. Summary report on the impact of the proposed changes from Thurrock Coalition

#### **Report Author:**

Christopher Smith

Programme Manager

Adults, Health and Commissioning

**CONSULTATION SUMMARY****1. Proposed changes affecting Day Care for older people and the Carers' Centre**

- 1.1 This consultation concerned a proposal to reduce the number of day care centres and also to offer day care on a more flexible basis. Opinion was somewhat divided with 58% of responses supporting the change to the use of larger sites and around 42% of the respondents indicating they were opposed. Those supporting the change cited the potential benefits of providing more efficient and flexible services, while others said that larger centres were more likely to be impersonal, and that this may adversely affect people with dementia. Getting the transport right was also felt to be a major factor in improving the offer because some service users spend a significant amount of time travelling to day care centres.
- 1.2 Some 88% of respondents supported the proposal to offer more flexible day care, some noting that a whole day was too long. However, a number said that because of the travel time a shorter period of day care would not be worthwhile as it would mean the carer would not have a sufficient break from caring duties.
- 1.3 There was near universal support (97%) for offering day care to those who pay for their social care, with many respondents arguing the benefits of day care should be available to all who need it.
- 1.4 Opinion was divided on whether to provide specialised day care for people with dementia or whether day care services should aim to meet all needs. The 56% who supported specialised day care commented that the care needs were different to those of other users and that staff require specialised training to meet their needs. The 37% who indicated they were opposed to segregated provision commented that service users with dementia benefited from socialising with others who do not have the condition, especially at the early stages of the condition.
- 1.5 In relation to travelling to day care centres, 57% felt that transport should be offered only to those who cannot arrange their own transport or use public transport. However, the 37% who felt it should be offered to all noted the frequent limitations of public transport and the difficulties people with memory loss face in using it.

**2. Charges for non-residential adult social care services**

- 2.1 This consultation concerned a proposal to increase charges for a range of social care services including day care, the Sitting Service, Transport, Short Breaks and Careline. There were 352 responses to this question although many indicated they would be affected by a number of the services subject to consultation.

2.2 While a number of commented that it was not unreasonable to increase charges as proposed, and were sympathetic about the challenges faced by the Council, 62% strongly disagreed with the proposal to increase the cost of short breaks. A number commented that they would not be able to use the service(s) because it would be unaffordable, and that it would have an adverse effect on their capacity to provide care. Others asked for reassurance that a means test would be applied to ensure those of limited means would still be able to receive the services. Modelling undertaken to estimate the potential income raised from an increase in charges suggests around 30% of current service would be entirely unaffected, around 20% would expect to pay the full cost of the increase and the remainder may have to pay more depending on a financial assessment. The provision of Direct Payments may also be an effective way to mitigate the impact of this change especially with regard to short breaks.

2.3 In relation to the provision of day care services a number of respondents commented that volunteers and community groups could be used to improve the quality and diversity of what is offered, and that this would also have a positive effect on costs.

### **3. Equipment and adaptations costs less than £50**

3.1 This proposal is to change the list of equipment and adaptations the Council provides so that items costing less than £50 are excluded. This reasoning is that most who need these items could themselves, or their carers, source them from the high street or the internet often at lower cost. There were 287 respondents who said this proposal would affect them.

3.2 In response to the consultation, suggestions were made that costs could be saved if more equipment was recycled. A review of the current arrangements shows that the Council recycles or re-uses most of the equipment that is not designated as single use, in conjunction with the community equipment provider ECL (formerly Essex Cares).

3.3 While 58% of respondents strongly disagreed with the proposal, a significant number who provided comments were in support. A number sought assurances that assistance would be available in cases of real hardship or where a person does not have the capacity to source the equipment themselves, or with the help of family or carers.

### **4. The provision of Extra Care Housing**

4.1 This concerns the proposal to stop providing extra care at Kynoch Court and to increase the number of flats used for extra care at Piggs Corner. The consultation also concerned action to ensure all residents are clear about the charges for care and support at Elizabeth Gardens.

- 4.2 A number of respondents described the proposals as sensible while other expressed concern about closing extra care provision when there is an ageing population.
- 4.3 A number of respondents expressed concern about the obligation to pay for the 24/7 care and support service at Elizabeth Gardens which is intended to provide piece of mind but which they said they did not use.

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## **Submission in relation to the impact of proposed changes to the way Social Care is provided in Thurrock**

### **Summary Report to the Thurrock Health & Well-Being Overview & Scrutiny Committee – January 2016**

#### **Introduction**

Thurrock Coalition offers advice and support for disabled and older residents of Thurrock and their carers. We are a wide network of individuals and groups aiming to inform people about their rights and entitlements and to improve the quality and choice of services that might assist them.

One of our main aims and key functions is to consult and engage with residents of Thurrock to help shape and influence Thurrock Council policies and strategies around Adult Social Care, with a particular focus upon personalisation, service improvement and the maximisation of choice and control for the people we support.

It is on this basis that Thurrock Coalition gathered the input and feedback as part of the consultation on proposed changes to the way Social Care is provided in Thurrock and drafted this report and recommendations, providing evidence to inform the Local Authority's Equality Impact Assessment.

#### **Background to Thurrock Coalition**

**Thurrock Coalition** is the formally recognised Disabled Peoples' User Led Organisation for Thurrock, comprising of:

**Thurrock Lifestyle Solutions (TLS)** is founded on the concept of Community Solutions, using disabled people as its experts by experience. TLS has developed several models of supporting people to live lifestyles of choice in the community. Currently TLS supports a Lifestyle in Transition house, training people to live independently, providing Personal Assistants, enabling people to find paid work and supporting young people in transition. A team of Lifestyle Enablers is developing opportunities for inclusive education, employment and social opportunities.

**Thurrock Diversity Network (TDN)** is a Society for the Benefit of the Community, working for the benefit of disabled adult residents of Thurrock through the promotion of citizenship and the development of inclusive communities. We support and encourage disabled people's active participation and full integration into society.

Thurrock Diversity Network campaigns through User-Led consultation and co-production initiatives to shape and influence local and national policies and strategies affecting disabled people of all impairment types. We have a membership base of over 50 individuals and organisations across the borough, and extensive experience in community engagement, benefitting disabled people through the promotion of inclusive communities and active participation. TDN meets monthly to discuss and debate issues of import to disabled people, their families, carers and support organisations, which then informs, influences and shapes the agenda of the Disability Partnership Board held quarterly with Thurrock Council. TDN highlights and responds to issues, hosting and facilitating events and surveys of contemporary interest to improve the provision of services which facilitate independent living.

**Thurrock Centre For Independent Living (TCIL)** provides extensive advice, information, advocacy, support, guidance and peer support to disabled people, older people, their families and carers - Offering a “one stop shop” for information on disability-related issues, including rights, entitlements, social activities, well-being, signposting individuals where necessary. TCIL is situated in the heart of Thurrock and operates from fully accessible premises.

**Thurrock Mind** is a local independent organisation affiliated to National Mind that was founded over 30 years ago in order to provide a user-led basis upon which to develop local services to support those with mental health problems in the community. Thurrock Mind offers services that promote effective social inclusion; Community Bridge Builders, a Wellbeing Centre, Befriending and a Stepping Stones gardening project.

The 4 Organisations detailed above form Thurrock Coalition, and collectively we engage directly with approximately 1000 people and 100 plus community organisations.

### **The Consultation on proposed changes to the way Social Care is provided in Thurrock**

**The proposals relate to the following areas:**

- **Review of Equipment Services in Thurrock**
- **Review of Charging for Adult Social Care Services**
- **Review of Day Care Services in Thurrock**
- **Review of Extra Care Services in Thurrock**

**Each proposal is dealt with in turn**

As Thurrock Coalition we are very concerned about the impact that any proposed changes to adult social care services will have on the individuals concerned, primarily older, vulnerable people, carers, and family members.

As part of the consultation process regarding the impact of any changes to Equipment Services in Thurrock, we have distributed the consultation documents to our members and partner organisations, community groups, events and networks to gather views and feedback and held a series of 5 dedicated consultation workshops

through September to December 2015 to discuss the potential impacts of the proposed changes and to discuss solutions and suggest alternatives.

### **Consultation Programme Breakdown – throughout October and November 2015**

<u>Venue</u>	<u>Details</u>	<u>Responses/Feedback Received</u>
Thurrock Stroke Project, Civic Hall, Blackshots, Grays. Carers Centre, Cromwell Road, Grays. The Beehive, West Street, Grays, Essex RM17 6XP. Thurrock Over Fifties Forum. Thurrock Older Peoples Parliament Thurrock Diversity Network Thurrock Mental Health Service User & Carer Forum, CARIADS, One Community, Tilbury. Trans-Vol Customers	Consultation & Outreach Events	63

The snapshot evidence from individuals, carers, family members and representatives from Thurrock Coalition, Thurrock Diversity Network, Thurrock Unsighted Peoples' Society (TUPS), Thurrock Over Fifties Forum (TOFF), Thurrock Centre for Independent Living, Thurrock Diversity Network, CARIADS. Thurrock Lifestyle Solutions, Thurrock Mind, Parent Advisory Team Thurrock, BATIAS and the Stroke Project can be found in the body of the report.

### **The Protected Characteristics**

The following provides an overview of the relevance of the proposed changes to the Protected Characteristics under the Equality Act 2010 and where identified, action to mitigate any impact.

**Age:** The proposals for change the way Adult Social Care is provided are aimed at Older and disabled people who require items of daily living equipment to help them remain independent and safe at home, the changes could adversely affect those less able to live independently without Equipment based support.

**Disability:** By the nature of the types of services in question, all recipients will have some form of impairment or long term condition, in particular disabled people with mobility or sensory impairments and older people who have some form of impairment(s) associated with ageing.

**Gender reassignment:** No specific issues have been identified in relation to gender reassignment. The services will be provided to people irrespective of, but with respect for their gender reassignment, as this will be taken into consideration in any needs assessment.

**Marriage** – No disproportionate effect intrinsic to the changes as such. However, a proportion of carers are partners. Charging for Carers Services may result in partners not accessing respite.

**Pregnancy/ Maternity** – The proposed changes have no disproportionate effect.

**Race/Ethnicity** – The impact of the proposed changes is not affected by race/ethnicity. No specific issues have been identified in relation to race/ethnicity. The service will be provided to people irrespective of, but with respect for their race/ethnicity, as this will be taken into consideration in any needs assessment.

**Religion/Belief** – The impact of the proposed changes is not affected by religion/belief. No specific issues have been identified in relation to religion/belief. The service will be provided to people irrespective of, but with respect for their religion/belief, as this will be taken into consideration in any needs assessment.

**Sexual Orientation** – The impact of the proposed changes is not affected by sexual orientation. No specific issues have been identified in relation to sexual orientation. The service will be provided to people irrespective of, but with respect for their sexual orientation, as this will be taken into consideration in any needs assessment.

**Gender:** The consequences of the proposed changes fall equally on both genders.

### **Specific Considerations relevant to the proposals**

**Carers/ families:** The proposals around changes to the way Adult Social Care is provided in Thurrock should seek to identify changes which promote independence and choice and facilitate support for carers.

**Cohesion:** Integrating people into communities wherever possible will enable them to access universal services and make links with their own communities, but should not be done at the expense of forgoing much needed support in more personalised and appropriate settings for each individual concerned (see below).

**Social Exclusion:** The proposals around changes to the way Adult Social Care is provided in Thurrock will need to ensure that socially excluded people are not disproportionately disadvantaged as a result of these changes.

**Snapshot of evidence, feedback & views on in- year savings proposals that Thurrock Council are recommending around changes to Equipment, Charging, Day Care and Extra Care.**

## **Charging for Equipment under £50**

**Summarise any information you have about the diversity of the people potentially impacted by the reductions in Equipment Provision and any research on the issues effecting their inclusion. Note: (Stopping issuing equipment under £50. People will need to pay for this themselves)**

- **Consider evidence in relation to Disability (including evidence relating to access and inclusive design)**

- This makes a hierarchy of impairments for equipment – people with sensory impairments will be more affected than people with learning difficulties
- Relatives/carers will have to foot the bill
- People who have no relatives get no support
- What about people who have life limiting conditions – will the support provision be good enough?
- How will people get advice and information on how/where/when to get equipment fitted correctly and safely
- People with mobility difficulties will not be able to fit/measure/install equipment safely themselves – they won't have the right support
- People in receipt of benefits have less disposable income to spend on equipment
- Who will fit a £50 grab rail if it falls off?
- How does the proposal intend to deal with replacements and repairs?
- The costs could increase through “mission creep” over time
- Disabled people already face an added costs penalty of living with an impairment

**How could the reductions to Equipment Provision impact on Disabled/older people/carers?**

- Having less support means peoples' conditions become more likely to deteriorate and require more costly support in the longer terms
- Carers may have to increase the remit of their caring role and care for longer
- Carers will become ill
- The Council will not be fulfilling their Statutory duty to reduce, remove or delay the need for care (under the Care Act 2014)
- A staff Team will mean a longer wait for Equipment assessments, therefore people may deteriorate whilst waiting
- People will become more isolated which could lead to mental health conditions, and a potential increase in suicides.
- Moving people and changing routines will result in undue stress

## **Additional considerations around Charging for Equipment under £50**

Simple Aids to daily Living are an effective way to help residents maintain independence in the home and outdoors.

There are a variety of low cost items, averaging £20 or less on the market to help with activities, however, Disabled people are half as likely to be employed and half as likely to have no educational qualification.

According to the Employers Forum on Disability, one in five disabled people in the UK are unemployed but want to work; this compares to one in 15 of non-disabled people. 44.3% of working age disabled people are economically inactive. This figure is nearly 4 times higher than non-disabled people (11.5%). Disabled people are 4 times more likely to be out of work than non-disabled people. (Joseph Rowntree Foundation 2014).

The issue will be for those people who are unable or unwilling to self-purchase such items which results in compromising their safety and well-being, which in turn impacts upon statutory duties around promotion of “Well-Being.”

The changes would also disproportionately impact Disabled people in terms of their economic situation, given that disabled people are less likely to be employed and thus economically active compared to non-disabled people:

*According to the Labour Force Survey, disabled people are now more likely to be employed than they were in 2002, but disabled people remain significantly less likely to be in employment than non-disabled people. In 2012, 46.3% of working-age disabled people are in employment compared to 76.4% of working-age non-disabled people. There is therefore a 30.1 percentage point gap between disabled and non-disabled people, representing over 2 million people. The gap has reduced by 10 percentage points over the last 14 years and has remained stable over the last two years despite the economic climate.<sup>1</sup>*

Furthermore, tightening eligibility criteria for equipment could have an adverse effect upon the ability of disabled people to live independently if their access to necessary and vital equipment is curtailed through an additional costs barrier. This is particularly important given that “Over a quarter of disabled people say that they do not frequently have choice and control over their daily lives.”<sup>2</sup>

It must be noted that such specialised equipment, even if small, is essential to support disabled people to live independent lives. The price tag often associated with purchases (especially if bought on the High Street from specialist retailers) of this kind can take up a high proportion of the income of disabled people, their families

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<sup>1</sup> DWP Office for Disability Issues – Disability Facts & Figures. Available at: <https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures#employment>

<sup>2</sup> Source: ONS Opinions Survey 2011

and carers. The critical importance of disability equipment to the lives of disabled people makes it an important area to consider further.

For example, taking an electric tin opener – if bought at a specialist retailer can cost up to £15.00, but online can be purchased for £4.14 - £10.95<sup>3</sup>. A bath board purchased on the High Street can cost £35-45, but online costs around £15 (see above).

However, the Disability Digital Divide presents a barrier to disabled people accessing the Internet, and in turn limiting the ability of purchasing cheaper equipment themselves.

The potential for the Internet and mainstream technology to have a positive impact upon Disabled people (of whom there are 11 million nationwide) is yet to be realised. A recent report from Scope and the Helen Hamlyn Centre for Design highlights the following issues that need to be addressed.

- Disabled people still face a huge digital divide – and that many still have to choose between expensive specialist equipment, or inaccessible mainstream gadgets.
- Technology built for disabled people is expensive, low functionality, and often requires specialist knowledge to adapt
- Mainstream technology, like iPads and Windows Tablets, is cheaper and can do much more, but is rarely customised to meet disabled people's needs.

*It is suggested that emphasis needs to be placed upon improving the information available to disabled people about enabling technology. Disabled people are amongst the groups least likely to use the internet, and are 20% less likely to be online than their peers. This is despite the huge potential of services like online shopping and banking to transform the lives of disabled people.<sup>4</sup>*

Therefore, the local authority, if considering removing items from the equipment catalogue, should look at ways of supporting Disabled people to access the Internet and accessible technology as a preventative way of reducing and delaying the need for care.

The local authority should review at least some of the proposed cuts in the provision of care services in light of the budget announcement on the increase in minimum wage. The cost of paying for carers on minimum wage is going to increase by at least 10% from next April (2016) and then 6% a year for the following 4 years. There is going to be a significant increase in the cost of care which is going to have to be met.

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<sup>3</sup> <http://www.completecareshop.co.uk/kitchen-aids/can-and-tin-openers/>

<sup>4</sup> Scope "Enabling Technology" – January 2015. Available at: <http://www.hhc.rca.ac.uk/CMS/files/1.Enabling%20technology%20report%202013%20digital%20technology%20disabled%20people%20Scope%20Helen%20Hamlyn.pdf>

In terms of safeguarding, installation, review, appropriateness and correct usage of small items of equipment, feedback indicates some concerns if the Local Authority stops providing equipment costing under £50, respondents to the consultation would like clarification as to how any equipment purchased will be safely, properly and correctly set up, installed and fitted to ensure safe usage by the Disabled person. Saving money on the equipment provision and the installation thereof risks the health and well-being of vulnerable people who may, slip, trip or fall as a result of incorrectly installed equipment breaking or coming away from the wall(s).

The preventative nature of small items of equipment becomes redundant if an incorrect installation or set up (by untrained friends, family or community members) results in an even short term hospital admission and subsequent healthcare intervention and/or treatment.

**What actions could be taken to reduce/minimise potential negative impacts and deliver positive impacts? Consider possible alternative options that may be available**

**Actions:**

- Provide qualified people to give advice and support to install
- Use a time banking initiative
- Make an exemption for people who lack capacity or have no family or support network
- Train community volunteers in basic Occupational Therapy assessments for small items of equipment. Provide an accredited course.

### **Charging for Adult Social Care Services**

**Summarise any information you have about the diversity of the people potentially impacted by the in- year savings proposal that Thurrock Council are recommending around Charging for Adult Social Care Services and any research on the issues effecting their inclusion.**

**Think about: Respite Services, Assistive Tech, pendants, Blue Badges, Residential Rates**

- **Consider evidence in relation to Disability (including evidence relating to access and inclusive design)**

- Parents, carers and families
- Older people
- Disabled people
- People with more complex needs
- People who are already more socially excluded when not attending Day Care
- People made vulnerable through long-term illness



## **How could the Charging for Adult Social Care Services impact on Disabled/older people/carers?**

### **Cromwell Road & Sitting Service**

- People will be socially isolated as will not access services
- Carers will not get a break, which in turn will lead to more stress and pressure
- Financial pressure on families to try and meet payment

### **Assistive Technology and Pendant Alarms**

- High risk if refuse because of cost. i.e. more falls, hospital admissions etc
- Carers will feel like they are unable to go out and leave the person alone
- Psychological stress on both carers and people who use services – risk of security
- People will become unable to live independently at home with assistive aids

### **Residential Respite**

- If charges are too high (no indication of potential scale or options is given) people won't access service, this will place pressure upon carers that won't get the break they need

### **Day Centres**

- Transport issues – people may not be able to get to the Centres if the days/times/frequency changes and would thus rely upon family, which would defeat the object of respite for the carer
- If only half day/sessional, there may not be time to do anything
- Loss of peer support and sharing knowledge

### **Extra Care**

- If people can't afford charges, they won't get the care that they have been assessed as needing, leading to a risk of more hospital admissions or even residential care
- People can currently stay in their own homes as carers onsite 24/7. If care is commissioned out to so many calls per day, people may not cope and conditions would deteriorate.

## **Additional considerations around Charging for Adult Social Care Services**

Carers will be affected by the proposed changes. Charging for Carer's Services in particular has resulted in a high proportion of feedback that this is deemed an unfair proposal. Many felt that carers save the local authority a large amount of money through their caring role. The change could lead to lower levels of voluntary caring and consequently a greater cost in the longer term. Implementing charging may impact on the recently developed Carers Strategy which has a strong prevention element.

The cost to the Carer may mean they cannot afford valuable time away. Carers may ignore their own health if these charges are implemented having a detrimental effect on the health of carer and cared for, leading to increased costs to services. Carers may become socially isolated. Carer may lose employment and valuable income to take up full time caring role

Family relationships may get strained without respite breaks which could be detrimental to both the carer and the cared for. Carers may stop the caring role they provide. There could be a potentially large increase in service and numbers of assessments, under Section 10 of the Care Act 2014 – requiring only an “appearance of need” which would put more pressure on finances

Concern about costs to implement proposal as well as the cost for assessment with many carers being nil charge payers may not match forecasts for recovery

**What actions could be taken to reduce/minimise potential negative impacts and deliver positive impacts? Consider possible alternative options that may be available**

- Increase charges for those that can afford it (to be determined through financial assessment)
- Outsource services
- Shut one building – not all at full capacity. Then maximise capacity at the other sites (manage any transition in a person-centred manner with dignity & respect)
- Look at sharing premises with other businesses, voluntary organisations etc.

**Day Care**

**Summarise any information you have about the diversity of the people potentially impacted by the in- year savings proposal that Thurrock Council are recommending around reductions in Day Care and any research on the issues effecting their inclusion.**

- **Consider evidence in relation to Disability (including evidence relating to access and inclusive design)**

- Parents, carers and families
- Older people
- Disabled people
- People with more complex needs
- People who are already more socially excluded when not attending Day Care
- People made vulnerable through long-term illness

## How could the reductions in Day Care impact on Disabled/older people/carers?

The reductions or changes around Day Care will result in:

- Emotional stress upon carers
- Lack of respite for carers
- Loss of Therapy for the person
- Safeguarding issues could arise due to lack of opportunity for contact and checking on the well-being (emotional and physical) of vulnerable people
- Increased social isolation
- Reduced opportunity for peer support
- Reduced opportunity for information sharing
- Increase in the numbers and costs of Care Packages – resulting in longer waiting lists – particularly with fewer staff members
- Currently at least 6 months waiting list for Day Care
- Greater demand over time due to changing demographics and the ageing population
- More impact upon G.P. surgery as not seeing anyone
- People pressing the Pendant Alarms to talk to Careline
- Greater pressure on Ambulance Services, when preventative services are not in place, leading to major events resulting in avoidable hospital admissions and higher costs of care

### Additional considerations around Day Care

An increase in an ageing population as well as an increase of people with age-related impairments will mean an even greater need for support in the borough as well as access to services and civic amenities. Changing, removing or reducing Day Care and Carers services will disproportionately impact older people and disabled people.

Age UK “Care in Crisis” Report from 2014<sup>5</sup> highlights several key points in relation to demand for Adult Social Care, reductions in funding, a decrease in the number of people using community services and an increase in residents in residential and nursing homes and unmet need – all when taken in the round, provide a myriad of factors contributing to the challenges facing Older People in Local Authorities across the U.K.

#### Key points

- Increasing demand - The number of people aged 85 and over (the group most likely to need care) has increased by 30 per cent between 2005 and 2014

<sup>5</sup> [http://www.ageuk.org.uk/Documents/EN-GB/Campaigns/CIC/Care\\_in\\_Crisis\\_report\\_2014.pdf?epslanguage=en-GB?dtrk%3Dtrue](http://www.ageuk.org.uk/Documents/EN-GB/Campaigns/CIC/Care_in_Crisis_report_2014.pdf?epslanguage=en-GB?dtrk%3Dtrue)

- Reductions in funding - Between 2005/6 and 2010/11 public funding for older people's social care stagnated. From 2010/11 to 2013/14 public funding for older people's social care (including transfers from the NHS to councils) decreased by 10 per cent in real terms.

Councils have cut back on their funding for social care: From 2010/11 to 2013/14 government funding to councils reduced by 19.6 per cent. Despite increasing the proportion of budget spent on average by councils on adult social care to over 40 per cent in 2013/14, the actual amount spent decreased on average by 20 per cent (£2.8 billion) between 2011/12 and 2013/14.

In today's prices using a GDP deflator, for the financial year 2013/14 - Only 13 per cent of councils considered people with 'moderate' needs eligible for funding in 2013/14, compared with nearly half of councils in 2005/6

- Fewer service users supported by public funding - The proportion of older people in receipt of local authority supported social care services has declined since 2005/6, with a particularly sharp decrease from 2008/9. In 2005/6 15.3 per cent of people aged 65 and over received services. This proportion fell to 9.9 per cent in 2012/13. 896,000 people aged 65 and over received these services in 2012/13, compared with 1,231,000 in 2005/6. 35 per cent of councils have reduced the number of older people using their services by more than 40 per cent between 2005/6 and 2012/13
- Taking account of socio-demographic change, the actual drop in the number of older service users in this period is 36 per cent compared with the scenario had service coverage been maintained at 2005/6 levels.
- Decrease in users of community services - Data on all the people who used local authority supported care services in each year between 2005/6 and 2012/13 showed a decrease in users of community services: Specifically:

The number of older people using day care centres fell by 49 per cent from 136,000 to 69,100.

The number of older people receiving home care fell by 21 per cent from 489,000 to 384,600.

These figures demonstrate that fewer people are benefitting from preventative services that support them to remain in their own homes.

- Increase in residents in residential and nursing homes - Data on all the people who used local authority supported residential and nursing homes in each year between 2005/6 and 2012/13 showed an increase in numbers:

The number of older people using residential care homes rose by 21 per cent from 135,000 to 164,000.

The number of older people using nursing care rose by 22 per cent from 65,000 to 79,000

- Rising contributions from those eligible for public funding - Average fees and charges per service user rose by a relatively small amount between 2005/6 and 2008/9 and then started to rise much more sharply from 2009/10 to 2012/13. On average service users were paying £588 per year more in real terms in 2012/13 than they were paying in 2009/10.
- Unmet need - In 2011, it was estimated that of 2 million older people with care related needs, nearly 800,000 received no support from public or private sector agencies.

## Day Care & Personalisation

A Report from Age UK<sup>6</sup>, highlights the continuing popularity of Day Care as an option for Older people that could co-exist and be complimented by move towards greater personalisation, personal budgets and direct payments:

*Despite their popularity amongst older people, day services are often depicted as an outdated model of service provision that does not reflect what would be wanted within a market shaped by today's older people.*

*This argument is often made in the context of the moves to personalisation and personal budgets, but it is largely based on experience in the learning disability field.*

*There is substantial evidence, that many older people in receipt of personal budgets positively choose to use day services, but there is certainly scope for increasing the personalisation of support within a day service setting.<sup>7</sup>*

### **What actions could be taken to reduce/minimise potential negative impacts and deliver positive impacts? Consider possible alternative options that may be available**

#### **Actions:**

- More Assistive Technology into Extra Care Homes
- Those with Carers could be given option/choice to receive longer Day Care to give the Carer a break
- Keep full days (or provide individual option/choice) – This would also help to reduce numbers of return journeys required each day
- Implement a financial assessment across all eligible services
- Introduce a minimum charge to avoid cost of collection

<sup>6</sup> Age UK: "Effectiveness of day services - Summary of research evidence - October 2011". Available at: [http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Day\\_services\\_evidence%20%20of\\_effectiveness\\_October\\_2011.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Day_services_evidence%20%20of_effectiveness_October_2011.pdf?dtrk=true)

<sup>7</sup> Ibid p.3

## **Extra Care**

**Summarise any information you have about the diversity of the people potentially impacted by the in- year savings proposal that Thurrock Council are recommending around reductions in Extra Care Services and any research on the issues effecting their inclusion.**

- **Consider evidence in relation to Disability (including evidence relating to access and inclusive design)**

- Parents, carers and families
- Older people are disproportionately affected by this proposals
- Disabled people
- People with more complex needs
- People who are already more socially excluded due to their situation
- People made vulnerable through long-term illness

**How could the reductions to Extra Care Services impact on Disabled/older people/carers?**

- Worried about people paying a weekly charge, amounting to £300 per month (particularly those unable to afford it)
- This is a step back towards putting people into institutions – What's happened to the recognition and practical implementation of the Social Model of Disability?
- Having less time or support means peoples' conditions become more likely to deteriorate and require more costly support in the longer terms
- 6 months of a financial year to save £50k is too quick
- Carers may have to increase the remit of their caring role and care for longer
- Carers will become ill
- The Council will not be fulfilling their Statutory duty to reduce, remove or delay the need for care (under the Care Act 2014)
- A smaller Social Work Team will mean a longer wait for assessment, therefore people may deteriorate whilst waiting
- People will become more isolated which could lead to mental health conditions, and a potential increase in suicides.
- Moving people and changing routines will result in undue stress

## Additional considerations around Extra Care Housing

Research from the Housing Learning & Improvement Network<sup>8</sup> shows that there are 5 core elements of Extra Care Housing that help older people to achieve fulfilling, socially-connected lives, through participation, inclusion, activity, improved opportunities for maintenance of health & well-being with onsite support 24/7. These are as follows:

1. *The ethos of extra care housing promotes the concept of a home (and community) for life, independence, homeliness and flexible care pathways.*
2. *The design of extra care housing schemes promotes social contact through 'building in' communal areas and facilities - such as cafes and leisure facilities - that encourage residents to mix. Sometimes these facilities are also open to the wider community.*
3. *Residents of extra care schemes can also participate (or not) in a wide range of activities both onsite and in the wider community. These range from onsite exercise classes through to joining local organisations outside the housing development. Although many residents, particularly the younger and fitter ones, will take part in a range of 'mainstream' activities off-site, the less active ones can still gain the social contact offered by even relatively low-key activities within the housing scheme - such as exercise classes or quizzes.*
4. *With care and support staff available on-site around the clock, new residents have access to some social interaction from the off. Most studies of social wellbeing in extra care note the importance of staff in supporting new residents as they develop and strengthen social relationships. We see this as an in-built sense of community and the fourth building block of social interaction in extra care.*
5. *And finally, there is evidence that extra care housing offers improved health and functional ability with, for example, fewer falls and shorter hospital stays. Residents feel more confident about - and are more capable of - engaging in social activities.*

Source: What Role For Extra Care Housing in a Socially Isolated Landscape?<sup>9</sup>

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<sup>8</sup> <http://www.housinglin.org.uk/>

<sup>9</sup> Full Report available at:

[http://www.housinglin.org.uk/library/Resources/Housing/Support\\_materials/Reports/HLIN\\_Report\\_Isolation.pdf](http://www.housinglin.org.uk/library/Resources/Housing/Support_materials/Reports/HLIN_Report_Isolation.pdf)

**What actions could be taken to reduce/minimise potential negative impacts and deliver positive impacts? Consider possible alternative options that may be available**

**Actions:**

- Council staff are too expensive – recruit cheaper staff to support us
- Focus upon the individual – deliver tailored support on the ground
- If you reduce the numbers, will equality increase?
- Is the development being built in south Ockendon big enough (50+ individuals) to be viable?
- People must be given a full follow up assessment/review after any change
- Promote Asset Based Community Development (ABCD)/ Local Area Co-Ordination (LAC) initiatives – e.g. develop intergenerational groups, baking, dancing, keep fit etc. Make the communal lounges really communal in a meaningful way
- The suggested concierge needs to be properly trained in a wide variety of disciplines and support.

**Conclusion & Recommendations**

- The consultation and outreach exercises engaged people, of a varied demographic and with a range of impairment types each of whom provided valuable insight and input into the consultation around proposed changes to Equipment, Charging, Day Care and Extra Care Provision in Thurrock.
- We recommend that the evidence and information relating to the diversity of people who are likely to be affected, as well as the potential impacts upon the affected groups and the suggested actions to minimise adverse effects contained within the report be adopted to inform the future delivery of Adult Social Care provision wherever possible.
- It is hoped that the evidence, discussions, questions and issues raised throughout the workshops and outreach exercises, along with the references to and application of key policy and good practice documentation will be used by the Local Authority to inform, develop and carry out an Equality Impact Assessment in a positive and meaningful way, informed by person-centred principles alongside the people who use Council Services.



**Health Overview & Scrutiny Committee  
Work Programme  
2015/16**

Dates of Meetings: 23 July 2015, 1 September 2015, 13 October 2015, 1 December 2015, 12 January 2016, 16 February 2016

<b>Topic</b>	<b>Lead Officer</b>	<b>Date</b>
Shaping the Council Budget Update – Proposals from Adult Social Care to meet savings target	Roger Harris	23 July 2015
Transforming Adult Social Care	Roger Harris/Ceri Armstrong	23 July 2015
Thurrock Walk-in-Centre	Mandy Ansell	23 July 2015
Success Regime	Mandy Ansell	23 July 2015
Primary Care	NHS England	23 July 2015
Reduction in Public Health Grant	Roger Harris/Ian Wake	23 July 2015
MEETING CANCELLED DUE TO INSUFFICIENT BUSINESS		1 September 2015
Items raised by HealthWatch (include Coach House)	Kim James	13 October 2015
Annual Complaints Report	Harminder Dhillon	13 October 2015
Consultation on proposed changes to the way Social Care is provided in Thurrock	Roger Harris	13 October 2015
Meals on Wheels Update	Roger Harris	13 October 2015
Annual Public Health Report 2014	Ian Wake	13 October 2015
Regeneration, Air Quality and Health	Ian Wake	13 October 2015

Last Updated: 3 December 2015

Learning Disability Health Checks	Alison Cowie, Head of Primary Care Commissioning, NHS England	1 December 2015
Primary Care	Mandy Ansell – NHS England	1 December 2015
Success Regime	Mandy Ansell	1 December 2015
Local Account 2015	Roger Harris	1 December 2015
Items raised by HealthWatch (to include Coach House)	Kim James	1 December 2015
Shaping the Council Budget Update - Change to the Fees and Charges	Laura Last / Sean Clark	12 January 2016
Draft Health and Wellbeing Strategy 2016-2019	Ceri Armstrong	12 January 2016
Consultation on proposed changes to the way Social Care is provided in Thurrock	Roger Harris	12 January 2016
Items raised by HealthWatch	Kim James	12 January 2016
Shaping the Council Budget Update on themed items as and when required	Sean Clark	16 February 2016
Learning Disability Health Checks	Alasdair McIntyre – NHS England	16 February 2016
Final Draft Health and Wellbeing Strategy 2016-2019	Ceri Armstrong	16 February 2016
Regeneration, Air Quality and Health	Ian Wake	16 February 2016
Items raised by HealthWatch	Kim James	16 February 2016

Primary Care to be brought back to the meeting in March