

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 **17 January 2017**

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

## Membership:

Councillors Victoria Holloway (Chair), Graham Snell (Vice-Chair), Gary Collins, Tony Fish, Angela Sheridan and Aaron Watkins

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

## Substitutes:

Councillors Tim Aker, Jan Baker and Joycelyn Redsell

## Agenda

Open to Public and Press

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<b>1. Apologies for Absence</b>	
<b>2. Minutes</b>	<b>5 - 16</b>
To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 10 November 2016.	
<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>	

<b>5.</b>	<b>Items raised by HealthWatch</b>	
<b>6.</b>	<b>Fees &amp; Charges Pricing Strategy 2017/18</b>	<b>17 - 24</b>
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In each case, Members are asked to decide whether, in all the circumstances, the public interest in maintaining the exemption (and discussing the matter in private) outweighs the public interest in disclosing the information.

<b>10.</b>	<b>EXEMPT - Item 8 - Appendix 2 - East Tilbury Primary Care Intervention Plan</b>	<b>45 - 46</b>
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Agenda published on: **9 January 2017**

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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 10 November 2016 at 7.00 pm

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- Present:** Councillors Victoria Holloway (Chair), Graham Snell (Vice-Chair), Gary Collins, Tony Fish, Angela Sheridan and Aaron Watkins
- Ian Evans, Thurrock Coalition Representative
- Apologies:** Mandy Ansell, (Acting) Interim Accountable Officer, Thurrock NHS Clinical Commissioning Group  
Kim James, Healthwatch Thurrock Representative
- In attendance:** Roger Harris, Corporate Director of Adults, Housing and Health  
Ian Wake, Director of Public Health  
Kay Goodacre, Corporate Finance  
Funmi Worrell, Public Health Registrar  
Wendy Smith, Interim Communications Lead, Mid and South Essex Success Regime, NHS England  
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.

### **24. Minutes**

The Minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 15 September 2016 were approved as a correct record.

### **25. Urgent Items**

There were no items of urgent business.

### **26. Declarations of Interests**

No interests were declared.

### **27. Items Raised by Healthwatch**

In Kim James' absence no items were raised by Healthwatch.

### **28. Update on Mid and South Essex Success Regime**

Wendy Smith the Interim Communications Lead, Mid and South Essex Success Regime for NHS England presented the report which informed Members of the considerable amount of the work that had been undertaken

since this item was raised at the 9 June 2016, Health and Wellbeing Overview and Scrutiny Committee which included:

- Developed localities where General Practitioners (GPs) services, community, mental health, social care and other public services worked closer together.
- Thurrock Clinical Commissioning Groups (CCG) led on the development of the new model of care for frailty looking after older and frail people in the community.
- Working groups looking at emergency and acute care, surgery, women and children services.

Wendy Smith stated that the work currently being undertaken on the mid and south Essex Success Regime had tended to be the main focus which was attracting the most attention, although not necessarily the most important. Any potential changes in the hospitals would require detailed public consultations and a particular National Health Service (NHS) process would need to be followed.

A group of around 70-80 doctors and nurses from across the three hospitals involved had come up with their thoughts on a single Specialised Emergency Hospital. All three sites would have accident and emergency care and also separate out the planned operations from emergency care which would give an opportunity to use the capacity at the specialised hospital to develop a centre of excellence. Wendy Smith stated that discussions and workshops had taken place supported by Thurrock Healthwatch.

It had been anticipated that a business case would have been ready for national assurance at this point but Wendy Smith stated that agreement had been sought to extend the period for developing the business case for further engagement. The Options Appraisal Process had been extended until early February 2017 with the Business Case being ready by the beginning of March 2017.

Councillor Watkins thanked Wendy Smith for the report but asked what the timescales were for pushing this work forward to ensure that the level of general practitioners was as it should be in Thurrock. Wendy Smith stated that it was difficult to put a detailed timescale to this as this was still a developing process but stated that the further engagement required would not put a halt to any of the work already undertaken on the primary care services in Thurrock.

Councillor Watkins asked for assurance that the engagement and consultation process should include those elderly residents that could not necessarily travel to the proposed hospital destinations. Wendy Smith stated that from the 20 workshops held travel distances was one of the biggest topic discussed.

The Chair and Members agreed that a Success Regime Update be added to the work programme.



The Chair asked for assurance for residents who had concerns on the quality and capacity of the ambulance services. Wendy Smith stated that this information would form part of further discussion and consultation documents but there were downsides which included the consideration of carers and families of patients who may have to travel distances to visit which could prove stressful.

Councillor Collins thanked Wendy Smith for her report and asked what the challenges they were facing. Wendy Smith stated one of the main challenges was recruitment with London attracting the more talented doctors and nurses with a higher rate of pay. Anglia Ruskin University are looking to create the first medical school in Essex. One challenge was that all three hospitals were looking for the same type of professionals. Although this was the opportunity to development the hospitals to make them more attractive to the workforce, provide training and rotational postings.

Councillors Collins asked could nursing accommodation be provided. Wendy Smith agreed to take this back as a suggestion.

Roger Harris stated that the Portfolio Holder for Health and Education was looking at key worker housing schemes for nursing staff in Thurrock which could help with renting accommodation or helping with deposits. The Portfolio Holder will take the report and proposal to Cabinet at some point.

Councillor Collins asked could council flats be made available for nursing staff. Roger Harris stated that arrangements could be made with private landlords and new builds and that the key worker housing scheme would be potentially available for social care workers, teachers and nursing staff.

Councillor Fish asked what, in further discussions, would the overriding factors be. Wendy Smith stated that potentially any of the three hospitals could be a specialised emergency hospital so further detailed discussions would still need to be held.

Councillor Snell stated that the downside to this proposal was when patients may need to spend longer in hospital and what plans would be in place to bring patients back to their local area for continued care. Wendy Smith stated that this was the plan; patients would attend the specialist hospital for treatment but be transferred back to a local hospital once the specialist care had finished.

Councillor Snell stated that Thurrock had health hubs which took pressure of hospitals but Thurrock was not quite there and could the proposal wait for Thurrock to catch up. Wendy Smith stated that there would be no point in making changes unless they were confident that it would not work. Work needed to be done to separate the planned work from the emergency work and this took time to develop.

Ian Wake asked Wendy Smith how this proposal would assist the £100 million deficit as agency staff were being used, the demand for unplanned care for

emergency care was going through the ceiling and how the redesigning of new hospitals was being addressed. Wendy Smith stated that the redesigning of the hospitals was not about saving all that money but reinvest in the prevention and work with people who had higher risks of illness to ensure that more can be done to plan the care required.

Ian Wake asked Wendy Smith to clarify that part of the redesigning of the hospitals was to release money into primary and community care. Wendy Smith stated that was the plan that by reducing the amount to be spent by buying hospital care would release investment into the community.

## **29. Council Spending Review Update**

Kay Goodacre, Corporate Finance Officer, presented the report that summarised the main changes to the Medium Term Financial Strategy for the period 2017/18 through to 2019/20 and the governance structure for the Council Spending Review and Transformation Programme, including the budget planning table enabling agreement of the budget in February 2017.

The report updated the committee on the proposals currently being considered and how this would affect budgets with the assumption that an increase of 3.99 per cent be made to the council tax each year, which included the 2 per cent adult social care precept.

The Officer briefed members on the strategy to close the budget gap which had been set out in the Medium Term Financial Strategy and would focus on 3 key areas:

- Income generation – increases to the Council's commercial trading base.
- Achieving more/same for less – further transformational projects and contract reviews.
- Demand management/early intervention – example given included the Area Co-ordinators and Community Hubs.

Roger Harris informed Members the specifically items that related to the position in adult social care which had recently attracted some national media coverage and highlighted the problems such as the increase in costs and demand. Roger Harris briefly covered the range of pressures facing the adult social care budget but stated that the numbers into adult social care had stabilised but the unit costs had increased due to complex health needs.

The measures put in place to control the costs and manage the demand where covered by Roger Harris but stated that the position going forward that the social care sector across the board are facing a difficult budget position next year and briefed Members on the short, medium and long term solutions.

Councillor Fish asked what the impact of the savings would be on those individuals on a care plan. Roger Harris stated that each individual care plan would need to be drilled down to establish any savings that could be made as

placement circumstances may change. Any changes to a care plan would be driven by the individual care needs which would be the statutory duty of the council as care needs do change.

Councillor Fish asked if the service re-design was being done in co-production. Roger Harris stated that yes this was and was looking at successful models such as the Thurrock Lifestyle Solutions which had been done using the co-production method.

Councillor Fish asked would only those people with critical needs receive the funded packages. Roger Harris stated that there was now a national eligible criteria and would still be based on an individual's care needs.

The Chair asked how the reassessment process was being undertaken and to ensure that individuals were getting the care required rather than making individuals more anxious with unnecessary checks. Roger Harris stated that these checks would be undertaken on a one to one basis based on individual needs and as part of an annual review.

Councillor Collins asked Officers to explain Micro Enterprise. Roger Harris stated that this was a project that was doing very well that identified small businesses to delivery social care in Thurrock.

Ian Evans asked Officers whether a consultation process would be undertaken for the reviewing of voluntary sector grants and any other significant changes. Roger Harris stated that this would be a Members decision but any proposals would be a statutory requirement and require a formal public consultation.

Councillor Snell agreed with Councillor Collins on the good work undertaken by the Micro Enterprises.

Councillor Snell asked Officers whether the introduction of Local Area Coordinators (LAC) had saved the Council money. Roger Harris stated that was a difficult question to answer and was currently in discussions with Les Billingham, but it was evident that having LACs had diverted work away into different areas and that there was a wealth of evidence from residents such as case studies and testimonials.

Ian Wake agreed that it was difficult to scientifically prove but there was substantial evidence to say that it was working. Ian Wake stated that he will be working off site with Les Billingham and Ceri Armstrong to look into what methodology could be used

Councillor Fish stated that he volunteered at the Tilbury Hub and what a fantastic job the team did to enhance the quality of life for residents.

## RESOLVED

1. That the Health and Wellbeing Overview and Scrutiny Committee note the revised Medium Term Financial Strategy position and the Council Spending Review approach and timetable.
2. That the Health and Wellbeing Overview and Scrutiny Committee comment on the proposals currently being considered within the remit of this committee.

*Kay Goodacre left the committee room at 8.05pm.*

### 30. Cancer Deep Dive (Health Needs Assessment) in Thurrock

Members requested at the 9 June 2016, Health and Wellbeing Overview and Scrutiny Committee, that this report be brought back for further update.

Funmi Worrell, Public Health Registrar, presented the report and thoroughly explained to Members that this report had been produced as part of the core Public Health offer to the National Health Service (NHS) Thurrock Clinical Commissioning Group (CCG) and that the report and action plan considered all elements of the cancer care pathway, from prevention, screening and the referral process through to diagnosis, treatment and survival.

Funmi Worrell referred Members to the Cancer Action Implementation Plan which identified past and future actions made by the Thurrock Cancer Action Implementation Group.

The Chair thanked Funmi Worrell for the detailed report.

Councillor Watkins asked whether the screening services could be incorporated into secondary school activities to ensure that younger children are educated from an early age and possibly offering these screening services at events such as football matches or local promotion events to capture those patients that may be afraid or scared to have check-ups and may feel more comfortable in larger numbers to ask for information. Funmi Worrell stated that the most appropriate health actions would be taken and that not all services would be age appropriate. The aim would be to target audiences using campaigns and national promotions and informed Members that the Bowel Cancer campaign will be launched in January 2017.

Councillor Watkins asked what improvements had been made from the statistics provided. Funmi Worrell stated that the 2 week indicator of patient's referral with suspected cancer and that the one year survival rates year had improved.

Councillor Fish stated that only 11 out of the 32 practice populations achieved the minimum 70 per cent coverage was a concern and asked Officers what concrete outcomes would be taken forward. Funmi Worrell stated that details of those practices performing poorly were available and targeted on how they

could be improved. This item was also discussed at the Clinical Effectiveness Group.

Councillor Snell asked what was being done to identify those patients that missed appointments. Funmi Worrell stated that there was a system in place which contacted patients who had missed appointments to try and arrange another or the general practitioner would make contact to find out if there was an underlying problem with the patient not attending.

Councillor Sheridan asked Officers if anything could be done to educating residents to the dangers of using sun beds. Funmi Worrell commented that this was a big issue and that discussions between Public Health and Trading Standards had taken place.

Councillor Sheridan asked whether a “mole” chart could be made available especially in locker rooms in schools and gym changing rooms. Funmi Worrell stated that there was already a national campaign focussing on skin cancer in your people.

Councillor Collins asked Officers how the various lengths of time that survival rates were calculated. Funmi Worrell stated information was available for 1 and 5 year cancer survival rates and that we had data for 10 and 20 year survival rates, however, this data should not be compared to survival rates today because the data was 10-20 years old.

Ian Wake stated that advances in cancer treatment showed that survival rates were much higher today than they were decades ago due to innovations in screening, diagnosis and treatment over the years and that survival rates were different for different cancers and it might not be appropriate to compare the survival rates of one cancer to another.

Councillor Collins asked Officers for further information on the 10 year survival rates. Funmi Worrell agreed to send the findings to Members.

Councillor Snell suggested that the word “should” be removed from recommendation 1.2 to which all Members agreed.

## **RESOLVED**

- 1. That the Health and Wellbeing Overview and Scrutiny Committee comment on the contents of this report and action plans.**
- 2. That the Health and Wellbeing Overview and Scrutiny Committee support the work done by public health, CCG colleagues and other partners to improve cancer services and outcomes in Thurrock.**

### **31. Domiciliary Care - New Service Model and Proposed Procurement**

Roger Harris, Corporate Director of Adults, Housing and Health, presented the report that provided Members with an update on the current local domiciliary care situation and the effects that the current difficulties had on the service delivery in Thurrock. Roger Harris stated that the situation was extremely serious in Thurrock for the main three reasons:

1. Recruitment of carers into domiciliary care roles.
2. Rates paid by the Council to providers.
3. The quality of some providers in Thurrock was quite poor.

The report detailed the new direction of travel to support people at home and how this new approach would be an integral part of the second phase of Building Positive Futures, Living Well in Thurrock. It provided Members with an update on the progression of the Living Well at Home Project and how the current crisis had impacted on the delivery and implementation of the pilot.

Roger Harris highlighted the delays in the service, the waiting lists and the number of missed calls which were being addressed and monitored through the weekly improvement meetings.

Roger Harris stated that there was no immediate resolution that the situation would be fixed.

The Chair thanked Roger Harris for his honesty and asked if he could give Members his 100 per cent assurance that Thurrock residents that were currently looked after that they were safe and satisfied with the service.

Roger Harris stated that he could not give 100 per cent reassurance that the service currently provided was fully or delivering the quality expected. Individual care packages would be looked at on a one to one basis and rated using Red Amber Green (RAG). Roger Harris's concern was that the service was not sustainable and that long term solutions were required.

#### **RESOLVED**

- 1. That the Health and Wellbeing Overview and Scrutiny Committee note the current situation as regards to domiciliary care in Thurrock and the measures being taken by the department to stabilise the situation.**
- 2. That the Health and Wellbeing Overview and Scrutiny Committee agree the future redesign of the service model to support people to live well at home.**
- 3. That the item be added to the work programme for 17 January 2017.**

## **32. Annual Report of The Director of Public Health 2016**

Ian Wake, Director of Public Health, presented the Thurrock Annual Public Health Report to Members that focused on the sustainability of Thurrock's Health, Wellbeing and Social Care system with particular focus on the long term conditions management.

An Executive Summary was being prepared and would be presented at Cabinet and Full Council.

Ian Wake stated that it was a statutory duty to produce this independent report on the state of the health and population of the people that Thurrock Council serve.

Ian Wake and his team decided on a topic of relevance to Members and the presentation picked up on the key issues and challenges of how the Council could make the adult and social care system financially and operationally sustainable.

The main key issues were:

- Key Health Challenges – The Demographic Time Bomb
- Whole Systems Approach Needed
- The Financial Opportunity
- How Thurrock was Under-Doctored
- GP Practices – Long Term Health Conditions
- Finding the Missing Thousands
- Emergency Hospital Admissions
- Adult Social Care
- Hospital Admissions
- Key Recommendations

The Chair thanked Ian Wake for the fascinating report and for condensing all that information into the presentation. Thanks were also given to Ian's team for all their hard work.

At 9.15pm the Chair moved a motion to allow the meeting to continue beyond the 2 ½ hour time limit so that all members' questions are heard. All members agreed to finish at 9.45pm.

Councillor Sheridan thanked Ian Wake for a really good, simplified and interesting report.

Councillor Fish asked whether the pressure could be taken off general practitioners if people took more responsibility for their own health. Ian Wake stated absolutely yes and that a poor diet and lack of exercise was a key risk factor for high blood pressure. The issue Ian Wake had was how to persuade people to do this. Changes to the environment and regeneration plans could be addressed.

Councillor Watkins thanked Ian Wake for an excellent report and asked whether the 999 service would be addressed as to how a caller's request for an ambulance was being treated and rated. Ian Wake stated that the 30 per cent figure was an outrage but compared to other council statistics of 40 per cent, it appeared Thurrock were less likely to abuse the ambulance service.

There were certain cohorts that abused the ambulance service and wasted tax payer's money.

Councillor Watkins stated that it was essential that Basildon and Brentwood Councils worked collectively with Thurrock.

Councillor Watkins asked if the 101 Service could provide an assistance and help facility to those unsure if an ambulance would be required or not. Ian Wake agreed that this would be a good idea, but due to the demand for the service and how people's perception of what services they are entitled to had changed over the years.

Councillor Collins referred to the Diabetics Type 2 figures and asked how residents of Thurrock could be encouraged to exercise more. Ian Wake stated that companies should advertise the need to exercise more and with 80 per cent of Thurrock Council workers living in the borough, the "Step Jockey" would be re-introduced into the office in January 2017.

Councillor Collins asked if other services could be offered in general practitioners surgeries instead of residents having to go to hospitals. Ian Wake agreed and stated that simple services such as blood tests and blood pressure tests could be incorporated into general practitioner surgeries.

Councillor Snell thanked Ian Wake for the presentation and stated it seemed that it was always the same general practitioners that were failing and that those doctors should be made to understand and should be able to follow good models of surgeries that were achieving. Ian Wake stated that the Balance Scorecard will be used to build networks amongst general practitioners and have the mechanism to help others.

Councillor Snell also asked if a general practitioner could be available in a hospital before the patient goes into accident and emergency. Ian Wake stated that this had already been trialled and evidence showed that this did not reduce the demand.

Councillor Watkins asked regarding admissions was it the downfall of the internet that people were self-diagnosing and could work be done with NHS England to alter the self-diagnose ability. Ian Wake stated that Brentwood and Basildon CCG used e-consult facilities, so when patients logged onto make an appointment and entered symptoms they were taken through an algorithm in terms of diagnosis which reflect about 20 per cent of all appointments so patients went away and self-cared.



The Chair asked what the next steps were for the team going forward. Ian Wake stated that the same report would be presented at the Health and Wellbeing Board next week with the key players around the table. There may be opportunities to have conversations to take the capacity out of hospitals and undertake quick wins which were either cheaper or free.

Councillor Sheridan stated that a recent staff survey had been undertaken at Basildon Hospital asking what would help the hospital more which would not cost a lot of money. The reply by most was a new Porter. Ian Wake suggested to Councillor Sheridan that she feed this back to Tom Abell, Chief Executive at Basildon Hospital and a member on the Health and Wellbeing board.

The Chair thanked Ian Wake again for the report and stated that there was lots of work to be getting on with.

### **RESOLVED**

**That the Health and Wellbeing Overview and Scrutiny Committee note the contents and recommendations of the report.**

### **33. Work Programme**

The Chair asked Members if there were any items to be added or discussed for the work programme for the remainder of the municipal year.

### **RESOLVED**

- 1. It was noted that the item Success Regime be added to the work programme for 15 March 2017 committee.**
- 2. It was noted that the item Domiciliary Care be added to the work programme for 17 January 2017 committee.**
- 3. It was noted that the item Cancer Deep Dive be added to the work programme for 15 March 2017 committee.**

**The meeting finished at 9.43pm.**

Approved as a true and correct record

**CHAIR**

**DATE**

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<b>17 January 2017</b>	<b>ITEM: 6</b>
<b>Health and Wellbeing Overview &amp; Scrutiny Committee</b>	
<b>Fees &amp; Charges Pricing Strategy 2017/18</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Key
<b>Report of:</b> Carl Tomlinson, Finance Manager	
<b>Accountable Head of Service:</b> Les Billingham, Head of Adult Social Care	
<b>Accountable Directors:</b> Roger Harris, Corporate Director of Adults, Housing and Health	
<b>This report is public</b>	

## Executive Summary

Local Authorities are involved in a wide range of services and the ability to charge for some of these services has always been a key funding source to Councils.

This report specifically sets out the charges in relation to services within the remit of this Overview and Scrutiny Committee. Charges will take effect from the 1 April 2017 unless otherwise stated.

In preparing the proposed fees and charges, Directorates have worked within the charging framework and principles set out in the report.

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

### 1. Recommendations

**1.1 That Health and Wellbeing Overview and Scrutiny Committee note the revised fees and charges proposals.**

**1.2 That Health and Wellbeing Overview and Scrutiny Committee comment on the proposals currently being considered within the remit of this committee.**

### 2. Background

2.1 The paper describes the fees and charges approach for the services within the Health and Wellbeing Scrutiny Committee remit for 2017/18 and will set a platform for certain pricing principles moving forward into future financial years.

2.2 The paper provides narrative for the following areas. Relevant service income targets are summarised below:

<b>Service: £000's</b>	<b>Actual 15/16</b>	<b>Budget 16/17</b>	<b>Budget 17/18</b>
Day Care	47	43	44
Extra Care	12	22	23
Blue Badges	28	36	37
Meals on Wheels*	109	231	238
Community Development	-	7	7
<b>TOTAL</b>	<b>196</b>	<b>339</b>	<b>349</b>

\*The movement between 15/16 and 16/17 is due to a rebate received in year

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

- 3.1 The strategic ambition for Thurrock is to adopt a policy on fees and charges that is aligned to the wider commercial strategy and ensures that all discretionary services 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.
- 3.3 When considering the pricing strategy for 2017/18 some key questions were considered:
  - Where can we apply a tiered/premium pricing structure
  - How sensitive are customers to price (are there areas where a price freeze is relevant )
  - What new charges might we want to introduce for this financial year
  - How do our charges compare with neighbouring boroughs
  - How do our charges compare to neighbouring boroughs and private sector competitors (particularly in those instances where customers have choice)
  - How can we influence channel shift
  - Can we set charges to recover costs
  - What do our competitors charges
  - How sensitive is demand to price
  - Statutory services may have discretionary elements that we can influence
  - Do we take deposits, charge cancellation fees, charge an admin fee for duplicate services (e.g. lost certificates.)

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

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

- 4.2 A council wide target of £0.350m has been proposed within the MTFS for additional income generation in respect of fees and charges income for 2017/18.
- 4.3 The domiciliary care and meals on wheels service is being re-procured in 2017/18, therefore the current fee structure remains pending the outcome of the procurement exercise, and subsequent consultation exercise of charging arrangements, in October 2017.
- 4.4 For day service charges there is already an increase built into 2017/18 and 2018/19 as part of the consultation exercise and Cabinet agreement from February 2016.
- 4.5 Residential charges are set nationally and remain unchanged from 2016/17.
- 4.6 Community Development income relates to hire charges in the South Ockendon Centre.
- 4.7 There is a separate report on the March 2017 committee agenda relating to the charging arrangements for dispersed alarms.

## **5. Reasons for Recommendation**

- 5.1 The setting of appropriate fees and charges will enable the Council to generate essential income for the funding of Council services. The approval of reviewed fees and charges will also ensure that the Council is competitive with other service providers and neighbouring councils.

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

- 6.1 Consultations will be progressed where there is specific need. However, 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. Impact on corporate policies, priorities, performance and community impact**

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

## **8. Implications**

### **8.1 Financial**

Implications verified by: **Carl Tomlinson**  
**Finance Manager**

Additional income will be generated from increases but this is variable as it is also dependent on demand for the services. Increases to income budgets have been built into the MTFS.

## 8.2 Legal

Implications verified by: **David Lawson**  
**Monitoring Officer**

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

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

Discretionary charges relate to services which the Council can provide if they choose to do so. This is a local policy decision. The Local Government Act 2003 gives the Council power to charge for discretionary services, with some limited exceptions. This may include charges for new and innovative services utilising the 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.

## 8.3 Diversity and Equality

Implications verified by: **Becky 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 charges 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.

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

None applicable.

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

None.

**10 Appendices to the Report**

Appendix 1 – Schedule of Proposed Fees and Charges for 2017/18.

**Report Author:**

Carl Tomlinson

Finance Manager

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Name of fee or Charge	Statutory/ Discretionary Charge	VAT Status 17/18	2016/17			2017/18		
			Charge excl. VAT	VAT Amount	Charging incl. VAT	Charge excl. VAT	VAT Amount	Charging incl. VAT
Blue Badges - Application Fee	D	O	£ 10.00	£ -	£ 10.00	£ 10.00	£ -	£ 10.00
Charge for Attendance at Day Centres - Per Attendance	D	O	£ 10.00	£ -	£ 10.00	£ 20.00	£ -	£ 20.00
Concierge Charge in sheltered accommodation	D	O	£ 40.00	£ -	£ 40.00	£ 40.00	£ -	£ 40.00
Domiciliary Care - The charge for home care per hour is 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	D	O	£ 13.00	£ -	£ 13.00	£ 13.00	£ -	£ 13.00
Meals on Wheels - Service not applicable 2015-16 - Per meal for services at day centres - Breakfast Only	D	O	£ -	£ -	£ -	£ -	£ -	£ -
Meals on Wheels - Service not applicable 2015-16 - Per meal for services at day centres - Mid day meal	D	O	£ 4.00	£ -	£ 4.00	£ 4.00	£ -	£ 4.00
Meals on Wheels - Service not applicable 2015-16 - Per meal for services at day centres - Tea Only	D	O	£ -	£ -	£ -	£ -	£ -	£ -
Meals on Wheels - Service not applicable 2015-16 - Per meal served at home	D	O	£ 4.00	£ -	£ 4.00	£ 4.00	£ -	£ 4.00
Meals on Wheels - Service not applicable 2015-16 - Per meal served at Luncheon Club	D	O	£ 4.00	£ -	£ 4.00	£ 4.00	£ -	£ 4.00
Pendant Alarms - Private Housing Tennant (Per week)	D	O	£ 0.93	£ -	£ 0.93	£ 0.93	£ -	£ 0.93
Residential Accomodation Charges - Homes for Older people (per week)	D	O	£ 600.00	£ -	£ 600.00	£ 600.00	£ -	£ 600.00
Respite Care for Adults with Disabilities - The charge outlined relates to the use of Thurrock Council's own Short Break Service: Charge per night per service user	D	O	£ 20.00	£ -	£ 20.00	£ 20.00	£ -	£ 20.00
Support service for Elizabeth Gardens per household	D	O	£ 40.00	£ -	£ 40.00	£ 40.00	£ -	£ 40.00
Transport - Per Journey (these charges are for Thurrock Residents)	D	O	£ 1.95	£ -	£ 1.95	£ 2.00	£ -	£ 2.00

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<b>17 January 2017</b>		<b>ITEM: 7</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>		
<b>Living Well in Thurrock: Adult Social Care Transformation Programme</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-key	
<b>Report of:</b> Roger Harris, Corporate Director of Adults, Housing and Health		
<b>Accountable Head of Service:</b> Les Billingham, Head of Adult Social Care and Community Development		
<b>Accountable Director:</b> Roger Harris, Corporate Director of Adults, Housing and Health		
<b>This report is Public</b>		

## Executive Summary

Adult Social Care is facing significant challenges leading to sustained demand and resource pressures. The Care Quality Commission's 'State of Care' report published October 2016 stated that '*evidence suggests we may be approaching a tipping point*'. Prior to the Autumn Statement, NHS Chief Executive Sir Simon Stevens stated that any extra money should go first to Adult Social Care – recognising the impact Adult Social Care services have on the NHS's ability to manage demand and the importance of finding system-wide solutions.

In Thurrock, we have historically responded well to the challenges we face, but we are finding it increasingly difficult to manage demand and the increasing complexity of that demand. Over £1 million of efficiencies were delivered during 2016-17, and £13.6 million of savings have been delivered between 2010-11 and 2015-16. We were able to raise additional resources through the introduction of a 2% Adult Social Care precept in 2016-17, but this was absorbed by pressures created by the implementation of the National Living Wage.

In 2012 we launched our Building Positive Futures programme which was designed to respond to the 'ageing well' agenda – a proactive approach designed to prevent inappropriate admissions to hospital and residential care; and to broaden the housing choices for older people. Building Positive Futures recognised the importance of influencing both 'people' and 'place' agendas.

A number of successes were achieved as part of the Building Positive Futures programme including the introduction of a strength-based approach and strength-based initiatives - creating the communities to support health and wellbeing.

Our new programme **Living Well in Thurrock** takes stock of what was achieved as part of Building Positive Futures, and refreshes our vision for the future. It presents an integrated vision alongside Thurrock Clinical Commissioning Group and aims to support people to achieve fulfilled lives. The vision and supporting programme recognises the need for a system-wide approach, and the importance of focusing on preventing, reducing and delaying the need for health and care services.

The new programme focuses on the three interdependent elements:

- Stronger Communities;
- Housing and the Built Environment; and
- A 'whole system' approach to Health and Social Care.

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

### **1.1 For the Committee to comment on the Adult Social Care Transformation Programme, Living Well in Thurrock.**

## **2. Introduction and Background**

2.1 The challenges faced by Adult Social Care nationally are well documented. These include:

- An ageing population – with people living for more years but with a greater number of years in poorer health. In Thurrock between 2001 and 2011 there was a 47% increase in those aged 85 years and above and the Office of National Statistics (ONS) predict that Thurrock's population will increased by 20.7% between 2012 and 2032;
- Increased complexity of cases for both older people and working age adults – in Thurrock, our focus on intervening at the earliest opportunity has resulted in reduced numbers of social care packages, but the cost and complexity of those packages has increased;
- Insufficient capacity within the NHS – including both primary and acute care, with areas of Thurrock being significantly under-doctored and Hospitals across Essex regularly struggling to cope with demand;
- An extremely fragile provider market – particularly domiciliary care with two provider contracts being taken back in-house over the last year (one due to provider failure);
- A health and care system established to react to rather than prevent ill-health; and
- Difficulty recruiting and retaining social care staff – in particular carers.

2.2 The recent Care Quality Commission 'State of Care' report published in October last year stated that:

*'The fragility of the adult social care market and the pressure on primary care services are now beginning to impact both on the people who rely on those services and on the performance of secondary care. The evidence suggests we may be approaching a tipping point.'*

2.3 Locally, we are seeing the impact of the challenges on our ability to meet demand. This has included:

- Delayed Transfers of Care (DTC) attributable to Adult Social Care – having previously had an outstanding track record of very low Delayed Transfers of Care, between April and October over 994 days (out of 2467) were solely attributable to Adult Social Care;
- The recent Annual Director of Public Health report stated that the number of new service packages was reducing, but the mean cost per service was increasing. This suggested that the investment in prevention and early intervention programmes was having an impact, but that the complexity and acuity of packages was increasing – resulting in spend going up;
- Provider Failure - over the last year, we have taken back in-house two of our domiciliary care provider contracts resulting in the Department taking back over 1600 hours of care a week. This has in turn placed significant pressures on in-house capacity;
- Residential Care capacity – there are days where we have no residential care capacity or where only one bed might exist across Thurrock;
- Carer Recruitment – we face an on-going struggle to recruit carers which is made more difficult through our proximity to Lakeside and the availability of retail work.

2.4 In response to the challenges we face, we have launched a joint transformation programme with Thurrock Clinical Commissioning Group. The Programme introduces a system-wide response to the challenge and strengthens the focus on preventing, reducing and delaying the need for health and care.

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

#### **Building Positive Futures 2012 – 2016**

3.1 **Living Well in Thurrock** recognises and seeks to respond to the significant challenges faced by health and social care – both in terms of demand management and effective use of available resource. It recognises that ‘doing nothing’ is not an option for the future.

3.2 The approach builds on our previous programme – Building Positive Futures (BPF) and also the work started by the Clinical Commissioning Group as part of their transformation programme ‘For Thurrock in Thurrock’. Building Positive Futures was launched by the Council in March 2012 and was its response to the Ageing Well agenda.

3.3 Building Positive Futures recognised the importance of influencing the wider determinants of health and wellbeing in order to prevent admissions to hospital and residential care and enable residents who required hospitalisation to subsequently return home in a safe and timely manner; and broadening housing choices for older people. The Programme introduced

three areas of work:

- Creating homes and neighbourhoods that support independence;
- Creating the communities that support health and wellbeing; and
- Creating the social care and health infrastructure to manage demand.

3.4 There were numerous successes and lessons learnt as part of the Building Positive Futures programme that **Living Well in Thurrock** will build on. These include:

- Elizabeth Gardens – Thurrock’s 65-flat purpose-built Extra Care Housing scheme;
- Successful bids totalling £2.6 million of capital funding have been secured over the last few years through a bidding process for national funding streams to provide: 28 specialist flats in South Ockendon designed to HAPPI standards (10 key design criteria that enable homes to adapt over time to meet changing needs), 6 supported-living flats for working-age adults in Medina Road Grays, and most recently funding to transform 8 sheltered housing flats in Chichester Close Aveley to supported living properties for learning disabled residents;
- Establishing Stronger Together Thurrock – a partnership with the voluntary and community sector designed to promote local community activities that strengthen the connections between people – e.g. Community Hubs and Time Banking;
- Implementation of Local Area Coordination – with 10 Local Area Coordinators in place with Borough-wide coverage (starting with 3 Local Area Coordinators in 2013);
- Rapid Response and Assessment Service – operating in partnership with the community health provider and aimed at preventing people from reaching crisis point and wherever possible keeping them out of hospital and residential care settings;
- Joint Reablement Team – providing short-term support designed to keep vulnerable (predominantly older) people as safe and as independent as possible; and
- The establishment of a Director of Integrated Care across Adult Social Care and North East London Foundation Trust (NELFT).

3.5 As reported under 2.3, the 2016 Annual Director of Public Health report stated that data ‘*suggests prevention and early intervention programmes such as Local Area Coordination, Stronger Together and Living Well in Thurrock are having a positive impact on reducing demand for statutory care packages...*’.

### **Living Well in Thurrock – looking to the future**

3.6 **Living Well in Thurrock** is a programme that aims to enable Thurrock people to live ‘fulfilled lives in caring communities’. The approach involves redesigning much of what we do and what we offer so that it is rooted in local communities, local solutions and strength-based approaches. Latterly, we have agreed with Thurrock CCG that our transformation programme will be an

integrated one – bringing together both Living Well in Thurrock and For Thurrock in Thurrock.

- 3.7 Given the current and immediate pressure on health and care services, the Programme’s focus is on adults and predominantly older people. Whilst this is the case, many strands of the Programme are population-wide and others will be expanded over time to become population-wide.
- 3.8 The Programme is divided in to three specific elements, each consisting of a number of projects and initiatives – some that build on work previously started under Building Positive Futures. The Programme will continually evolve and expand over time. The three elements of the Programme are:
- Stronger Communities;
  - Housing and the Built Environment; and
  - A ‘whole system’ approach to Health and Social Care.
- 3.9 The different elements of the Programme are as follows:

**Stronger Communities** – the Programme’s first element builds on the work started as part of Building Positive Futures and recognises the importance of local assets and networks in supporting people to remain supported and independent. The projects and initiatives that sit within this element include:

- Local Area Coordination – continuing to work within communities and with services to identify individuals who require additional support to achieve their version of a ‘good life’ and to prevent, reduce and delay the need for a service intervention. The service currently consists of 10 Local Area Coordinators who provide Borough-wide coverage and further work is being carried out to scope whether savings from Supported Housing contracts can be used to create further Coordinator roles;
- Community Hubs – work to continue to identify and develop additional Hubs as well as to support those already established – a 6<sup>th</sup> Hub in Purfleet opened in late 2016;
- Micro-Enterprises - small local services that can offer people the support they need to live the life they want. The benefit of a micro-enterprise is that they are often flexible, personable and responsive. 12 micro-enterprises have been supported as part of the initiative with many more in the pipeline;
- Community Asset Maps – building up individual maps across the Borough that show available assets;
- Shared Lives – an approach that enables adults with complex needs to live in a family setting as opposed to a residential home. A provider was recruited in November to run Thurrock’s Shared Lives programme and is working to identify and recruit appropriate families and service users;
- Time Banking – over 11,000 hours have been added to the time bank. Time banking encourages people to help each other within their community. People offer services to Time bank members and can choose services they'd like in return; and

- Social prescribing – initially a 12 month pilot, two social prescribers working across four GP practices to navigate individuals to formal and informal community-based solutions.

**Housing and the Built Environment** – this element of the Programme focuses on influencing the built environment – which includes the development of housing options for people as they grow older and specialist housing to promote independence and control. This includes:

- Developing the strategic remit and influence of the Housing and Planning Advisory Group – including the relationship between the people and place agendas;
- Development of specialist housing for working age adults – e.g. Chichester Close (8 units), Medina Road (6 units);
- Engagement with and influencing developers – to ensure that planning applications reflect the preferred direction of travel;
- Influencing the development of the Local Plan so that it supports and underpins the direction set out as part of Living Well in Thurrock; and
- Development of four Integrated Healthy Living Centres across the Borough – providing new neighbourhood-based models of care.

**A ‘whole system’ approach to Health and Social Care** – this element is about ensuring that when they are needed, health and care services are accessible, of high quality, and responsive to personal requirements. This element also captures the integration agenda for health and adult social care. This includes:

- Integrated Healthy Living Centres (IHLCs) – in four areas of the Borough, the centres will reflect a locality-based approach. Care will be co-ordinated around the person through integrated health and care teams;
- Health and Care Integration Model – linked to the Integrated Healthy Living Centres, this is a pilot starting in Tilbury to explore the merits and scope of a health and care integrated provider model;
- Out of Hospital ‘offer’ – work will continue to identify services currently offered in Hospital that could be brought ‘closer to home’. This too will influence the shape of Integrated Healthy Living Centres;
- Single Point of Access (Thurrock First) – the development of a single point of access across adult social care, mental health, and community health; and
- Living Well @ Home – the development of a new approach to domiciliary care through creating neighbourhood-based solutions using evidence from Local Area Coordination and the Dutch Buurtzorg model to create a sustainable model for the future.

### **Next Steps**

- 3.10 The steps being taken to develop and deliver **Living Well in Thurrock** are as follows:



- Development and launch of Programme Prospectus – January - April;
- Development and launch of Communication and Engagement Plan – January - April;
- Agree integrated approach with Thurrock CCG – January;
- Develop and scope the projects and initiatives that sit under each element as appropriate – on-going;
- Confirmation of governance and reporting arrangements – March.

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

- 4.1 For the Committee to be able to review and comment on the steps being taken to manage and influence demand for Adult Social Care.

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

- 5.1 A communication and engagement plan has been developed to support and inform the delivery of the Programme.

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

- 6.1 The Transformation Programme supports the delivery of the corporate priority 'Improve Health and Wellbeing'.

#### **7. Implications**

##### **7.1 Financial**

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

The Transformation Programme will be delivered with consideration of existing budgets and best value.

##### **7.2 Legal**

Implications verified by: **Rosalind Wing**  
**Adult Social Care Lawyer**

The Transformation Programme will help to ensure that Adult Social Care can continue to meet its statutory requirements.

##### **7.3 Diversity and Equality**

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

The Living Well in Thurrock (LWIT) programme aims to ensure that we manage demand as well as possible and that in doing so, we are able to target available resources to best effect in a way that positively influences wider health and wellbeing determinants. Doing this means ensuring that we focus on preventing, reducing and delaying the need for health and care interventions – ensuring that people can live fulfilled lives regardless of their circumstances.

Service users across all protected groups may be impacted by the LWIT programme. Positive implications include increased choice and control over the type of solution individuals receive along with how and where they access them leading to an increase in the scale of independent living within users' own homes and communities across Thurrock. Positive implications also relate to preventing and delaying the need for a service in the first place. Failure to implement the programme could mean negative impacts – for example a reduction in services offered or how they are offered and restrictions about the type and accessibility of services available. It could also mean that demand for services continues to increase. This could lead to higher levels of dependency and complexity of cases. Implementation of the LWIT programme aims to address inequality in service provision and increase the scale and scope of the positive benefits outlined.

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

None

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

None

**9. Appendices to the report**

None

**Report Author:**

Ceri Armstrong

Senior Health and Social Care Development Manager

Adults, Housing and Health

<b>17 January 2017</b>	<b>ITEM: 8</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>	
<b>East Tilbury Primary Care Intervention Plan</b>	
<b>Wards and communities affected:</b> East Tilbury and neighbouring wards	<b>Key Decision:</b> Key
<b>Report of:</b> Roger Harris, Corporate Director of Adults, Housing and Health	
<b>Accountable Head of Service:</b> Ian Wake, Director of Public Health	
<b>Accountable Director:</b> Roger Harris, Corporate Director of Adults, Housing and Health	
<b>This report is Public</b>	

## Executive Summary

Detailed below is a summary of the report that is going to Cabinet on 11 January. Due to the urgent nature of this item it was not possible to take to HOSC first but the Chair has been briefed on the situation. An update following Cabinet will be given to HOSC members at the meeting.

Members will be aware that a serious situation arose in October last year which could have resulted in the closure of the East Tilbury Medical Centre in Coronation Avenue, East Tilbury. This would have had a massive impact on under doctored areas such as East Tilbury, Corringham and Stanford-le-Hope. Following pressure from the Council, the Clinical Commissioning Group (CCG), Healthwatch and the Patients Participation Group at the surgery, NHS England (NHSE) withdrew its decision to disperse the list to allow for further time to consider the future of the practice and in particular ownership of the building.

The Council has played a leading role in trying to resolve the situation and after discussions with the receiver and NHSE over the future for the practice it is proposed that the Council enters into discussions with the receiver with a view to buy the property to secure essential primary care services in this part of Thurrock.

### 1. Recommendation:

**HOSC is asked to note and comment on the recommendations below that were submitted to Cabinet on 11<sup>th</sup> January:**

- 1.1 **The purchase of the freehold interest of the East Tilbury Medical Centre at 85, Coronation Avenue, East Tilbury on the terms and conditions as outline in the**

**confidential Appendix and with the final terms and conditions being delegated for agreement by the Corporate Director of Environment and Place and the Section 151 officer in consultation with the relevant Portfolio Holder.**

- 1.2 That the Director of Law and Governance be authorised to complete any legal documentation to give effect thereto.**
- 1.3 That the property be leased to an appropriate primary care provider on terms to be agreed.**

## **2. Introduction and Background**

- 2.1 18 months ago the then GP at the practice had his medical contract terminated. College Health were awarded the primary care contract by NHS England to act as a caretaker practice until the long term future of the practice could be resolved. However, the previous GP owned the building and so remained the landlord. It should be noted at this point that it is NHS England who commission primary care and determines primary care contracts not the Thurrock Clinical Commissioning Group (CCG). Also it is important to note that neither the CCG nor NHSE are permitted to own premises of this nature.
- 2.2 In June of 2016 the landlord was declared bankrupt, triggering the current crisis, and the building has been in the hands of the receiver since that time. NHS England took some time to decide on next steps and in September they decided to “disperse the list”. That means ending the primary care contract and the patients are required to find another practice to register with. East Tilbury practice operates out of two sites – Coronation Avenue (approx. 2,500 patients) and Corringham (approx. 1,500 patients).
- 2.3 The letters went out very late in October and patients were given less than three weeks to find a new GP. This caused a great deal of disquiet and meetings were held at the practice on 12<sup>th</sup> October when over 300 patients turned up to express their frustration at what had happened. Also Thurrock Healthwatch had been flooded with complaints.
- 2.4 College Health has been a good practice and patients wanted to remain with them but because the building was in the hands of the receiver they had potentially no-where to operate from. The alternative practices that NHS England were suggesting were considered un-satisfactory by patients– a. three practices in Corringham / Stanford that were not ideal for patients from East Tilbury; b. A branch practice from Tilbury Town; c. a practice actually in East Tilbury itself but where a lot of patients had left and until recently was full up and didn't have capacity.
- 2.5 Following a public meeting attended by the Portfolio Holder and the Corporate Director, NHS England accepted (after pressure from the Council, patient groups and the local MP) that it was wrong to disperse the list and agreed to pause the dispersal. They issued an extension to the contract held by College Health for a further 9 months.

- 2.6 As regards the long term future for primary care, NHS England at their Commissioning Board on 28<sup>th</sup> November agreed an extension to the primary care contract that makes the purchase of the building a viable proposition. Rental terms will need to be confirmed with the primary care provider but on the basis of the current arrangements these again make it a viable proposition for the Council.
- 2.7 The Council has been in constant contact with the receiver throughout this process and they have listed the premises for auction in February next year. They have indicated that they are prepared to withdraw the building from auction if an agreed price can be reached with the Council.
- 2.8 A full building condition survey has been undertaken. The report notes that this is a purpose built property built in 1983 and has always been used as a Dr's surgery. It comprises a hallway, three surgery rooms, waiting area, filling area, reception, store, office area and disabled toilet – all on the ground floor. On the first floor is a further office, kitchen and two toilets. The total site coverage is 2,363 sq ft.
- 2.9 In the opinion of the surveyor that with usual planned maintenance the property should have an economic life of at least 25 years. The property is as shown edged on the attached plan at Appendix 1.

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

- 3.1 The issues identified for the Council are as follows:
- There is a dire shortage of GPs in the Borough and this is particularly acute in East Tilbury and Tilbury Town – see Director of Public Health's Annual Health Report 2016.
  - We are working with the CCG and NHS England to develop a joined up approach to solving this problem with the long term intention of developing four Integrated Healthy Living Centres across the Borough.
  - Improving primary care has been identified as one of the top priorities for the new administration.
  - We are also looking to rationalise our estate and make better use of existing buildings, rather than take on new ones, through multi-use. However, East Tilbury is one area where the Council owns very few properties.
  - The Medical Centre in East Tilbury was purpose built in a good location and had full disability access.
  - East Tilbury has a very significant series of housing developments underway (or about to be built) on the Bata estate.
  - NHS England must agree to continue to commission primary care services from that building.
  - A full financial assessment has been undertaken.

- 3.2 The locality area of Tilbury and East Tilbury experiences a number of inequalities relating to healthcare provision and management. Data published in the Annual Public Health Report 2016 indicates that patients in this area are likely to have reduced access to primary care compared with other parts of the borough. The mean number of patients per full time equivalent GP in England is 1,321; in the Tilbury locality, this is 2,497 – nearly double the national average. This reduced workforce capacity has other impacts - perceived availability of GP appointments was found to be a significant positive predictor of emergency hospital admissions for Coronary Heart Disease (CHD) and Heart Failure (HF), and for Respiratory conditions in modelling work undertaken by the Public Health team.
- 3.3 The quality of long term condition care in the locality of Tilbury and East Tilbury is varied, with a large number of patients estimated to not receive appropriate care processes for conditions such as Coronary Heart Disease and Diabetes. Of the 12 GP practices identified in the 2016 Annual Public Health Report as priorities for further review of their cross-condition management of long term conditions, five were located in the Tilbury locality area.
- 3.4 There is also estimated to be large numbers of patients with long term health conditions who have not yet been diagnosed. For example, modelled estimates produced by Public Health England estimate that the East Tilbury Medical Centre had diagnosed 45.43% of the estimated number of patients with Depression – which equates to a 283 additional patients for that practice alone who are potentially experiencing Depression but not receiving any treatment. Whilst this practice does not have the lowest ratio of diagnosed: undiagnosed patients in Thurrock, similar ratios in some of the surrounding practices mean that a number of patients in this area are at risk of later diagnoses of chronic conditions and therefore potentially poorer health outcomes.

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

- 4.1 As the APHR states, there is a dire shortage of GPs in Thurrock and in East Tilbury and Tilbury in particular. The loss of this service would only exacerbate that problem. The proposal as outlined has a sound business case in that the return on the property is sufficient to justify the capital outlay but it also secure a valuable primary care presence in the area for at least 10 years.

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

This matter has been discussed with Thurrock Healthwatch, ward Councillors, the Thurrock Clinical Commissioning Group and the Patient Participation Group. All support the Council's proposed action in this matter.

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

6.1 Tackling the shortage of GPs in Thurrock has been highlighted as a key priority for the new administration.

## 7. Implications

### 7.1 Financial

Implications verified by: **Sean Clark**  
**Director of Finance and IT**

Cabinet has the authority to approve the purchase of this property where income meets or exceeds the annual cost of capital repayment. The exempt appendix shows the likely range of the purchase cost and the possible rental income, term and responsibility for maintenance, business rates, etc. I can confirm that, based on these figures and lease terms, the purchase of this property are financially viable.

### 7.2 Legal

Implications verified by: **David Lawson**  
**Monitoring Officer**

The Cabinet report recommends the acquisition of the freehold for the East Tilbury Medical Centre at 85, Coronation Avenue, East Tilbury in order to avoid the closure of the premises as a primary care centre given the known shortage of GP practices in the area and that such shortage cannot be adequately addressed by a list dispersal exercise to other medical practices.

Neither the Clinical Commissioning Group nor NHS England are permitted to own such premises, which is currently held by the landlord' receiver in bankruptcy. The receiver has indicated that they are prepared to withdraw the building from auction if an agreed price can be reached with the Council and NHS England have agreed an extension to the primary care contract that makes the purchase of the building a viable proposition for the Authority to purchase and lease to an appropriate primary practice provider on terms to be agreed.

The acquisition of land and property are executive functions unless contrary to the Budget Policy framework. Therefore under the general power of competence pursuant to section 1 of the Localism Act or pursuant to powers under Local Government Act 1972 the Council could decide to purchase to premises preferably, given the timeline, through an appropriate delegation to the relevant director in consultation with portfolio holder to continue negotiations subject to contract and to purchase on being satisfied as to an appropriate survey and valuation, financial and feasibility appraisal by Chief Finance Officer and requisite advice from legal services and further to lease the premises to a primary care provider on terms to be agreed.

### 7.3 **Diversity and Equality**

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

As clearly identified in the Annual Public Health Report (2016) Thurrock and East Tilbury suffers from a lack of GPs. This has contributed to poor health outcomes and high levels of hospital admissions. Addressing these shortfalls and improving the quality of Primary care is a key Council priority and any loss of Primary Care capacity will only make matters worse.

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

N/A

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

- N/A

### 9. **Appendices to the Report**

Appendix 1 - East Tilbury Primary Care Intervention Plan - Site Plan  
Appendix 2 - East Tilbury Primary Care Intervention Plan – Executive Summary - EXEMPT

### **Report Author:**

Roger Harris  
Corporate Director of Adults, Housing and Health  
Adults, Housing and Health





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**Health Overview & Scrutiny Committee  
Work Programme  
2016/17**

Dates of Meetings: ~~9 June 2016, 15 September 2016, 10 November 2016,~~ 17 January 2017, 15 March 2017

<b>Topic</b>	<b>Lead Officer</b>	<b>Requested by Officer/Member</b>
<b>9 June 2016</b>		
Items raised by HealthWatch	Kim James	Members
PET CT Scanner	NHS England	Members
Public Health Grant	Ian Wake – Tim Elwell-Sutton	Members
Thurrock Cancer Joint Strategy Assessment Needs	Ian Wake - Funmi Worrell	Members
Success Regime	Andy Vowles, Project Director for ESR	Members
Domiciliary Care	Roger Harris / Catherine Wilson / Michelle Taylor	Members
<b>15 September 2016</b>		
Items raised by HealthWatch	Kim James	Members
Learning Disability Health Checks	Mandy Ansell	Members
Adult Social Care (ASC) Complaints and Representations Annual Report 2015/16	Anas Matin	Officers
Procurement of Healthy Lifestyles Service	Stefanie Seff / Tim Elwell-Sutton	Officers
Re-Procurement of the Integrated Adults Substance Misuse Treatment Service	Stefanie Seff / Tim Elwell-Sutton	Officers

Last Updated: August 2016

Primary Care Balance Scorecard	Ian Wake	Members
Carers Support, Information and Advice Service	Catherine Wilson	Officers
PET CT Scanner	NHS England	Officers
NEP and SEPT Merger	Andy Brogan (Deputy CEO) Nigel Leonard (Executive Director Corporate Governance)	Officers
<b>10 November 2016</b>		
Council Spending Review Update	Sean Clark	Members
Items raised by HealthWatch	Kim James	Members
Cancer Deep Dive	Funmi Worrell	Members
Success Regime	Wendy Smith	Members
Domiciliary Care – New service model and proposed procurement	Roger Harris / Catherine Wilson / Michelle Taylor	Members
2016 Annual Public Health Report	Ian Wake	Members
<b>17 January 2017</b>		
Items raised by HealthWatch	Kim James	Members
East Tilbury Primary Care Intervention Plan	Roger Harris	Members
Fees and Charges 2017/18	Laura Last	Officers
Living Well in Thurrock : Adult Social Care Transformation Programme	Ceri Armstrong	Officers
<b>15 March 2017</b>		
Shaping the Council Budget Update – Change to the Fees and Charges	Sean Clark	Members

Items raised by HealthWatch	Kim James	Members
Success Regime	Wendy Smith	Members
Cancer Deep Dive	Funmi Worrell	Members
Integrated Healthy Living Centres	Ian Wake	Members
Better Care Funding 2017/18 and 2018/19	Ceri Armstrong	Officers
Adult Social Care Local Account 2016	Roger Harris	Officers
Thurrock First	Tania Sitch	Officers
Thurrock Lead Provider	Ian Wake	Officers
Review of Careline Service and development of an assistive technology strategy	Les Billingham	Officers

Items for the New Municipal Calendar:

Thurrock Joint Health and Wellbeing Strategy  
 Living Well in Thurrock

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

Document is Restricted

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