

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 **15 March 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, Terry Piccolo and Joycelyn Redsell

## Agenda

Open to Public and Press

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<b>2. Minutes</b>	<b>5 - 10</b>
To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 17 January 2017.	
<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.	
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<b>5.</b>	<b>Items raised by HealthWatch</b>	
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**Queries regarding this Agenda or notification of apologies:**

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Agenda published on: **7 March 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 17 January 2017 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  
Kim James, Healthwatch Thurrock Representative

**In attendance:** Roger Harris, Corporate Director of Adults, Housing and Health  
Mandy Ansell, (Acting) Interim Accountable Officer, Thurrock NHS Clinical Commissioning Group  
Jeanette Hucey, Director of Transformation, Thurrock NHS Clinical Commissioning Group  
Ceri Armstrong, Senior Health and Social Care Development Manager  
Les Billingham, Head of Adult Services  
Carl Tomlinson, Finance Manager  
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.

### **34. Minutes**

The Minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 10 November 2016 were approved as a correct record.

### **35. Urgent Items**

There were no items of urgent business.

The Chair agreed to a matter arising concerning Domiciliary Care to be presented. Roger Harris, Corporate Director of Adults, Housing and Health, stated that an external service provider of domiciliary care had been identified as being in a fragile state and was being closely monitored. To ensure the sustainability of the service, intervention action may need to be undertaken by the Council.

Cabinet agreed on the 21 January 2017 to the new service model for domiciliary care in Thurrock and the procurement of the new service had commenced.

Roger Harris agreed to provide regular updates to Members.

The Chair thanked Roger Harris and appreciated the feedback given.

**36. Declarations of Interests**

Councillor Fish declared a non-pecuniary interest in relation to Item 6 – Fees and Charges Pricing Strategy 2017-18 as he was a holder of a Blue Badge.

**37. Items raised by HealthWatch**

No items were raised by Healthwatch.

**38. Fees & Charges Pricing Strategy 2017/18**

Carl Tomlinson, Finance Manager, presented the report that set out the charges in relation to the services within the remit of the Children's Health and Wellbeing Overview and Scrutiny Committee from the 1 April 2017. This report would be presented to Cabinet in February 2017.

Carl Tomlinson referred Members to the appendix to the report that highlighted the proposed fees and charges in detail.

Councillor Fish asked whether the increase in charges had affected the attendance numbers at the Day Centres. Roger Harris stated that there had been no significant impact on attendance levels following the reduction from 6 to 3 day centres. There were now more sessions available and the services offered had increased. The charges were means tested and that few residents paid the full amount.

Councillor Collins asked the Officers to clarify what the community development charge entailed. Carl Tomlinson stated that this was the hire charges for the South Ockendon Centre.

Ian Evans stated that the Acts quoted in the Diversity and Equality Implications section of the report were incorrect as those Acts were replaced by The Equality Act 2010. The Chair requested that the Democratic Services Officer updated the author of these implications.

**RESOLVED**

- 1. That the Health and Wellbeing Overview and Scrutiny Committee note the revised fees and charges proposals.**
- 2. That the Health and Wellbeing Overview and Scrutiny Committee comment on the proposals currently being considered within the remit of this committee.**

*Carl Tomlinson left the committee room at 7.15 pm.*

**39. Living Well in Thurrock - Adult Social Care Transformation Programme**



Les Billingham, Head of Adult Services, presented the report and stated that Thurrock had historically responded well to the challenges faced but it was becoming increasingly difficult to manage demand and the increasing complexity of that demand. The Building Positive Futures programme was launched in 2012 to respond to the “ageing well” agenda. The new programme Living Well in Thurrock took stock of what was achieved as part of the Building Positive Futures and refreshed the vision for the future. The new programme presented an integrated vision alongside Thurrock Clinical Commissioning Group and aimed to support people to achieve fulfilled lives. The vision and supporting programme recognised 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 focused on the following three inter-dependent elements:

- Stronger communities
- Housing and the Built Environment
- A “whole system” approach to Health and Social Care

Les Billingham briefly summarised the challenges faced by Adult Social Care nationally, the success stories and the steps being taken to develop and deliver Living Well in Thurrock.

Councillor Collins referred to the black alert at Basildon Hospital over the Christmas period and asked if this was due to more people living in Thurrock. Les Billingham stated that there was no single factor responsible for the increase but there was a massive demand for acute services which was also related to primary care and under-doctoring in Thurrock. Les Billingham briefly explained the complex picture of the demand going up but stated that Thurrock was currently holding the line in coping with the increases.

Councillor Collins asked for specific details on the complexity of cases. Les Billingham stated that each complexity had its own challenges but could include people living longer with disabilities and living longer with common conditions such as osteoporosis, diabetics, mental health and loneliness.

Members and Officers had a brief discussion on using the Dutch Buurtzorg model to create a sustainable model for the future of domiciliary care in Thurrock.

Councillor Fish thanked Les Billingham for the report and was pleased with progress but asked what could be done to influence changes in culture. Les Billingham stated that changes would include working with communities on the stronger communities agenda.

Councillor Watkins asked the Officers for clarification on what Time Banking was. Les Billingham explained that this was a scheme run by the Voluntary Sector that enabled people to share their time with others – for example carry out gardening for someone who required it. The hours given would

then be banked and could be drawn upon by those who had earned them. Compared to other local authorities, Thurrock was excelling with over 13,000 hours banked.

Councillor Watkins asked Officers for an update on Shared Lives. Les Billingham stated that a provider had only just been appointed and that the recruitment of a local manager was underway and was pleased that two national leading organisations had put in submissions. The formal launch would take place in March 2017.

Councillor Collins asked the Officers what had been done to thank the Time Bank volunteers. Les Billingham stated that in the past the Mayor had written to thank these volunteers but emphasised to Members that this was a mutual exchange of volunteer services. Kim James stated that the 60 main contributors to the Time Bank had been invited to attend a Christmas lunch organised by Thurrock CVS.

The Chair agreed that thanks should be given to those volunteers and asked that External Communications put a thank you message out.

The Chair asked Officers if Thurrock's plans would overcome the concerns around funding or were we saying we have a good model but ultimately we required more money. Les Billingham stated that our plans gave us the best possible change to meet the challenges and in modernising the health and wellbeing which was fit for purpose for the future. Les Billingham continued to state that Thurrock had a good chance as anyone to deliver and be able to cope with what we have to face in the future.

The Chair acknowledged that no one wanted to invest in a system to stay the same so hopefully we can push for these changes as individual councillors.

## **RESOLVED**

**That the Health and Wellbeing Overview and Scrutiny Committee comment on the Adult Social Care Transformation Programme, Living Well in Thurrock.**

### **40. East Tilbury Primary Care Intervention Plan**

Roger Harris, Corporate Director of Adults, Housing and Health, presented the same report that was presented to Cabinet on the 11 January 2017 and explained to members that due to the urgent nature of this item it was not possible to bring to the Health and Wellbeing Overview and Scrutiny Committee prior to the Cabinet meeting.

Roger Harris explained that a serious situation had arisen in October last year which could have resulted in the closure of the East Tilbury Medical Centre. This potential closure would have had a massive impact on already under doctored areas such as East Tilbury, Corringham and Stanford-le-Hope. Roger Harris further explained that 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 played a leading role in trying to resolve the situation and following discussions with the receiver and NHS England over the future for the practice it is proposed that the Council enter into discussions with the receiver with a view to purchasing the property to secure essential primary care services in this part of Thurrock.

The Appendix 2 to the report was Exempt and would be discussed separately from this report.

The Chair thanked Roger Harris for the report on such an important issue. No Members had any comments or questions on this report.

## **RESOLVED**

**That the Health and Wellbeing Overview and Scrutiny Committee commented on the recommendations below that were submitted to Cabinet on the 11 January 2017:**

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

## **41. 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 removed from the work programme and be added for items for the 2017-18 municipal year work programme.**
- 2. It was noted that the item Update on Collins House be added to the work programme for March 2017 committee.**
- 3. It was noted that the item Learning Disability Health Checks be added to the work programme for March 2017 committee.**

**42. EXEMPT - Item 8 - Appendix 2 - East Tilbury Primary Care Intervention Plan**

There were no Member comments on this Exempt paper.

**The meeting finished at 7.56 pm**

Approved as a true and correct record

**CHAIR**

**DATE**

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<b>15 March 2017</b>	<b>ITEM: 6</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>	
<b>Thurrock Better Care Fund Section 75 Agreement</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Key
<b>Report of:</b> Roger Harris, Corporate Director of Adults, Housing and Health	
<b>Accountable Head of Service:</b> Les Billingham, Head of Adults and Community Development	
<b>Accountable Director:</b> Roger Harris, Corporate Director of Adults, Housing and Health	
<b>This report is</b> Public	

## **Executive Summary**

On 9<sup>th</sup> March 2016, Cabinet approved Thurrock’s Better Care Fund Section 75 Agreement between the Council and NHS Thurrock Clinical Commissioning Group. The Agreement allowed the creation of a pooled fund with the purpose of promoting the integration of care and support services.

The Council is the ‘host’ organisation for the pooled fund, which means that once the Section 75 Agreement is agreed providers of community health care services to be provided under the Better Care Fund can be paid.

The pooled fund is overseen by an Integrated Commissioning Executive made up of officers from the Council and CCG. The Executive receives regular reports on expenditure, quality and activity. The Executive reports on the performance of the Fund to the Health and Wellbeing Board, as well as Cabinet and the Board of the Clinical Commissioning Group.

This report sets out the arrangements for 2017-19.

### **1. Recommendation**

- 1.1 That the Health and Wellbeing Overview and Scrutiny Committee note the arrangements for entering into a Better Care Fund Section 75 Agreement for 2017-19.**

## **2. Introduction and Background**

- 2.1 The Better Care Fund requires Clinical Commissioning Groups and local authorities in upper-tier authority areas to pool budgets and agree an integrated spending plan for how they will use their Better Care Fund allocation.
- 2.2 Section 75 of the NHS Act 2006 gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.
- 2.3 The purpose of the section 75 Agreement is to set out the terms on which the Partners (in this case Thurrock Council and Thurrock NHS Clinical Commissioning Group) have agreed to collaborate and to establish a framework through which the Partners can secure the future provision of health and social care services. It is also the means through which the Partners will pool funds.
- 2.4 The Agreement to support Thurrock's Better Care Fund 2016-17 was agreed by Cabinet at its meeting on the 9<sup>th</sup> March 2016. The initial agreement was agreed in 2015, and the intention was that it could be rolled over in to subsequent years with changes made to reflect the updated Better Care Fund relevant to the particular year.
- 2.5 Guidance for the Better Care Fund 2017-19 was originally expected before the end of November. At the writing of this report, the Guidance remains to be published. Thurrock's Better Care Fund Plan and pooled fund amount will therefore not be finalised until the Guidance has been received.
- 2.6 Whilst the Plan and therefore Section 75 agreement for 2017-19 have not been finalised, Better Care Fund allocations by area have very recently been published. On this basis, Cabinet has been asked (5<sup>th</sup> April 2017) to agree to the Council entering in to the Section 75 agreement for 2017-19. As the Fund will span two years from 2017, the agreement will be subject to the Council's annual budget setting arrangements.
- 2.7 The HOSC is asked to note and make any comments on the proposed arrangements.

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

### **Changes to Guidance - draft**

- 3.1 Thurrock has had a Better Care Fund Plan and associated Section 75 Agreement in place since 2015-16. To date, the requirement has been to produce a yearly plan. Whilst the Council is still to receive final confirmation, draft Better Care Fund guidance states that areas will be required to produce two-year Plans. As a result and if this is confirmed, the section 75 agreement for 2017 will also span a two-year period. Cabinet has been asked to agree to

the Council entering in to the Better Care Fund Section 75 Agreement over a two-year period: 2017-2019. This will be subject to the Council's annual budget setting arrangements, and any changes to the Section 75 can be made with agreement of both parties – Thurrock Council and NHS Thurrock CCG.

### **Value of the Better Care Fund**

- 3.2 The value of Thurrock's Better Care Fund for 2016-17 is £27.638m. This amount is made up of a £15.7m contribution from NHS Thurrock CCG, and £11.9m contribution from the Council. The Fund consists of a mandatory amount, and an additional contribution agreed locally by the Council and CCG. The mandated amount for Thurrock's Fund in 2016-17 is £10.769m.
- 3.3 CCG allocations for 2017-19 have been published. For Thurrock, the CCG's mandated Better Care Fund amount is £10.048m in 2017-18 and £10.238m in 2018-19. The Council's mandatory contribution is the Disabled Facilities Grant and a further sum yet to be confirmed for the two year period. As part of preparations for the Better Care Fund 2017-19, the Council and CCG will need to agree how much they are adding to the Fund over and above the mandated amount. This will not be less than additional contributions made to the 2016-17 Fund.

### **Focus of the Fund**

- 3.4 Whilst the Council is still waiting for the Better Care Fund Guidance to be published, draft guidance has been received. This outlines expected changes for 2017 which include:
- Plans to span two-years;
  - Number of national conditions reduced from 8 to 3 – i) plans must be agreed by the Health and Wellbeing Board with minimum contributions met, ii) maintenance of social care via CCG contributions, and iii) ring-fenced amount for use on NHS out-of-hospital commissioned services;
  - Additional contributions to the Fund from the Improved Better Care Fund (announced in the 2015 Spending Review) over the next three years; and
  - Expected to act as an Integration Plan.
- 3.5 The focus of the Plan to date has been on adults aged 65 and over who are most at risk of hospital admission or residential home admission. The schemes chosen for the Fund reflect this focus. The schemes contained within the 2017-19 Plan are likely to continue this focus, but will include elements that are population wide – for example initiatives linked to preventing, reducing and delaying the need for health and social care intervention. The 2017-19 Plan will reflect the direction of travel contained within the Council and CCG's integrated Health and Social Care Transformation Plan – For Thurrock in Thurrock.

## **Overspends and Underspends in the Better Care Fund**

- 3.6 The March 2016 Cabinet Report and Section 75 Agreement set out arrangements for overspends and underspends to the Fund. The arrangements will continue and consist of any expenditure over and above the value of the Fund falling to the Council or CCG depending on whether the expenditure is incurred on social care functions or health functions. Arrangements for monitoring expenditure and managing any overspend in an individual scheme are set out in detail within the Section 75 Agreement. Underspends will stay within the Pooled Fund unless otherwise agreed by both parties.

### **Governance**

- 3.7 Similar to the majority of areas, the Council is the host for the pooled Fund. The management of the pooled Fund includes regular oversight by both the Council and CCG through the Integrated Commissioning Executive. The Executive reports to the Health and Wellbeing Board who receive the Executive's meeting minutes at each Board meeting. A Pooled Fund Manager exists to provide regular reports covering performance, finance and risk.

### **Contracting arrangements**

- 3.8 The Council as host of the Fund enters into contracts with third party providers – namely NHS providers. The standard NHS contract is used for these services with the Council becoming an equal commissioning partner. This arrangement will continue in to 2017-19 with the majority of the Fund likely to relate to existing NHS contracts.

## **4. Reasons for Recommendation**

- 4.1 To ensure that the HOSC is aware of the arrangements for entering in to Better Care pooled fund arrangements between the Council and CCG 2017-2019.

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

- 5.1 A specific consultation on the establishment of the pooled fund to drive through the integration of health and social care services, as required under the terms of the Health and Social Care Act 2012, was held in September and October 2014.

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

- 6.1 A key aim of the Better Care Fund is to reduce emergency admissions, which brings within it the potential to invest in services closer to home to prevent, reduce or delay the need for health and social care services or from the



deterioration of health conditions requiring intensive health and care services. This will contribute to the priority of 'Improve Health and Wellbeing' and the vision set out within the refreshed Health and Wellbeing Strategy 2016-2021.

- 6.2 Achieving closer integration and improved outcomes for patients, services users and carers is also seen to be a significant way of managing demand for health and social care services, and so manage financial pressures on both the CCG and the Council.

## **7. Implications**

### **7.1 Financial**

Implications verified by: **Roger Harris**  
**Corporate Director Adults, Housing and Health**

The Better Care Fund consists of contributions from the Council and Thurrock CCG. The mandated amount consists of £10.048m (2017-18) and £10.238m (2018-19) from NHS Thurrock CCG and an amount still to be confirmed from Thurrock Council. Additional contributions have yet to be confirmed by will not be less than 2016-17 amounts (£16.868m).

The nature of the expenditure is an agreed ring-fenced fund. Financial risk is therefore minimised and governed by the terms set out in the Agreement. Paragraph 3.6 refers.

The Fund will be accounted for in accordance with the relevant legislation and regulations, and the agreement between the Local Authority and CCG.

Financial monitoring arrangements are in place, ensuring that auditing requirements are met, as well as disclosure in the financial statement.

### **7.2 Legal**

Implications verified by: **Roger Harris**  
**Corporate Director Adults, Housing and Health**

The entry of the Council into the Better Care Fund Agreement is governed by S75 of the NHS Act 2006. The procurement of specific services by the Council utilising the Better Care Fund is a separate process for consideration and will be the subject of a further report.

### **7.3 Diversity and Equality**

Implications verified by: **Roger Harris**  
**Corporate Director of Adults, Housing and Health**

The vision of the Better Care Fund is improved outcomes for patients, service users and carers through the provision of better co-ordinated health and social care services. The commissioning plans developed to realise this vision will be developed with due regard to the equality and diversity considerations.

**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):

- Better Care Pooled Fund Section 75 Agreement 2016-17
- Cabinet Report 9<sup>th</sup> March 2016
- Health and Wellbeing Board report 10<sup>th</sup> March 2016

**9. Appendices to the report**

- None

**Report Author:**

Ceri Armstrong

Senior Health and Social Care Development Manager

Adults, Housing and Health

<b>15 March 2017</b>	<b>ITEM: 7</b>
<b>Health and WellBeing Overview and Scrutiny Committee</b>	
<b>Adult Social Care Local Account 2016</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Key
<b>Report of:</b> Roger Harris – Director of Adults, Housing and Health	
<b>Accountable Head of Service:</b> Les Billingham – Head of Adult Social Care	
<b>Accountable Director:</b> Roger Harris – Director of Adults, Housing and Health	
<b>This report is Public</b>	

## Executive Summary

The 2016 adult social care local account is our fourth such report. The report is aimed at the local community and describes how adult social care is performing in delivering our key priorities and the progress we have made on the actions we said we would take in our 2015 local account.

The local account includes examples of the achievements and positive progress made over the last 12 months against our 10 key priorities, but also includes examples of the things we need to do more work on. The report also provides the priorities for next year; for example, our work with health to provide joint services through the Better Care Fund, and the retendering of our home care services.

A summary of Thurrock’s performance on the performance indicators in the national adult social care outcomes framework is also included in the report.

### 1. Recommendation(s)

#### 1.1 That Scrutiny Committee note the report

### 2. Introduction and Background

2.1 Since 2011 and the abolition of the Care Quality Commission (CQC) Annual Performance Assessment, there have been a number of changes made to the performance framework for adult social care. The key elements of the approach to assessing and reporting on adult social care performance are set out in the Department of Health publication: ‘Transparency in Outcomes: A Framework for Quality in Adult Social Care’ (March 2011).

- 2.2 At the heart of this change is a strong emphasis on the development of effective sector-led improvement. The sector-led approach is led by a national 'Towards Excellence in Adult Social Care Programme' (TEASC) that includes the Department of Health, Care Quality Commission (CQC), Local Government Association (LGA) and the Association of Directors of Social Services (ADASS). Annual reports (known as local accounts) are seen as a central element of this model and this is a best practice requirement.
- 2.3 Local accounts are intended to be self-assessed and published by Councils. There is no National Government role in assurance and there is no specific guidance produced to cover the content of a local account.
- 2.4 Local accounts are expected to provide an account of the quality and outcome priorities which the council has agreed, and the progress it has made in achieving them during the past year. In short it aims to inform the public of what adult social care does, who it is for, and what the progress and priorities are.

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

- 3.1 The principles we used to produce the local account were for it to be:
- Aimed at the general public and service users and be as short as possible
  - Focussed on outcomes rather than outputs or excessive data
  - Focussed on our vision for the transformation of adult social care services
  - Based around our 10 key priorities agreed in last year's report
- 3.2 The local account aims to tell people how we help adults who may require care and support in Thurrock. The report describes:
- How we spent our money
  - Our achievements and the things we need to improve
  - Our future plans and priorities
  - How the public can be involved and give their views

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

- 4.1 It is recognised as best practice to provide and publish a local account for adult social care and for this to be consulted and commented on by the Council, including by overview and scrutiny committee.

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

- 5.1 This report has been consulted on and agreed with the adult social care senior management team. The local account includes examples that demonstrate how adult social care has engaged with and worked in partnership with, other partners and stakeholders.

5.2 The local account will be published on the Council's corporate website and there will be an opportunity for the general public and/or service users to feedback comments and suggestions.

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

6.1 The adult social care local account directly contributes to the delivery and achievement of the Council's strategic priorities. In particular it provides a means of reporting back to local people on how the Council is performing in delivering priority 4 – 'Improve health and well-being'.

**7. Implications**

**7.1 Financial**

Implications verified by: **Roger Harris**  
**Director of Adults, Housing and Health**

There are no specific financial implications arising from this report as this is just for members' information.

**7.2 Legal**

Implications verified by: **Roger Harris**  
**Director of Adults, Housing and Health**

There are no specific legal issues arising from the report as this is just for members' information.

**7.3 Diversity and Equality**

Implications verified by: **Roger Harris**  
**Director of Adults Housing and Health**

There are no specific diversity issues arising from this report as this is just for members' information. As the Local Account demonstrates, decisions are informed by considering the impact on equality groups.

**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**

Appendix 1 - Adult Social Care Local Account 2016.

**Report Author:**

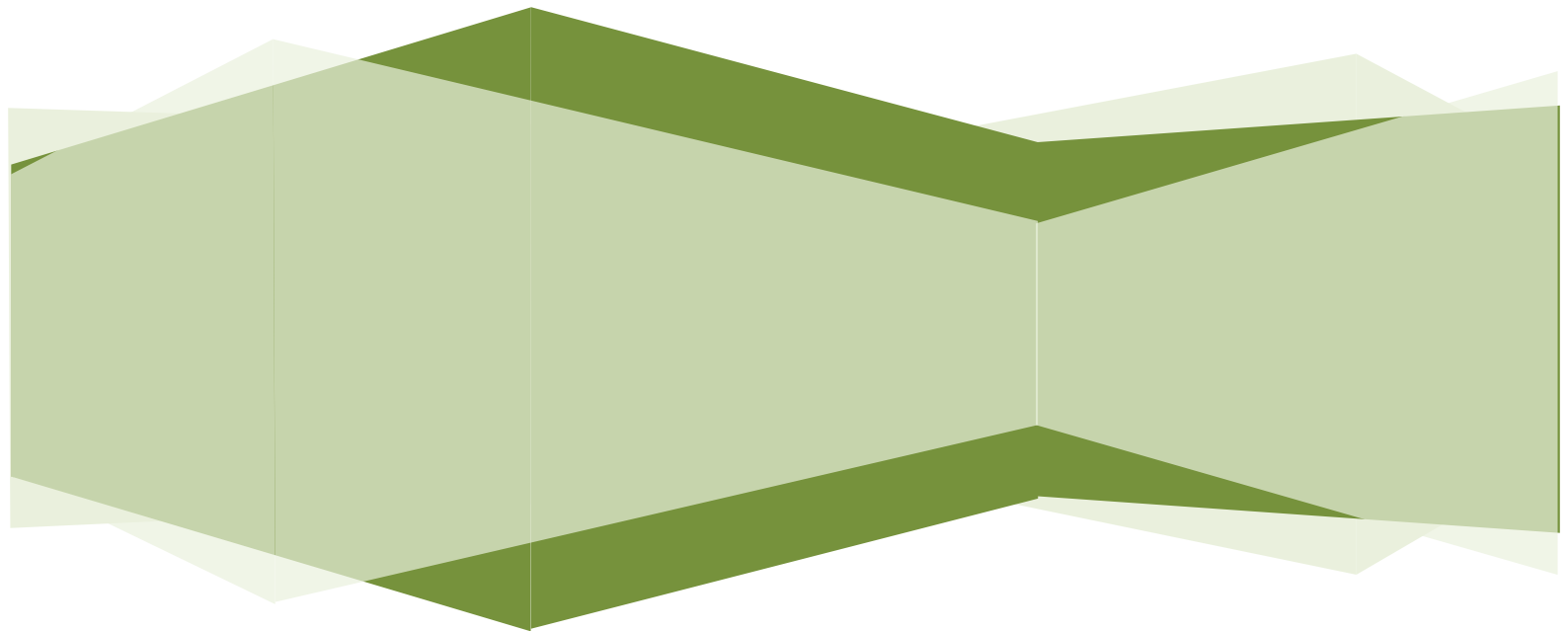
Ann Laing

Contract Compliance Intelligence Officer

Performance, Quality & Business Support

# Adult Social Care in Thurrock

**Making a positive difference – how well  
are we delivering Adult Social Care  
support and services in Thurrock**



# Introduction

Welcome to our annual report on the performance of Adult Social Care. This report describes the progress we are making on our top 10 priorities that we set out in our last report.

In this report we will tell you about:

- How we spend our money
- Our main priorities
- How we are progressing on our priorities
- How you can give your views

In our previous reports we have talked about the financial challenges we faced combined with increased demand for our services - which will continue for a number of years. In addition, the Care Act 2014 has introduced new legal duties and requirements for Adult Social Care and support which has added further pressure. The new legal duties include increased rights for carers, developing more preventative services, integrated working with other colleagues such as health and housing, providing information and advice, and the implementation of a statutory Adult Safeguarding Board.

Our home care market remains exceedingly fragile. We have had a failure in two home care services over the past 18 months and another provider also gave notice on their contract for commercial reasons. This has resulted in waiting lists for care and people waiting longer to be discharged from hospital. Despite this our top priority remains keeping people safe and was one of the reasons for us bringing some of these services back in-house.

Looking forward we need to be radical in thinking about how we can change our approach to continue to support those in need but prevent people requiring services for as long as possible - and we can't do it on our own. We all need to take responsibility for the health and wellbeing of the people in our community, particularly the elderly and the vulnerable. We all need to work together - from the Council, our partner organisations and service providers, to the community charities and groups, and to the individual – to make our communities strong, resilient and full of resources that people can use to remain independent and active.

This report explains our vision for the future, what we have been doing to achieve it, how we have progressed with our key priorities, what we are going to do next, and most importantly how you can help us and get involved.

**Councillor Sue Little**  
**Portfolio Holder for Children's & Adult's**  
**Social Care**

**Roger Harris**  
**Director for Adults, Housing & Health**



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# Our Vision

**‘An ambitious, aspiring and collaborative community, which is proud of its heritage and excited by its diverse opportunities and future’**

The vision of Thurrock Council is ‘An ambitious, aspiring and collaborative community, which is proud of its heritage and excited by its diverse opportunities and future’. In Adult Social Care we want people living in Thurrock to enjoy independent, rewarding and healthy lives in communities that are welcoming, inclusive, connected and safe. Unfortunately, we know that this is not the case for everyone, particularly for older adults and vulnerable people who require care and support.

There will always be a need for health and social care services. The problem at the moment is that those services are often only available at the point of crisis. The rising numbers of older and vulnerable adults needing services, together with the increasing budget pressures the Council faces, means that the current way of working is not sustainable or desirable.

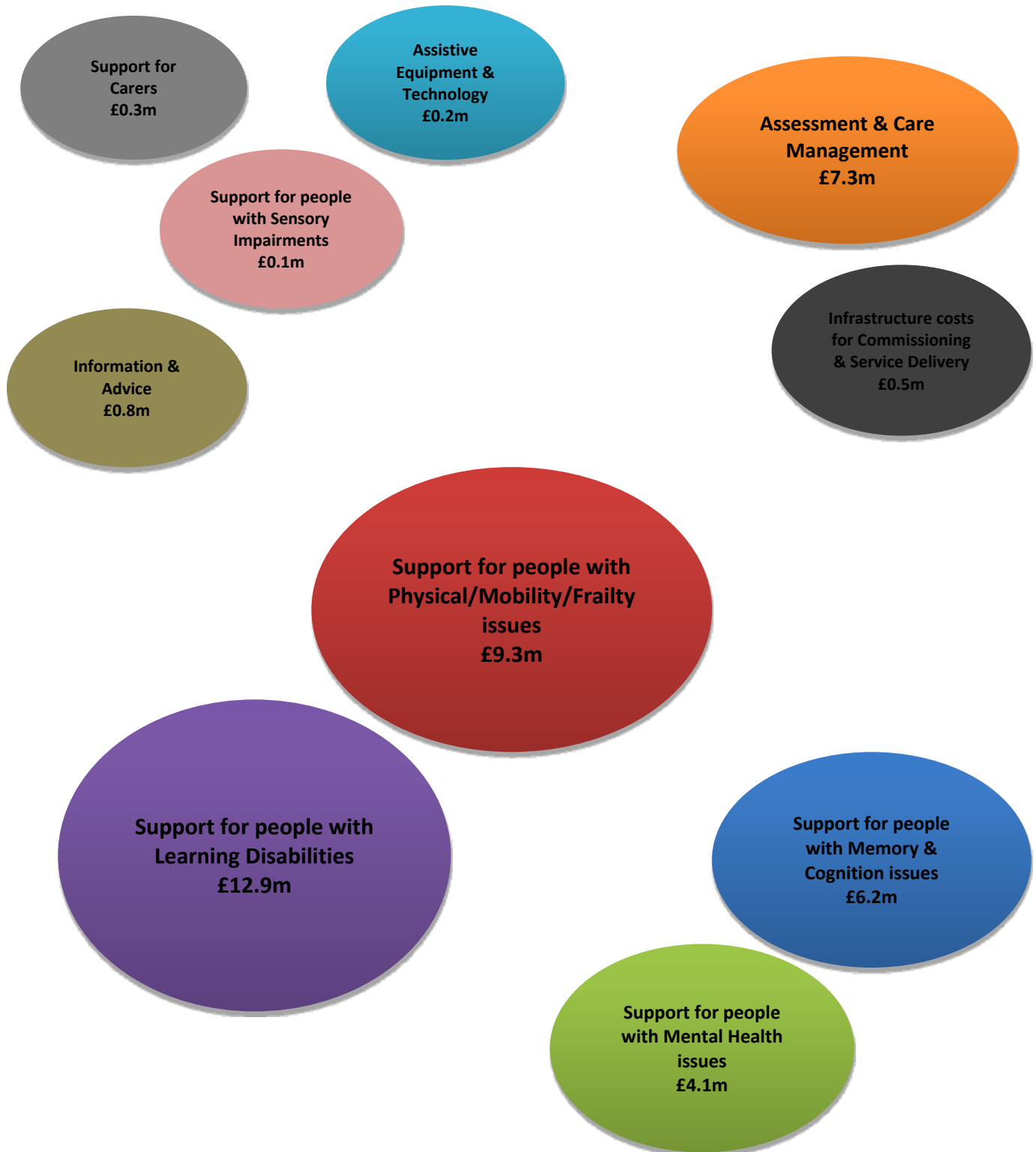
We recognise that there is no single solution and that what is needed is a ‘whole-system’ approach. This means working in partnership with communities, services, partner organisations and the private sector to shift resources towards preventative well-being services and community solutions. It also means supporting individuals and communities to become stronger and draw on community resources to enable people to find their own personal solutions to meet needs and supporting individuals to remain independent.

We call this a strength’s-based approach and we have in place a programme to deliver these aims. Our programme is called Living Well in Thurrock.



## Our Budget

We spent £41.7 million on Adult Social Care services in 2015/16. The chart below shows how our spending is split across key areas:



\* Gross expenditure

## Our Key Challenges

As with all other local authorities the funding of adult social care is a big challenge, we have also been embedding the Care Act (2014), the most significant legislative change to Adult Social Care for many years.

This positive legislative change has introduced new legal duties and requirements for Adult Social Care.

For example increased rights for carers, developing more preventative services, implementing a statutory Safeguarding Board, and more integrated working with other colleagues such as health and housing.

We continue to have a very fragile home care market and providers are struggling to recruit and retain staff . This year we have had failures with three home care providers resulting in the Council having to take back in-house most of the care packages from those providers whilst also having to provide additional resilience funding to our remaining external providers so that they can continue to provide care.

In 2015/16 we were above the national average in terms of permanent admissions to residential/nursing care (see **Appendix One** for details) and we know that we need to develop better and more local offers to people such as supported living and Shared Lives.

Our top priority remains keeping people safe and we are pleased that number of complaints remains relatively low and the satisfaction rates remain relatively high.

## Review of Our Priorities for 2016



Join up health and social care services to support people better



Develop the services the Council provides to improve quality and reduce cost



Support small community based services in Thurrock to give people more choice



Investigate opportunities for buying services with other partners if this improves choice and cost



Make more use of Direct Payments to allow people to manage their own care



Allow more self service using the internet



Change our home care services to improve choice and quality



Change the support the Council provides to its front-line services to improve cost effectiveness



Change our services to reflect people's strengths and independence not just their needs; services should be more local and personal



Improve access to our information and advice so people have confidence in planning their own support

# Priority 1 – Joint Health & Social Care Services

## Join up health and social care services to support people better

In 2014 the Government introduced the Better Care Fund (BCF). The Fund consists of pooled money from local authorities (Adult Social Care) and the NHS (Clinical Commissioning Groups) to support the integration of social care and health, with an overriding aim of reducing the number of unplanned emergency admissions to hospital. The Fund is predominantly not new investment but brings together money already being used by Health and Social Care.

Our new plan for 16/17 was submitted on the 3<sup>rd</sup> May 2016 and continues to focus on reducing hospital and residential care admissions for older people aged 65 and over by ensuring that people have a good local community health and care offer. The full plan can be found here: [Better Care Fund Plan](#).

We have appointed an Integrated Care Director for Thurrock which is a joint post between Thurrock Council and community health provider North East London Foundation Trust (NELFT). This post promotes joint working across the two organisations and works to integrate services where it makes sense to do so.

**Over £27,000,000 allocated to a shared health and social care fund**

The Plan has 4 main work streams:

Scheme No	Scheme Name
Scheme 1	Prevention & Early Intervention
Scheme 2	Out of Hospital Community Integration
Scheme 3	Intermediate Care
Scheme 4	Disabled Facilities Grant

### Scheme 1 – Prevention & Early Intervention

The objective of this scheme is to provide a joined up response to individuals that uses existing and developing initiatives. The result will be a cohesive prevention and early intervention offer. The refresh of Thurrock's Health and Wellbeing Strategy has brought with it a stronger focus of preventing, reducing and delaying the need for health and care services. This is consistent with the introduction of the Care Act 2014.

Work carried out over the past year to contribute towards the delivery of the scheme includes:

- Continued development of Local Area Coordination (LAC) – with 10 LACs providing borough-wide coverage. The LAC service focusses on the 'what does a good life look like to you' question and aims to prevent crisis point and keep people connected within their own communities;
- The successful appointment of a provider to deliver an Integrated Data Set across Adult Social Care and Health – focusing on highlighting groups at greatest risk of ill-health at the earliest opportunity to allow effective intervention and prevent episodes of crisis and declining health;
- Delivery of a falls service as part of the Older Adults Health and Wellbeing Service; and
- Delivery of a diabetes prevention programme.

## Scheme 2 – Out of Hospital Community Integration

This scheme aims to improve the care people get in their local communities by improving the coordination of community health and care services so that care delivered in the community is person centred regardless of the nature of the service required or who is providing the service required.

In order to achieve the aims underpinning this scheme, we have developed an integrated community older adults' health and wellbeing service. Through investment secured from the Better Care Fund, we have been able to develop a model that aims to close the gap between the hospital and community to prevent and anticipate crisis, avoid admissions to hospital and care homes, and provide integrated pathways that ensure people get the right care at the right place at the right time.

The model of care being taken forward brings together:

- The Community Geriatrician (specialists in health care for elderly people) provided by Basildon & Thurrock University Hospital (BTUH);
- Care Home support resource; and
- New resource for falls prevention including physiotherapy, occupational therapy, pharmacist and nurse.

The resource has been brought together and used to develop a service that provides services to people in a variety of settings. The service will work alongside health, social care and the voluntary sector to best deliver outcomes and meet needs.

Further work we are undertaking includes:

- Developing four local 'healthy living centres' which will provide a range of health and social care services, starting with Tilbury and Purfleet. Whilst these are being developed, we have put in place virtual Integrated Community Teams consisting of additional dementia nurses, community carers/support workers, additional Physiotherapists and Occupational Therapists. This will provide a 7 day service with links to our Local Area Coordinators and Community Hubs.
- Redesigning home care services – see **priority 7** for more detail.

## Scheme 3 – Intermediate Care

We have a range of Intermediate Care services in place which can:

- Provide reablement and rehabilitation after illness or crisis to enable people to gain/re-gain the skills necessary to live independently
- Ensure people who have been admitted to hospital do not stay in hospital for longer than necessary
- Help people to return home with reduced need for ongoing care, preventing further hospital admissions
- Provide an alternative safe place for people in crisis to prevent hospital admission occurring in the first place.

**90.8%** of service users discharged from hospital into reablement services were still at home 91 days later (2015/16)

Services provided include:

- **Hospital Social Work Team** - based at Basildon Hospital. This is a team made up of social workers who work jointly with health to plan patients' discharges from hospital to ensure this is

both timely (i.e. they are not left in hospital for longer than necessary) and that appropriate services are in place prior to discharge to support patients rehabilitation.

- **Joint Reablement Team (JRT)** - a fully integrated service between health and social care to provide reablement/rehabilitation to individuals in their own home. In 2015/16 90.8% of service users discharged from hospital into reablement services were still at home 91 days later. This is 4.8% higher than the previous year and is 8.1% higher than the national average.
- **Interim Beds** - available at Collins House, our council-run residential care home in Corringham. This operates as both a step-down service from hospital whereby reablement/rehabilitation can be provided to help individuals to regain their independence as much as possible, and also a step-up service to people in crisis to prevent hospital admission. In many cases the beds are used as a safe place for a full assessment of an individuals' long term needs to be established outside of a hospital environment, thus not delaying discharges.

**45% of service users staying in the interim beds in 15/16 were able to return to the community to either their own home or to extra care/sheltered housing**

- **Health Funded Reablement Beds** – also based at Collins House, we have recently turned five beds into reablement beds funded by our health colleagues. The beds are open to those who have suffered a medical illness or injury, had an operation, had a fracture or have suffered a stroke and who require reablement/rehabilitation support to enable them to return to independence. These beds are proving successful and we hope to expand these in the future.

We have set up an Intermediate Care Working Group which has been running for a year and is made up of clinicians from health and social care. This working group has been reviewing the intermediate care services and as a result of this we are going to:

- Add Crisis Dementia Nurses to our Rapid Response Assessment Service (RRAS) to ensure people with dementia are supported in the community when they are in crisis.
- Develop Community Carers/Support Workers to support people through crisis. At present RRAS provide assessments but then need to refer individuals to other services to receive ongoing support. These workers will provide crisis support after RRAS has assessed them.
- Increase care staff for the Joint Reablement Team as demand for this service is growing, with additional Physiotherapist and Occupational Therapist.

#### **Scheme 4 – Disabled Facilities Grant**

The Disabled Facilities Grant (DFG) is funding provided to individuals, largely those who are disabled, to help pay for major adaptations to their homes. Eligibility for the grant is assessed by the Local Authority. In Thurrock, DFG's are delivered in partnership with a local home improvement agency, Papworth Trust.

The DFG is now included as part of the Better Care Fund and we plan to ensure DFGs form part of our wider goals to improve support to people living at home. The assessments for DFGs will be moving over to our community teams, including the Joint Reablement Team, so that the assessments and needs of the individual in terms of adaptations is looked as part of a larger, more holistic assessment of all their needs and requirements, rather than this being a stand-alone service.

#### **Other – Social Prescribing Pilot**

The relationship between patients and GPs is often over-reliant on physical health and clinical/medical interventions. GPs have 6 minutes for each consultation and do not have time to explore all factors impacting on a patient's health and wellbeing. Primary Care Teams are in an ideal position to tackle



health inequalities as they are accessed by 90% of their patient list per annum. However, they are often unaware of the range of community resources that are available locally and how to involve patients in community activities to improve wellbeing.

With this in mind, the CCG and partners aim to improve the relationship between GPs and the local community by commissioning a Social Prescription service to improve health and wellbeing outcomes and reduce inequalities. The objectives are:

- To build self-resilience amongst patients in order to assist them to better manage their holistic health
- To reduce demand on primary care services, particularly from high intensity users
- To empower GPs with a practical mechanism to assist patients who repeatedly present themselves with non-clinical issues.

The pilot will link with Community Hubs which will enable citizens to be more connected with their local community, and allowing more opportunities to be involved in activities or volunteering. The project is hosted by Thurrock CVS and will focus on four GP practices in Tilbury, East Tilbury, Aveley and Purfleet.

## Priority 2 – Service Improvements

### Develop the services the Council provides to improve quality and reduce cost

Due to the current financial climate and the continued need to make an unprecedented amount of savings Thurrock needs to, wherever possible, develop services to make improvements to the quality of services, but also to reduce costs. This is becoming more difficult since we have already had to make savings over the last few years, however this year we have made some significant savings by redesigning our day care and extra care services.

**£400,000** savings made due to the redesign and improvement to our day care and extra care services.

#### Day Care Changes

Day care was provided to older people across five sites at significant cost both in terms of the properties used, and the separate staff teams employed to work at each of the sites. A review of this service showed that some of these sites were under-used by individuals, making the service less cost effective.

As a result of the review, we have completely remodelled the day care services and have reduced the number of locations to from five to three. Three of the original sites were closed and one new one has been created at a property already being used for other services. The staff have been redeployed to the new/remaining sites meaning that more staff are available in the three locations and more service users are attending each session. The service has been extended even though it is being provided in fewer locations.

The changes were done in full consultation with service users and staff and early indications are that there is a sense of renewed energy and excitement in the sessions, with greater interaction and participation in activities.

#### Extra Care Changes

Previously Extra Care was provided to older people across two sites in Thurrock. Extra care is similar to sheltered housing where individuals live in their own self-contained flats and have access to communal facilities on site. A member of staff is on duty at certain times to provide low level support to ensure residents are safe and well. Where extra care differs from sheltered housing is that residents receive more personal care support than they would in a sheltered housing complex. Extra care is aimed at older people who are becoming more frail and cannot do everything for themselves but still retain some independence so do not require residential care.

We have reviewed our extra care services and again have made significant changes and improvements to the service. We have closed one of the extra care services that was financially non-viable but extended the second to ensure no-one loses their service. We have also introduced an enhanced housing related support function, alongside a concierge service.

Once again, the changes have taken place with the full consultation and support of the staff and service users and feedback so far is that the service has improved.

## Efficiencies Achieved

The redesign and remodelling of our day care and extra care services has delivered in excess of £400,000 of savings, making the services more cost effective, and the improvements to the quality of the services has improved value for money. This has been a significant achievement for Adult Social Care.

## Future Changes to Council-Run Services

In future we are going to be looking at the possibilities and potential benefits of making some or all of our in-house Adult Social Care services external to the Council so that they are run by external organisations. There are lots of options to consider and we need to be careful of the risks and potential drawbacks of doing this as well as the potential benefits and cost savings.

## Safeguarding Vulnerable People

In Thurrock we believe that safeguarding is everyone's business. Throughout all the work we do in Adult Social Care from giving advice and information to providing services, of utmost importance is that vulnerable people are kept safe.

Our Safeguarding Team is integral to ensuring services are good quality and keep people safe. Working in partnership with our Contract Compliance Team, the Safeguarding Team investigate any concerns arising in services, for example home care or residential care, and where concerns are substantiated, put in place action plans to make improvements. Action plans are then monitored closely by the team to ensure they are adhered to. Monitoring can include monthly visits, weekly visits and even visits during the night (e.g. to residential care).

In 2015/16 the Safeguarding Team received an average of **35** referrals per quarter and an average of **36** alerts per quarter.

Where required, the Safeguarding Team work in partnership with the Care Quality Commission, who regulate certain services such as residential care and home care, the Police, and our health partner the Clinical Commissioning Group (CCG).

Our Adult Safeguarding Board is now a statutory board under the new Care Act, which has an independent chair, and will commission independent reviews to investigate concerns where this is required.

We also have in place a Vulnerable People Protocol, jointly agreed with Adult Social Care, Housing, Thurrock Drug and Alcohol Action Team (DAAT), South Essex Partnership NHS Foundation Trust, and South West Essex Primary Care Trust. This protocol ensures a commitment to working in partnership to safeguard vulnerable people at risk in their homes or those who face re-housing or eviction.

**87.7%** of people who use services say that those services have made them feel safe and secure (2015/16 Survey). This is **2.3%** higher than the national average.

See **priority 9** for more information on safeguarding.

## Priority 3 – Increasing Choice

### Support small community based services in Thurrock to give people more choice

This year we have been continuing our key objective of supporting local communities to build the resources, assets and services they need to ensure people feel connected to their communities and have active and independent lives, with as little formal support from Adult Social Care as possible. Some examples of the types of support we have been providing to encourage more small community based services around Thurrock are set out in this section.

You can find out more about this work by visiting our Stronger Together website:

<http://www.strongertogether.org.uk/>

### Community Asset Transfer Policy

We have adopted the Community Asset Transfer (CAT) Policy which will enable local organisations or community groups to seek the use of land or property owned by the Council in order to set up community based services and local resources. If the activity the individual, group or organisation wants to carry out is within the agreed framework, they will be able to access the facilities they require at a subsidised rate.

#### Example of Community Asset Transfer (CAT) Policy in Action:

Friends of Hardie Park in Stanford-Le-Hope have been instrumental in making improvements to their local park, including preventing vandalism of equipment and anti-social behaviour and securing funding to install a brand new skate park. A pre-fabricated building has also been erected which will contain a café and space to deliver training sessions

### Micro-Enterprise Project

Our Micro-Enterprise Project is being delivered in partnership with an organisation called Community Catalysts to provide free support, advice and information to people, groups and organisations who have an idea for a small local service (called a micro-enterprise) that will provide support to people in their local community.

The project will help with all aspects of the setting up of the business, including advice and support on training, insurance, funding, and how to get ongoing support.

#### Examples of what the Micro-Enterprise Project has helped with:

Support to set up a small team offering personal care and domestic support for people living with dementia.

Support to set up a small service for older and vulnerable people tailored to individual needs such as accompanied visits to GP's, drop-ins, and befriending.

## Time Bank Thurrock

Time Bank Thurrock is a volunteer project that helps people to share their skills or spare time to help other people, and to choose help that they'd like in return. So for example, a Time bank member may help with clearing someone's garden, and in return, could get help with a DIY project from a different Time bank member. Each person decides what they can offer and everyone's time is equal.

Because Time banks are easy to use systems of exchange, they can be used in an endless variety of settings, for example shopping or doing simple errands, decorating and simple DIY home repairs, cooking and gardening.

Members can also bank their time credits to get support for other people such as neighbours or family members, or alternatively donate them into a community pot to help other vulnerable people.

## Animate

We have been continuing with our three-year programme called 'Animate', which links younger and older people together to encourage an exchange of skills, experience and knowledge.

The aim is to target younger people who are jobless or are beginning work, and older people who have recently, or are about to, retire. The programme has the dual benefit of helping young people to gain the skills and knowledge required for them to enter the job market, whilst also allowing older people to remain active and independent, decreasing the chances of social isolation.

Animate is a European programme and we are working in partnership with e-learning studios, University of Geneva, Biomedical Research Institute for Health and HI-Iberia Ingenieraiy Projectos SL.

You can find out more by visiting the website here: [Animate](#)

## Priority 4 – Buying Services with Other Partners

**Investigate opportunities for buying services with other partners if this improves choice and cost**

As well as being committed to exploring joint services with Health and Adult Social Care, this year we have also looked at what opportunities there are for buying services with other partners such as service providers. The information below gives a couple of examples of where we have done this.

### Shared Lives Scheme

This year we have started the process of developing a Shared Lives scheme in Thurrock.

Shared Lives describes a situation where an individual or family are paid to include someone in need of support into a supportive family setting. This can be either short or long term and maximises the abilities, contribution and capacity of families in a local community and can offer more intensive emotional support than residential care.

We are developing this service in partnership with Social Finance, who are experts in setting up Shared Lives schemes across England. Social Finance will be working with the Council and commissioned provider to give expert advice and support to ensure the service is a success.

Shared Lives carers are recruited, trained and approved by a Shared Lives Scheme regulated by the Care Quality Commission (CQC).

Shared Lives offers a real alternative to other forms of support and accommodation and can be used as a long term home, a stepping stone towards independence or day support. Shared Lives carers and those they care for are matched for compatibility and then often develop excellent long term relationships with the carer acting as an extended family.

The tailored, highly personalised nature of Shared Lives fits in well with the personalisation agenda and builds upon our community development work. The Shared Lives scheme will contribute to Thurrock's aim of developing resilient and self-supporting communities which is seen as a key driver for finding solutions to loneliness and social isolation among the elderly and vulnerable population.

We have appointed our provider organisation – Ategi and they are currently recruiting staff.

### Specialist Autism Services

The Council, in conjunction with Family Mosaic, a large housing association providing affordable homes and care and support services is developing 6 specialist homes in Grays for young people with autism and severe learning disabilities. The homes will be completed in summer 2018 and the Council is already working with representatives of Thurrock Autism Action Group to finalise the design, and with the potential tenants and their families to ensure a smooth transition from residential education to independent living.

## Priority 5 – Direct Payments

### Make more use of Direct Payments to allow people to manage their own care

Thurrock Council is committed to ensuring people requiring care and support have as much choice and control as possible over who provides their care and how it is delivered. We call this self-directed support.

83.7% of service users surveyed in 2015/16 felt that they had control over their daily life

When individuals are first assessed to find out what their needs are and whether they are eligible for support, we ensure that the individual and their carer/s views are heard and that they lead on what they think they need help with. Once eligibility has been established, we discuss the options for support and the person decides what would best suit their needs. This can be in the form of a service provided by the Council, or this could be a direct payment.

Direct payments are the purest form of self-directed support as they offer the individual complete control over their care. A direct payment is where the individual is given a cash payment by the Council and then the individual arranges their own care and uses the money given to pay for it.

In Thurrock the use of direct payments has been promoted over the last few years. We have been successful in providing carers with direct payments, but we have been less successful in increasing the numbers of service users receiving direct payments.

94.4% of carers receiving support in 2015/16 were receiving direct payments. This is 26.5% higher than the national average.

28.6% of service users in 2015/16 were receiving direct payments. This is a 3% reduction compared to the previous year; however it is in line with the national average (28.1%)

### Purple (Formally Essex Coalition for Disabled People)

For those people who want a direct payment, we offer a service to help people manage their money and arrange their care. The service, run by Purple (formally Essex Coalition for Disabled People), also gives independent information and advice to help people decide whether they want a direct payment. The service can help service users to source individuals (called Personal Assistants) or organisations to provide their care, and also provides payroll services.

In 2015/16, Purple received 145 new referrals and supported an average of 294 individuals with their direct payments.

### Future Plans

One of our plans for this year was to increase the numbers of people receiving direct payments and we have managed to do this for carers. However, we were disappointed that our percentage of service users receiving direct payments dropped in 15/16 compared to last year and we realise that we haven't done enough to promote this.

We have newly appointed a Commissioning Officer to spend the next year looking at how self-directed support, and direct payments in particular, can be expanded. One of our plans is to look at turning our day opportunities service for people with learning disabilities into direct payments.

## Priority 6 – Online Self-Service

### Allow more self-service using the internet

Assessments are carried out by qualified social workers and are used to:

- Determine whether an individual is eligible for support under our criteria
- Decide how best to support the individual (if eligible)

It is important that assessments are led by the individual to ensure they are personalised to their needs and aspirations. Once people have been assessed best practice is to provide them with an indicative Personal Budget that tells them approximately how much money they would have to spend on services. It is up to the individual to then decide how they want that money spent, e.g. through a direct payment (see **priority 5** for more details) or through a traditional council service.

In Thurrock we want to make the assessment process easier and more accessible for people by having an online self-assessment. This would allow prospective service users to complete the self-assessment in the comfort of their own home, receive their indicative Personal Budget, and then this would be received by Adult Social Care for processing and agreeing.

### Resource Allocation System (RAS)

The Resource Allocation System (RAS) is a tool we developed in partnership with an organisation called Quickheart which is an online system that takes individuals through a self-assessment process. The individual can select what they need help with and explore the options of how this can be met. At the end of the assessment an indication is given as to whether they are eligible for care and support and if so an indicative personal budget is provided. A social worker would then check this assessment and estimated budget against our eligibility criteria and make any necessary adjustments. Once completed, the individual can decide how that budget is spent during the support planning.

We have been building this tool and using it internally for the past year and are committed to providing this service on-line in the near future.

### Ordering Basic Equipment Online

Whilst we haven't been able to make public the Resource Allocation System as expected, we have developed a range of self-assessment forms for basic equipment which are available online for people to complete and send in to the Council. These self-assessments cover the following:

- |                                    |  |
|------------------------------------|--|
| Getting on and off your chair      | Getting in and out your bath or shower |
| Getting on and off your bed        | Getting in and out your home           |
| Getting to, on and off your toilet | Making a snack, meal or drink          |
| Getting up and down the stairs     |  |

The self-assessments make it easier and quicker for individuals to get the basic equipment that they need as it often means that they do not need a visit and home assessment, which has a waiting list. A full self-assessment form is also available online for individuals to complete if they have more complex



needs. In this case a home visit may still be required. You can find the self-assessment forms here:  
[Home Adaptations and Equipment Self Assessment](#)

## Priority 7 – Changing Home Care

### Change our home care services to improve choice and quality

More people than ever require home care; however there have been considerable difficulties in recruiting and retaining staff in the home care industry. The way home care is provided hasn't changed in many years. Staff are required to travel all over the borough every day to provide support and this impacts on both the number of people we can support in any one day, and also the amount of time we can spend with each person.

We feel that this affects the quality of the service we can provide. With demand for the service increasing, staff in home care services are becoming more and more rushed to go from one person to the next and are only able to provide the basic care that people need.

Most individuals requiring home care are older people who, due to their frailty are often socially isolated from the community. In some cases, the carer from their home care service might be the only person they speak to that day. If the carer does not have the time to talk to the individual and is only concerned with getting the care completed as quickly as possible, this does not help the individual's health and wellbeing.

### Living Well @ Home

In Thurrock, we want to redesign our home care services and move away from the traditional service. We want to develop a more flexible model with carers based in smaller local areas that they know, where they can help individuals to 'live well' by meeting their care needs, but also their nutritional, cultural, social and emotional needs through accessing local community resources and groups.

Examples of this could include:

- Helping an individual to get home cooked meals from a local café rather than accessing our traditional meals on wheels service.
- Helping an individual to attend a local community group or club rather than attending Day Care.

This new service is called Living Well @ Home and our intention was to pilot the new service this year.

The pilot will test the new ideas and models out in one or two local communities. This will then be evaluated with lessons learned and if successful will be rolled out as the new home care model.

### Current Issues in Home Care

Unfortunately, we have not been able to pilot the new model yet as was our intention as we have had a number of issues arising in our home care services this year. One of our externally funded home care services was rated as 'Poor' by the Care Quality Commission (who regulates the services) and we had to terminate the contract with the supplier. In addition, another provider gave notice on their contract at around the same time. Both of these contracts ending would have potentially left a lot of vulnerable people without any care or support. To address the gap, we set up an in-house home care service, which took on all of the home care packages from the two providers.

Our Joint Reablement Service, which is already run in-house, also took on some of the care packages to help with the huge influx of care we needed to provide to ensure no-one had an interruption to their service. We were inspected by the Care Quality Commission and as a result of the strain on this service, received a 'Requires Improvement' rating which we are currently working on improving

## Priority 8 – Support to Front-Line Services

### Change the support the Council provides to its front-line services to improve cost effectiveness

This year we have taken a number of actions to change the way our back office functions operate to ensure we are providing the most cost effective and efficient support to our front-line services. Below are a few examples of the things we have done this year.

#### Bringing SERCO Staff In-House

For the last few years, many of our back-office staff in Adult Social Care were provided by a partner organisation called SERCO. This includes office functions such as Customer Finance, Administration, Community Solutions Team (our first point of contact in Adult Social Care), and our Call Centre at Harty Close.

In 2015 we have dissolved our contract with SERCO and brought all of these staff back in-house. The benefits of this have included significant cost savings, as well as creating a more efficient workforce as it has allowed staff to work closer together with more joined up approaches.

#### Re-Organisation of Administration Team

We have also reorganised the Administration Teams within Adult Social Care so that instead of having one large 'hub' of staff, we now have administrative staff members sitting within front line services to ensure front line staff have dedicated people to support them in their roles. This has again brought more effective working.

#### Integrated Data Set

To support our closer working relationship between Adult Social Care and Health and all of our work to provide joint care and health services to enable a more holistic service to the individual (see **priority 1** for more details), we have successfully appointed an organisation to provide an 'Integrated Data Set'. This is where we are bringing together vital information across health and social care services about individuals so that we have all the information necessary to support people. This will enable us to provide people with one service that meets all of their health and social care needs.

The Integrated Data Set will also allow us to undertake analysis of trends in Thurrock which will help us to predict what services and support we will need in the future, as well as demand for services, which will enable us to better plan for the future. It will also allow us to identify people at greatest risk of ill-health to allow effective intervention.

## Priority 9 – Strength’s Based Services

Change our services to reflect people’s strengths and independence not just their needs; services should be more local and personal

Fundamental to the changes we have been making to services over the past couple of years has been changing the culture of the way we do things from being needs-led, i.e. what people can’t do, to being strength’s-led, i.e. what people can do and how can we help them to do more.

We are also moving away from traditional, Thurrock-wide services, and want services to be more personalised, tailored to individuals’ needs, and rooted in local communities.

This section details some of the things we have been doing to achieve this key ambition.

### Local Area Coordination

As discussed briefly in **priority 1**, Local Area Coordination (LAC) started in July 2013 with three Local Area Coordinators (LACs). We now have 10 LACs each working in their own specific local community where they have in-depth knowledge of what the community has to offer. We now have LACs across the whole of Thurrock.

LACs work as a ‘critical friend’ asking the question of what a good life looks like to the individual, and then helping them to find ways of meeting those goals, using community resources where possible.

Our Local Area Coordination service received high praise at both the LGC Awards 2016 (Team of the Year) and the Municipal Journal Awards 2016 (Excellence in Community Engagement)

Support provided is varied and can include:

- Helping people overcome social isolation by helping people to access local community groups and clubs
- Linking individuals together for mutual benefit
- Helping individuals to find volunteering opportunities where they can give back to their community
- Supporting people to access benefits and deal with housing issues including preventing eviction
- Supporting individuals to lead more active and healthy lifestyles, including reducing smoking and/or alcohol intake, joining exercise groups etc.

For every **£1** invested in Local Area Coordination there is a **£4** return on investment (Social Return on Investment analysis)

### Micro-Enterprise Project

As discussed in **priority 3**, we have implemented a project to provide free advice and support to help local people and groups set up small local businesses and services to help the local community.

This is supported by the adoption of the Community Asset Transfer (CAT) Policy which helps individuals wanting to set up local community groups and services to access the facilities they need to do so by using land or property owned by the Council at a subsidised rate. See **priority 3** for more details.

## Changes to Home Care Provision

As detailed in **priority 7**, we are changing the way our home care is provided to move away from traditional services towards services that empower individuals to become more independent by using local community resources to meet their needs rather than using formal services that have traditionally been a 'one size fits all' approach.

We will be piloting a new model, called Living Well @ Home over the next few months. Carers will be focussed in smaller local areas that they have knowledge of and will be spending more time with individuals finding out what would make their life better and then helping them to achieve their outcomes, using community resources. For example, the service might help an individual to attend a local group or club that is in-keeping with their own interests, rather than arranging for them to attend Day Care sessions.

If successful, the new model will be rolled out for all home care services.

## Making Safeguarding Personal

Traditionally, Safeguarding processes were driven by the professional. Concerns raised would be investigated and if found to be true, actions would be taken to safeguard the individual to ensure it cannot happen again. For example, this could be increased monitoring or even a prosecution.

Whilst this approach ensures the individual is safeguarded, it doesn't consider how the individual being safeguarded felt about the investigation or action taken, or what they wanted to happen. Often, we only ask individuals how satisfied they were with the process and outcome after the safeguarding process has been completed.

Making Safeguarding Personal is a programme to shift the culture and practice in safeguarding teams to ensure individuals are at the heart of any safeguarding process. It is about having conversations with individuals upfront and asking them what they want to happen and what outcomes they want to achieve. For some this may be a prosecution, for others it may be to repair and retain the relationship they had with an individual prior to the issue.

In Thurrock we are signed up to Making Safeguarding Personal. Our practice is to put individuals in full control of the safeguarding process, involving them every step of the way in terms of how the issue is investigated, and what action is taken as a result. Going through a safeguarding process can be very traumatic for some people and our aim is to put the power back into individuals' hands through a fully personalised service.

Not only does this ensure that we achieve the outcome/s that the individual wants, but also allows people to have a positive experience of a process that respects their views and wishes, supports their wellbeing, promotes their independence, and ultimately makes a positive impact on their life.

## Priority 10 – Information & Advice

### Improve access to our information and advice so people have confidence in planning their own support

Thurrock is rich with community groups, resources, assets and services that people can join and tap into so that they feel part of their community and can lead socially engaging and rewarding lives with a network of friends, peers and colleagues.

It is very important to us that individuals wanting to join community groups that meet their interests or those needing help can easily find information and advice about what is available to them. Therefore the information and advice we offer needs to be clear, informative, and above all, easy to find.

85.8% of service users surveyed in 2015/16 felt that it was easy to find information and advice. This is 10.3% higher than it was the previous year, and is 12.3% higher than the national average.

We provide information and advice in a number of ways in order to reach as many people as possible.

### Community Asset Map

Working in partnership with Thurrock CVS (Council for Voluntary Service) a google map has been created which shows information about groups, organisations and services that are of community benefit. The purpose of this map is that it can be used to find 'non-traditional' services for people, for example a local lunch club offering dementia support.

All items on the map are for things that you wouldn't necessarily be able to find by looking elsewhere. Items are grouped into category and can be filtered or you can search for a postcode or keyword, or simply zoom in to the map. The map will be available via [www.strongertogether.org.uk](http://www.strongertogether.org.uk) and is currently in testing phase. It will be made more widely available in early 2017.

### Website

In 2014 we launched a new information and advice website which includes information on services and resources available locally in the community as well as services that the Council provides. You can see this website here: <https://mycare.thurrock.gov.uk/>

The website is very user-friendly and provides over 300 pages of information and advice on different options and services available for people requiring support. This year we have undertaken a further review of all the content on the website to improve health related topics and increase signposting to other useful sources of information, such as NHS Choices. We are also working to link into the new coming Stronger Together Community Asset Map (see above). As part of this review, we arranged a further testing session in partnership with our User-Led Organisation run by Thurrock Coalition, whereby a group of service users tested the website and provided feedback on what works and what doesn't. We will be launching the updated content in early 2017.

## I would like to find out about...

Click on image to select...



© Quickheart 2015

Tell us what you think

As part of the main council website, we also have 'My Account', an online system whereby members of the public can register for an account and deal with their finances online such as managing their council tax and housing benefits.

## Community Hubs

Community Hubs are run by the local community in partnership with a range of organisations including Thurrock Council. The great attraction of Community Hubs is that local communities can play a significant role in deciding on local priorities for action.

There are currently 5 Community Hubs – in South Ockendon, Chadwell St Mary and Stifford Clays/Blackshots, Tilbury and Purfleet with a new hub planned for Aveley in 2017. Opening times and information about what is on at each hub can be accessed via <http://www.strongertogether.org.uk/>

Local people are responsible for what happens at their Community Hub. They respond to the ideas of their local communities about the activities and events that are run from the hub. Community hubs play a key role in supporting improved health and wellbeing in an area. As well as signposting to local information and services, hubs are used by Local Area Coordinators, Housing to provide surgeries, and a wide range of community associations to promote support networks to local residents.

Examples of activities managed by hubs include:

- Arranging events so that local residents can learn about local groups and organisations that offer activities, and how they can support their own community
- The recruitment of many local volunteers, some of whom have used their volunteering experience at the Hub to help them get permanent paid employment
- Working with local GPs so that residents with non-medical conditions can be referred to the Hub where they can join community groups, develop friendships and become more confident and able to enjoy their lives
- Support is given to a wide range of local people with form filling, support with on-line services and validation of documentation. This results in fewer trips into Grays – which is expensive for people with limited resources
- Helping citizens to resolve queries with the support of their peers.

Volunteers are being recruited to support the development of hubs across Thurrock. There are various volunteering roles available in community hubs such as meeters and greeters, booking coordinators, website/social media, providing online assistance on Thurrock Choice Homes/Universal Credit and much more.

### **Carers Advice and Information Service (Cariads)**

We also have a Carers Advice and Information Service (Cariads) which is provided by three voluntary sector organisations, Thurrock Mind, Thurrock Lifestyle Solutions and Thurrock Centre for Independent Living. This is a service specific to people who care for a family member to ensure they get all the advice, information and support to allow them to live fulfilling lives whilst still continuing in their caring role.

The current contract for this service is due to come to an end and we have started the process of advertising the service for all prospective service providers to bid for the service. The new service will have an emphasis on being proactive in seeking out and identifying carers in order to offer support and working across the communities in Thurrock.



## Our 10 Key Priorities for 2017



Continue to join up health and social care services through the Better Care Fund, to support people better



Continue to strengthen communities and build community resilience by supporting small community based services



Increase the use of Direct Payments to allow people to manage their own care



Implement online self-assessments



Complete the re-modelling of home care services to improve choice and quality



Roll out the delivery of Shared Lives in Thurrock



Put in place an independent system to ensure that our processes to financially assess individuals are fit for purpose



Re-tender the Healthwatch service to improve scope, ensuring quality of services



Develop a specialist autism service



Keep vulnerable people safe

## Feedback – Tell Us What You Think

This is the end of our report. We hope you have found it interesting and informative.

We are very interested in your views about whether you have found this report helpful and your suggestions about how to improve it in the future. In addition, if you have any comments or suggestions about the activity being discussed in the report we would love to hear from you.

If you would like to give feedback on this report, you can do so through the following methods:

**Email:** [ascfeedback@thurrock.gov.uk](mailto:ascfeedback@thurrock.gov.uk)

**Postal Address:** Contract Compliance Intelligence Officer  
Performance, Quality & Business Support  
FREEPOST ANG1611  
Thurrock Council  
Civic Offices  
New Road  
Grays  
Essex  
RM17 6SL

**Telephone Number:** 01375 652643

## Appendix One – Adult Social Care National Key Performance Indicators 2015/16

	Thurrock 2011/12	Thurrock 2012/13	Thurrock 2013/14	Thurrock 2014/15	Thurrock 2015/16	Direction of Travel	England 2015/16	Thurrock Compared to England
1A - Social care-related quality of life	18.4	18.7	18.5	19.6	<b>19.6</b>	↔	19.1	In Line
1B - % of people who use services who have control over their daily life	74.0	76.5	72.7	74.2	<b>83.7</b>	↑	76.6	Better
1C(1a) - % of people using social care who receive self-directed support	41.1	58.8	70.7	70.3	<b>74.2</b>	↑	86.9	Worse
1C(1b) - % of carers who receive self-directed support	-	-	-	8.9	<b>94.4</b>	↑	77.7	Better
1C(2a) - % of people using social care who receive direct payments	10.5	19.2	26.6	31.6	<b>28.6</b>	↓	28.1	In Line
1C(2b) - % of carers who receive direct payments	-	-	-	8.9	<b>94.4</b>	↑	67.9	Better
1D – Carer-reported quality of life score	-	8.7	-	7.9	-		-	
1E - % of adults with learning disabilities in paid employment	3.6	5.8	6.1	7.3	<b>7.4</b>	↑	5.8	Better
1F - % of adults in contact with secondary mental health services in paid employment	7.3	9.0	8.5	8.9	<b>9.9</b>	↑	6.7	Better
1G - % of adults with learning disabilities who live in their own home or with their family	49.0	63.3	71.2	83.1	<b>85.2</b>	↑	75.4	Better
1H - % of adults in contact with secondary mental health services who live independently, with or without support	51.5	72.2	72.2	75.4	<b>72.2</b>	↓	58.6	Better
1I(1) - % of people who use services who reported that they had as much social contact as they would like	-	-	42.3	49.2	<b>47.9</b>	↓	45.4	Better
1I(2) - % of carers who reported that they had as much social contact as they like	-	-	-	45.1	-		-	
2A(1) - Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population	51.2	8.0	12.0	16.9	<b>11.8</b>	↓	13.3	Better
2A(2) - Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	558.3	858.2	623.4	438.5	<b>674.1</b>	↑	628.2	Worse

2B(1) - % of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	92.0	89.3	89.9	86.0	<b>90.8</b>	↑	82.7	Better
2B(2) - % of older people (65 and over) who were offered reablement services following discharge from hospital	3.2	3.0	5.0	5.7	<b>4.2</b>	↓	2.9	Better
2C(1) - Delayed transfers of care from hospital per 100,000 population	5.4	5.9	7.3	7.4	<b>5.0</b>	↓	12.1	Better
2C(2) - Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	1.0	0.9	1.8	1.3	<b>1.2</b>	↓	4.7	Better
2D - % of new clients who received a short-term service during the year where the sequel to service was either no ongoing support or support of a lower level	-	-	-	49.4	<b>86.9</b>	↑	75.8	Better
3A - Overall satisfaction of people who use services with their care and support	60.9	59.6	62.4	64.5	<b>69.2</b>	↑	64.4	Better
3B – Overall satisfaction of carers with social services	-	45.4	-	42.9	-		-	
3C - % of carers who report that they have been included or consulted in discussion about the person they care for	-	79.9	-	71.6	-		-	
3D(1) - % of people who use services who find it easy to find information about support	76.3	73.8	77.5	75.5	<b>85.8</b>	↑	73.5	Better
3D(2) - % of carers who find it easy to find information about support	-	-	-	68.2	-		-	
4A - % of people who use services who feel safe	60.3	58.2	64.2	71.7	<b>72.8</b>	↑	69.2	Better
4B - % of people who use services who say that those services have made them feel safe and secure	82.5	64.2	66.5	91.5	<b>87.7</b>	↓	85.4	Better

<b>15 March 2017</b>		<b>ITEM: 8</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>		
<b><i>Thurrock First</i> project – Overview and Recommendations</b>		
<b>Wards and communities affected:</b> All Thurrock	<b>Key Decision:</b> Key	
<b>Report of:</b> Tania Sitch, Integrated Care Director for Thurrock		
<b>Accountable Head of Service:</b> Les Billingham, Head of Adult and Community Development		
<b>Accountable Director:</b> Roger Harris, Corporate Director of Adults, Housing and Health		
<b>This report is:</b> Public		

## Executive Summary

This document describes the creation of the “Thurrock First” single point of access for adult residents of Thurrock. Thurrock First is part of the Health and Adult Social Care Transformation Programme – For Thurrock in Thurrock.

It will be an integrated community physical and mental health and adult social care information, advice and assessment service jointly delivered and funded by NELFT (North East London Foundation Trust), SEPT (South Essex Partnership Trust) and Thurrock Council, and which will be operationally co-ordinated by a manager to be recruited by all three participating organisations.

Costs to implement and run the service will be shared between the three partners.

The report describes the steps being taken to develop the service and the service model. The report asks the Committee to endorse the establishment of the Thurrock First Service.

### 1. Recommendation

- 1.1 That the Committee endorse proposals to establish a new single point of access service called “Thurrock First”.

## 2. Introduction and Background

- 2.1 This report describes the development of *Thurrock First*, an integrated Community Health and Social Care information, advice and assessment service jointly funded between North East London Foundation Trust (NELFT), South Essex Partnership Trust (SEPT) and Thurrock Council. The service will be operationally co-ordinated by a manager to be appointed by all three participating organisations.
- 2.2 Currently, Thurrock residents needing assistance from either physical or mental health services or adult social care, or simply requesting information of a general nature during the working day, have to contact three different organisations at multiple access points depending on whether they are in crisis or not. Hours of operation differ at the services currently offered.
- 2.3 The currently existing services are:
- The Community Solutions Team (CST) at Thurrock Council, who provide information and advice and carry out assessments with regard to a Thurrock resident's social care needs
  - Rapid Response and Assessment Service (RRAS), a multi-disciplinary team who provide rapid response to requests for support for those at or nearing crisis point and is geared towards prevention of hospital admission
  - The NELFT Single Point of Access (SPA) team in Basildon who provide information and advice and ensure community services are sent out to individuals in need of help for physical health issues. This also gives access to System1 which links with most GPs
  - South Essex Partnership Trust (SEPT) mental health teams located at Thurrock Community Hospital who provide help for residents with mental health issues referred to them by their GP.
- 2.4 The services are currently located in four different premises and each service has access only to their own system, and cannot view the information contained in the other two systems. This means that a resident who is unsure of which service to contact may well end up contacting several. Currently, when a resident contacts any of the services, they have no ability to view what support or information that has been provided or what is known by the other two. This means the resident has to tell their story and give basic information many times. If the service staff member feels the resident requires help from one of the other services, they will provide the phone number or other contact details, and the resident will then have to contact the other service(s)

themselves to attempt to get the help they need, or the member of staff will need to call around and get the information.

- 2.5 It is proposed Thurrock First will further develop in a later phase, and discussions are already underway to look at how the Voluntary Sector, Housing, Children's Services and Public Health can enhance the service.

### **Case for change**

- 2.6 The strategic context for all the involved organisations is the belief that integrated service delivery is more effective for all end users, including service users, patients and stakeholders.
- 2.7 It will also enable efficiencies in the running of the services through economies of scale, supporting people earlier with information and advice and supporting the prevention agenda, therefore reducing pressure on the services that sit behind the proposed Thurrock First.
- 2.8 The direction that government policy is following is 'full integration of health and social care by 2020'. This model is one of prevention and self-management: the team will proactively take action, not just redirect calls. As such, the service is a key part of the Health and Social Care Transformation Programme 'For Thurrock in Thurrock' which aims to develop a system that prevent, reduces and delays the need for health and care support. As Thurrock's Better Care Fund is the key driver for the integration of health and social care in Thurrock, Thurrock First and its associated funding will be contained within it from 2017-18.

### **Effectiveness**

- 2.9 By integrating the above services, the Thurrock resident, other stakeholders and staff involved in supporting residents, will only have to make one contact rather than potentially three. The staff members at Thurrock First will have access to all three partner systems, enabling them to see the full picture of the caller's past interaction with any of the three organisations. This in turn will allow them to provide good information, advice and signposting, thus supporting prevention and self-management, as well as any interventions required.
- 2.10 A key aspect of the new service will be access to information about support available in the local community and staff will look to offer solutions not just default to services. This will include information about Healthy Lifestyle.
- 2.11 The service will operate 7 days a week from 7 am to 7 pm. The core hours for the service are 9 am to 5 pm. During this time there will be a fully staffed service able to offer help around social care, and physical and mental health needs. There will also be a rapid response nurse on site during these hours. During low demand times, from 7 – 9 am and 5 – 7 pm, the service will

operate with a reduced staff. Outside of the service hours the currently existing arrangements for out of hours will remain; Basildon and Thurrock University Hospital (BTUH) for physical health issues, the Emergency Team (EDT) for Social Care issues and the SEPT crisis line for mental health issues.

- 2.12 The benefit to the public and key partners and stakeholders is that the service will be of a higher quality; it will be delivered via one front door in an integrated way which will enable:
- A quicker understanding of the caller's requirements through reduced duplication of information
  - A single assessment process reducing handoffs (and thus mitigation of risk associated with multiple hand-offs)
  - A more targeted response to their needs
  - Improved information and advice including information about community assets

### **Efficiency**

- 2.13 The increased efficiency will flow from the co-location of the personnel from the three services, enabling a quicker and better exchange of information. This in turn will enable all three organisations to better manage demand for the services that sit behind Thurrock First. This will be achieved by reducing pressure on front line services through better signposting of alternatives and promoting self-management. It is anticipated that these measures should enable economies of scale for service delivery.
- 2.14 The potential for other agencies and organisations to join the service will provide further potential for efficiencies.

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

- 3.1 The following list of options has been considered:
- **Option 1 – status quo, do nothing**
    - This option is cost neutral initially but may cause increased costs later if the organisation were forced to adopt the integrated model
    - This option does not meet the nationally articulated policy agenda to integrate services
    - This option ignores the potential to improve the quality of service and care for the people of Thurrock.
  - **Option 2 – intermediate scope**



- This option proposes the creation of a new integrated service but maintains each organisation's independence, which means that there is less rework of systems and processes required
  - There are fewer costs and less time required to implement it than option 3.
- **Option 3 – maximum scope - full integration of staff, systems and resources**
    - This option is more costly and complicated to implement, requires a longer implementation timeline and carries more risk than option 2.
    - It may be considered at a later date: it might be attractive in the longer run as a phase 2 development.

The overall conclusion is that **Option 2** is the best option.

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

- 4.1 Option 2 is the preferred option because from a cost benefit analysis it provides the benefits to Thurrock residents in the quickest time and is less costly to implement than Option 3.
- 4.2 The creation of Thurrock First represents an opportunity to establish an integrated service for Thurrock residents that will provide timely and targeted signposting and advice, as well as assessments where required. By reducing duplication it will provide improved quality of customer service and the possibility, at the same time, of running a leaner, more efficient service.
- 4.3 There is great interest from Housing, Children's Services, Public Health and Voluntary Sector organisations to develop this model further

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

- 5.1 The development of the Service responds to feedback already received from residents that they find it difficult to know how to access health and social care services, and find the system fragmented. The development of Thurrock First responds to these points.
- 5.2 There are a variety of work streams that form the overall project team. One of these is dedicated to stakeholder engagement and communications. This work stream's purpose is to develop targeted communication, establishing the key messages to be communicated, what methods and approaches will be used and the schedule for communication and engagement. The Group will also assess whether further engagement is required and if so, how this should take place.

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

- 6.1 The implementation of Thurrock First will enable the provision of an integrated approach to helping Thurrock residents via a seamless, one-stop advice, signposting and assessment service. This will be a more effective and efficient method for dealing with inquiries, which will in turn enable a good quality response to increasing demand from the public in a sustainable way.
- 6.2 The impact on the local community will be positive in that there will be one contact point that will assist them across social care, physical and mental health services.
- 6.3 The approach is consistent with the direction of travel contained within the Council's Customer Services Strategy, and supports the delivery of Corporate Priority 'Improve Health and Wellbeing'.

## **7. Implications**

### **7.1 Financial**

Implications verified by: **Jo Freeman**  
**Management Accountant**

The financial implications of implementing Thurrock First are to be shared by the three partner organisations, according to an agreement to be reached between their executive representatives.

The service is being staffed for the most part by existing staff and vacancies from Thurrock Community Services Team, Thurrock Rapid Response Access Service, NELFT single Point of Access in Basildon, and by SEPT mental health specialist nursing and social work.

Additionally, there will be a manager for the service, which will be a new hire. Other costs include refurbishment of the new location for the service at Jubilee Day Ward in Thurrock hospital, provision for 14 people of desks and chairs, computers and other peripherals.

As well some upgrades of the network capability within the hospital will be required, to ensure network access to the staff of the new service.

All costs will be met within existing budget allocations .

### **7.2 Legal**

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

The partner organisations will sign an information sharing agreement, in order to comply with Information Governance (IG) rules. There are IG representatives from all three partner organisations on the project team.

However, there will not be a S75 agreement. This means that staff in Thurrock First will remain employed by their home organisation, under existing terms and conditions. The only exception may be the newly appointed manager, who, in the case of an external appointment, will be employed by Thurrock Council.

### 7.3 **Diversity and Equality**

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

The way in which individuals are currently able to access the service will not alter. For example they will be able to call using one number, but they will also be able to access information and advice on line and submit information to the service on-line.

### 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**

#### Appendix 1: Financial Implications

The costs associated with the implementation of Thurrock First include:

#### Premises

- Outfitting of the location (Jubilee Day Ward at Thurrock Community Hospital) – desks, chairs, tables etc: this will be a one-time cost
- Decorating or refurbishing: this will be a one-time cost
- Running costs of the physical location

## IT

- PCs, printers, network devices: this will be a one-time cost
- Phone and data lines: this will be an annual cost
- Software licenses: this will be an annual cost

## Staff

Thurrock First is populated by staff from the three partner organisations and these staff will remain employed by their home organisation. This will be reviewed as part of phase two.

The only additional staff costs will arise from the hiring of a manager to run the service.

## Funding Options

The overall concept is that the costs to set up and run Thurrock First will be shared by the three partner organisations, on a pro rata basis, according to a formula to be agreed.

## Appendix 2: KPIs

The KPIs need to be agreed for the service but will include targets in the areas of:

- Number of calls answered, by staff member
- Time lag to answer the call, by staff member
- Number of people requiring referral onto health or social care services
- Number of assessments avoided
- Customer satisfaction
- Number of people given information and advice around long term conditions (can be specific)
- Number of people referred to voluntary sector and public health initiatives
- Number of calls avoided to other services

## **Report Author:**

Tania Sitch

Integrated Care Director Thurrock Council and NELFT

Operations Thurrock Council and NELFT

<b>15 March 2017</b>		<b>ITEM: 9</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>		
<b>An Accountable Care Organisation for The Tilbury Locality and Update on Development of Thurrock Integrated Healthy Living Centres</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Key	
<b>Report of:</b> Ian Wake, Director of Public Health		
<b>Accountable Head of Service:</b> N/A		
<b>Accountable Director:</b> Ian Wake, Director of Public Health		
<b>This report is Public</b>		

## Executive Summary

The Health and Social Care system in Thurrock and more widely across Essex remains in a state of challenge. Demand for acute hospital services both in terms of A&E attendances and emergency hospital admissions is increasing and is both operationally and financially unsustainable. Equally, the Adult Social Care provider market is fragile and current capacity is struggling to meet demand.

Thurrock remains one of the most “under-doctored” areas in England in terms of the ratio between GPs and patients and there is an unacceptable level of variation in the clinical care of patients with long term conditions between different GP practice populations.

The Annual Report of The Director of Public Health (2016) considered health and social care system sustainability in Thurrock and concluded that fragmentation within constituent parts of the system and inadequate capacity and quality of Primary Care is leading to preventable serious health events within our population and is a key underlying driver of system unsustainability.

This report details progress on two initiatives designed to address the current issues in our local Health and Social Care system; Development of an Accountable Care Organisation for the Tilbury Locality and Development of four Integrated Healthy Living Centres in Thurrock.

### 1. Recommendation(s)

- 1.1 That the Health and Wellbeing Overview and Scrutiny Committee note the contents of this report.

- 1.2 That HOSC supports the work of DPH in conjunction with the Council's key partners to develop and pilot an Accountable Care Organisation approach of integrated working, for the Tilbury Locality
- 1.3 That HOSC continues to support the on-going work to develop the four Integrated Healthy Living Centres.

## **2. Introduction and Background**

- 2.1 This report provides an update to HOSC on two major work programmes to improve the health and social care services of Thurrock and attempt to make the local health and care system financially and operationally sustainable by reducing demand on hospital and adult social care services;
  - 1) Development of an Out of Hospital 'Accountable Care Organisation' for the Tilbury Locality
  - 2) Progress on work to develop Integrated Healthy Living Centres in Tilbury and Purfleet
- 2.2 Following production and publication of the Annual Report of the Thurrock Director of Public Health (APHR) in November 2016, the three local NHS Foundation Trusts and Thurrock Council Adult Social Care's Provider Arm expressed an interest in working collaboratively to pilot a new approach to delivering health and care in the Tilbury locality of Thurrock, in order to address some of the issues highlighted in the APHR. As such they contracted the Thurrock DPH for two days a week for three months to lead development of a business case in collaboration with all key partners, setting out a new way of delivering integrated health and care through an 'Accountable Care Organisation' structure that aimed to reduce demand on acute and residential care settings and improve the health and well-being of the population of the Tilbury Locality. It was agreed that if shown to be successful, the approach would be rolled out across the borough.
- 2.3 There are various definitions and models of 'Accountable Care Organisations' throughout the UK, however their common theme is that one lead provider is given a budget for a defined population along with responsibility for delivering defined health outcomes for that population by working in an integrated way that seeks to keep the population as healthy as possible.
- 2.4 HOSC members will be aware of the council and NHS Thurrock CCG's ambition to create four new Integrated Healthy Living Centres bringing together services that address the wider determinants of health such as employment support, programmes that strengthen community and social health, mental health improvement services, public health programmes,

Primary Care and some hospital services such as diagnostics and outpatient clinics.

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

#### **Development of an Accountable Care Organisation Business Case for The Tilbury Locality**

- 3.1 A steering group has been formed with Director level representation from Basildon and Thurrock University Hospital NHS Trust (BTUH), South Essex Partnership NHS Trust (SEPT), North Essex Foundation NHS Trust (NELFT), Thurrock Council Adult Social Care, NHS Thurrock CCG and Thurrock Council Public Health. The group has met twice and agreed that the first stage of the project would be to refresh the Tilbury Locality Needs Assessment. This has been completed on schedule and a copy is attached in the Appendix.
- 3.2 The needs assessment considered the capacity and quality of hospital, adult social care services, community services, mental health services and primary care in the Tilbury locality, and how activity in each service impacted on the system as a whole. It also considered the community assets within the locality. The Tilbury Locality is defined as the four wards of Tilbury St. Chads; Tilbury Riverside and Thurrock Park; Chadwell St. Mary; and East Tilbury. The population considered within the needs assessment was that registered to the eight GP practices located within those four wards.
- 3.3 The needs assessment made a series of conclusions in terms of current issues that needed to be addressed by the new Accountable Care Organisation. In summary these were:
- The need to further upscale community preventative activity as set out in the Council's "Living Well in Thurrock" strategy to delay the need for both community homecare and residential care services.
  - The need to address the issue of delayed transfers of care that are increasing and wasting health and social care system resources by keeping residents in hospital when they don't need to be there
  - The need to improve referrals from some GP practices to the council's RRAS service
  - The need to address variable and inadequate long term condition management in Primary Care as this is leading to avoidable hospital admissions and serious and preventable health events such as strokes and heart attacks.
  - The need to address fragmentation in referral pathways between GP surgeries, mental health service providers and community health services which also leading to residents with long term conditions not always getting the best possible care to keep them well

- The need to improve diagnosis of patients with un-diagnosed long term conditions, particularly high blood pressure, diabetes and heart disease, who are not getting the treatment they need to stay well
- The need to address poor mental health within the population of the Tilbury locality.
- That too many patients are presenting at A&E with relatively minor clinical conditions that could be treated elsewhere within the community
- That inadequate capacity within GP surgeries (un-doctoring) is a major driver of many of the current challenges faced by health and care system in the Tilbury Locality, and that urgent reform and a new model of primary care is required to improve the health of Tilbury Locality residents.

3.4 The report made a series of conclusions on inadequacies of the way current health and care services are commissioned and provided, and the detrimental effect this has on the health of the population. In summary these were that;

- The money and the patients are in the most expensive part of the Health and Social Care system - hospitals, for example because of avoidable hospital admissions and delayed hospital discharges
- Inadequate quality in Primary Care, Community Care and Adult Social Care services keeps the money and the people in the most expensive part of the system.
- Solving this quality issue will address financial sustainability, and as a system we need to start with addressing quality, not with addressing hospital overspends
- Solving the quality issue requires integrating both the system and the money held within different organisational budgets
- That we require a period of “double running” to solve the problem, i.e. investment in Primary, Community and Adult Social Care whilst continuing to invest in hospital services.

3.5 The DPH is currently working with partners to develop a new system wide ‘integrated workforce model’ to address the fundamental system issues set out in 3.3 and 3.4. This work will be set out in a business case at the end of March 2017.

3.6 The Public Health Team in conjunction with key stakeholders is also developing individual business cases on ‘quick wins’ to address some of the issues set out in 3.3. These include:

- A programme to diagnose and treat the thousands of Tilbury locality residents with undiagnosed high blood pressure
- A ‘stretched QOF’ that will provide further funding/resources to GP practices that will allow to treat 100% of their patients with high blood pressure, COPD and Atrial Fibrillation. (The current national QOF scheme only rewards GP practices to treat up to 80% of these groups of patients).
- A programme to increase the uptake of the flu vaccination



- A roll out at pace of our newly commissioned MedeAnalytics Integrated Data Solution that links patient/client records between providers and will assist GP practices to identify patients with Long Term Conditions who have not received adequate care and call them in for review.
- A workforce skills audit of GP practice staff and implementation of the mixed skills workforce model set out in the national report “Making Time in General Practice” to increase existing capacity within individual practices.
- Implementation at pace of the WebGP and Social Prescribing programmes within General Practice to free up capacity and begin to address under doctoring/nursing

### **Development of Integrated Healthy Living Centres (IHLCs)**

- 3.7 Progress in terms of implementing this project has been slower than expected, largely because of the complexity of current NHS commissioning arrangements and the need to secure agreement from multiple stakeholders.
- 3.8 To address this, the Council and NHS Thurrock CCG have appointed a team of consultants from Currie and Brown to move the project forward to a point where a business case can be presented to Cabinet seeking approval to borrow the required capital for construction to start and setting how revenue will be recouped from NHS providers to repay the loan.
- 3.9 Currie and Brown have also been tasked with leading development of a detailed clinical service specification, setting out which services will be provided from each building and how integrated workforce and IT systems within each IHLC will operate.
- 3.10 In parallel, BTUH have been working with the Health Planning Consultancy *Essentia* who are undertaking a detailed piece of work to ascertain which diagnostic and outpatient services can be moved from the hospital into the IHLCs
- 3.11 It is expected that a final Business Case will be ready later in the year.

## **4. Reasons for Recommendation**

- 4.1 Without fundamental reform of our local health and social care system, demographic changes in the population will make it unsustainable to operate.

4.2 The failures in the current system as outlined in this report are leading to unnecessary and preventable serious health events within our population.

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

5.1 The Integrated Healthy Living Centre programme has already been subject to extensive consultation at public meetings and with all key stakeholders. This remains on-going.

5.2 The development of the Accountable Care Organisation Business Case is being undertaken in consultation with all key NHS, social care and third sector stakeholders. Further consultation is planned with the community once a draft business case is nearer completion.

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

6.1 Both programmes contribute to Goal D of the Thurrock Health and Wellbeing Strategy 2016-2021

## **7. Implications**

### **7.1 Financial**

There are no immediate financial implications for the council with regard to either project set out in this paper at this stage, as they are both in business case development phases. Once developed, detailed financial implications will be set out within each business case. However it is worth noting that the aim of both programmes is to improve the health of the population and prevent serious health events; actions that in themselves should reduce demand on Adult Social Care services and deliver future savings.

Implications verified by: **Laura Last**  
**Corporate Finance**

### **7.2 Legal**

This report is for noting and as such there are no specific legal implications

Implications verified by: **Roger Harris**  
**Director of Adults, Housing and Health**

### 7.3 **Diversity and Equality**

The proposed approach for the Tilbury Locality, as well as the creation of Thurrock Integrated Health Living Centres, both aim to improve access to services that will reduce health inequalities whilst supporting improved well being.

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

### 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):

- The Annual Report of The Director of Public Health (2016)  
<https://www.thurrock.gov.uk/healthy-living/health-statistics-and-information>
- Needs Assessment to Support Development of an Accountable Care Organisation for Tilbury (February 2017).

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

N/A

#### **Report Author:**

Ian Wake

Director of Public Health

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<b>15 March 2017</b>	<b>ITEM: 10</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>	
<b>Learning Disabilities Health Checks</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Not applicable
<b>Report of:</b> Jane Itangata, Senior Commissioning Manager – Mental Health & Learning Disabilities	
<b>Accountable Head of Service:</b> Mandy Ansell – Accountable Officer	
<b>Accountable Director:</b> Not applicable	
<b>This report is:</b> Public	

## Executive Summary

Everyone with a learning disability aged 14 and over is entitled to have an annual health check. Health checks have been shown to identify health issues that were previously unknown in recognition that many people with a Learning Disability experience more health problems and have a lower life expectancy.

NHS England is responsible for commissioning directed enhanced services (DES) linked to national priorities and agreements. As directed, the opportunity to provide LD Health Checks under the DES is offered to all GP contract holders across Midlands and East (East).

As of 1<sup>st</sup> April 2017 the CCG entered into co-commissioning arrangements with NHS Public Health England to deliver the LD Health Checks. This has facilitated the opportunity for an alternative service to undertake health checks for people who cannot access these from their GP surgeries.

The co-commissioning between NHS England and Thurrock CCG has provided opportunity to use evidence and co-production techniques to design approaches that enhance activities available to support health check delivery and create sustainable arrangements that will be mainstreamed to ensure adequate coverage for delivery of quality health checks and implementation of the subsequent health plans. An action plan was developed to progress this undertaking (embedded below in appendices).

This report provides an update on the action plan.

### 1. Recommendation(s)

- 1.1 The Health and Wellbeing Overview and Scrutiny Committee are asked to note the progress made on the work plan to improve the quality and uptake of health checks by people with Learning Disabilities in Thurrock.**
- 2. Introduction and Background**
- 2.1 Reports have been presented previously to HOSC on 1<sup>st</sup> December 2015 and 16<sup>th</sup> February 2016 by NHS Public Health England giving background to the LD Health Checks Directed Enhanced Service (DES) agreement and performance in Thurrock and actions that would be taken to improve both quality and uptake of the checks.  
A report was presented at HOSC on 15<sup>th</sup> September 2016 setting out the approach the CCG will undertake to improve the uptake and delivery of the health checks.
- 3. Issues, Options and Analysis of Options**
- 3.1 NHS England is responsible for commissioning the Learning Disabilities Health Checks with surgeries. The arrangement with surgeries is voluntary and in 2015/16 only 44% of people registered with a Learning Disability in Thurrock received a health check.
- 3.2 30 surgeries signed up directly to deliver the health checks and the other 2 have signed up with the alternative provider (GP Hubs) to facilitate delivery via a Memorandum of Understanding (MOU). The arrangement with the Hubs promotes a seamless clinical pathway and provides options for people to access the checks outside of their surgery opening times.
- 3.3 The CCG is also working with Healthwatch to develop a communication plan to target especially people not known to services and ensure support to book and attend the appointments. Thurrock Lifestyle and the CCG have jointly developed an action plan highlighting the work that is being undertaken to ensure we can collaboratively promote uptake of the health checks.
- 3.4 Information provided by NHS Public Health England on the number of checks is based on claims made by surgeries therefore may not always represent the most up to date position. To ensure the work is monitored in a more targeted way the CCG's Primary Care Development team have a process in place to collate the data locally on a monthly basis.
- 3.5 The latest NHS England data extract as at 31/12/2016 indicates 167 checks have been undertaken in Thurrock. The local up to date data shows that 283 checks have been undertaken as of 28/02/2017.
- 3.6 The Primary Care Development team have commissioned additional resource to support the cleansing of the LD registers in the surgeries to ensure people with LD are identified and recorded on appropriate read codes. This exercise

is on-going and to date the number of people eligible for health checks in 2016/17 stands at 484 as of 28/02/2017.

3.7 As at 28/02/2017 the coverage is 58.5% of eligible people have had their health checks completed. The CCG has set itself an ambitious target of meeting 70%. The coverage in 2015-16 was 44%.

3.8 Appendix 1 summarises the RAG rated work plan that the CCG has developed in collaboration with Thurrock Lifestyle Solutions to deliver the LD health checks in Thurrock in 2016/17 and the progress made so far by surgeries.

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

4.1 This paper is not for recommendation but for information and to update the Committee on the work plan that has been developed to deliver the LD health checks in Thurrock in 2016/17.

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

5.1 N/A

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

6.1 The expectation is this approach will improve the access to and quality of the health checks and promote better health outcomes for people with Learning Disabilities as a result of:

- the detection of unmet, unrecognised and potentially treatable health
- targeted actions to address health need.

#### **7. Implications**

##### **7.1 Financial**

N/A as NHS England commissioned

##### **7.2 Legal**

N/A – NHS England commissioned service within the legal framework of commissioning Enhanced Services (ES)

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

N/A – NHS England QIA framework

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

None

**8. Background papers used in preparing the report**

None

**9. Appendices to the report**

- Learning Disabilities Health Checks – Work Plan 2016/17
- Learning Disabilities Practice Update

**Report Author:**

**Jane Itangata**

**Senior Commissioning Manager – Mental Health & Learning Disabilities  
NHS Thurrock CCG**



# Learning Disabilities (LD) Health Checks delivery action plan

## Thurrock

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Objective	Actions	Lead	Progress	Timescale	RAG
Accurate data	Cleansing of GP resister	GP Practices	CCG has commissioned additional support the cleansing is progressing with surgeries	On-going	Green
	LA Social Care share their clients with care packages with GP surgeries and log who has a health check.	LA	Still exploring the possibility of achieving this in a seamless way.	End of March 2017	Yellow
	Read code patients entered correctly	GP practice	Process in place and currently being implemented	On-going	Green
	Young people in Special Schools are checked against GP practice registers. To ensure their school database records annual checks and liaising with the GP as appropriate	Special Schools and the nurses (Neil)	Not yet started	End of March 2017 On-going	Yellow
	Customers known to providers are checked against GP registers.	TLS / Family Mosaic etc. (Neil)	In progress	End of March 2017	Yellow
	Patients known to the Intensive Support Team and Health Facilitation (SEPT) are known to GP's and have had their health Checks.	SEPT	Confirmed that clients known to IST and HF have had their checks done	March 2017	Green
	People undertaking the check are properly trained.	NHS England	Commissioned providers to deliver this training.	On-going	Green
Health Checks Delivered	Ensure the templates are correct – Cardiff Tool	GP practice	Audit in progress.	Current	Yellow
	Offer an alternative local option.	CCG	Health Hubs have been commissioned	Complete	Green
	Establish a local monthly data collating mechanism	CCG	283 out of 484 currently	Complete	Green

	Quarterly CQRS extraction	NHS England	In progress (Next extraction is end of March 2017) Currently at 167 as at 31 <sup>st</sup> December 2016	On-going	
	Establish baseline to monitor progress against	NHS England	238 out of 547 (2015-16)	Complete	
	Development of communication plan for promoting Health Checks	CCG/ Health Watch	Commenced and currently under development	March 2017	
<b>Ensuring people are attending their appointments.</b>	Providers have the undertaking of health checks as part of their care plans for people with commissioned packages.	Providers	Needs to be part of contract monitoring and social care review process	On-going	
	Social care annual reviews should check people have received an annual health Check.	LA	Process in place to ensure reviews incorporate health checks	On-going	
<b>People have a health action plan.</b>	Providers complete action plan during health check assessment and ensures identified needs are met within specified time.	Providers & GPs	In progress	On-going	
<b>Updating and communicating with the local accountable bodies</b>	Report to: Disability Board Health and Wellbeing Board Health Overview and Scrutiny	CCG & LA	Dec 2016 TBA Mar 2017	On-going	

## LD Health Checks – HOSC update March 2017

Registered practice ID	Registered practice	LD QOF Register	Eligible Patients Aged 14+	Health Checks completed April - February 2017	Alternative	NHSE Data extracted on CQRS as at 30/9/2016 (Q2)	NHSE Data extracted on CQRS as at 31/12/2016 (Q3)	Comments
F81010	Aveley Medical Centre	61	57	37		18	30	
F81082	Dr.Jones and Partners	30	26	12		2	6	
F81084	Chadwell Medical Centre	8	8	0	Hub	0	0	
F81088	Southend Road	7	7	5		0	0	2 patients unable to attend
F81110	Tilbury Health Centre - GP	3	3	3		0	2	
F81113	Dr Abela and Partners	13	12	8		4	5	
F81134	Pear Tree Surgery	49	42	29		8	15	
F81137	Orsett Surgery	10	5	5		4	4	
F81153	Hassengate Medical Centre	30	28	20		18	18	8 DNA, still trying to get them in
F81155	Balfour Medical Centre	17	17	3	Hub	not showing on CQRS	0	
F81177	Neera Med Ctr	14	14	9	Hub	0	1	
F81197	Sancta Maria Centre	15	13	11		1	10	
F81192	Stifford Clays Heath Centre	43	41	0	Hub	0	0	
F81198	Horndon-on-the-Hill Surgery	5	5	0	Hub	not showing on CQRS	0	Practice have been unable to contact 2 patients on the register
F81206	Dr Shehadeh	22	21	6		0	0	
F81211	THE YADAVA PRACTICE	27	26	20		11	11	4 refused, 2 non responded
F81218	The Grays Surgery	6	6	5		0	0	1 non responded
F81219	Dell Medical Centre	7	7	6		2	4	
F81623	Primecare Medical Centre	10	10	7		0	3	3 patients regularly decline - still attempting
F81632	Dr Yasin	26	24	18		5	11	2 patients have declined but in the process of calling back
F81641	College Health Masson	14	13	6		1	1	2 pt cannot get intouch and recorded delivery sent today
F81644	Ash Tree Surgery	2	2	0		0	0	
F81652	Dr Ramachandran	4	4	3		0	3	
F81669	The Derry Court Medical Prac	14	13	9		1	7	
F81691	East Tilbury Medical Centre	12	9	8		0	0	1 pt excluded
F81697	Dr Devaraja	11	11	10		4	6	
F81698	Dilip Sabnis Medical Centre	4	4	2		1	1	
F81708	Sai Medical Centre	15	13	13		0	13	
F81742	Acorns	7	4	0		0	0	
Y00033	Purfleet Care Centre	4	4	0		0	0	
Y00999	St Clements Health Centre	24	24	21		6	16	
Y02807	Thurrock Health Centre	13	11	7		0	0	
<b>Totals</b>		<b>527</b>	<b>484</b>	<b>283</b>		<b>86</b>	<b>167</b>	

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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>		
Items raised by HealthWatch	Kim James	Members
Update on Collins House	Roger Harris	Officers

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 & Integrated Healthy Living Centres	Ian Wake	Officers
Review of Careline Service and development of an assistive technology strategy	Les Billingham / Sue Williams	Officers
Learning Disability Health Checks	Mandy Ansell	Officers

Items for the New Municipal Calendar 2017/18:

- Thurrock Joint Health and Wellbeing Strategy
- Living Well in Thurrock
- Success Regime
- Cancer Deep Dive

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