Thurrock - An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future

Health and Wellbeing Overview and Scrutiny Committee

The meeting will be held at **7.00 pm** on **8 November 2018**

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

Membership:

Councillors Victoria Holloway (Chair), John Allen (Vice-Chair), Cathy Kent, Elizabeth Rigby and Joycelyn Redsell

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

Substitutes:

Councillors Alex Anderson, Sue Sammons and Sue Shinnick

Agenda

Open to Public and Press

Page

1. Apologies for Absence

2. Minutes **5 - 16**

To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 6 September 2018.

3. Urgent Items

To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.

4. Declarations of Interests

Queries regarding this Agenda or notification of apologies:

Please contact Jenny Shade, Senior Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **31 October 2018**

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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

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

Our Vision and Priorities for Thurrock

An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future.

1. **People** – a borough where people of all ages are proud to work and play, live and stay

    - High quality, consistent and accessible public services which are right first time
    - Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
    - Communities are empowered to make choices and be safer and stronger together

2. **Place** – a heritage-rich borough which is ambitious for its future

    - Roads, houses and public spaces that connect people and places
    - Clean environments that everyone has reason to take pride in
    - Fewer public buildings with better services

3. **Prosperity** – a borough which enables everyone to achieve their aspirations

    - Attractive opportunities for businesses and investors to enhance the local economy
    - Vocational and academic education, skills and job opportunities for all
    - Commercial, entrepreneurial and connected public services

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 6 September 2018 at 7.00 pm

Present:	Councillors Victoria Holloway (Chair), John Allen (Vice-Chair), Cathy Kent, Elizabeth Rigby and Joycelyn Redsell Kim James, Healthwatch Thurrock Representative
Apologies:	Ian Evans, Thurrock Coalition
In attendance:	Roger Harris, Corporate Director of Adults, Housing and Health Ian Wake, Director of Public Health Tom Abell, Deputy Chief Executive and Chief Transformation Officer, Basildon & ThurrockHospital Trusts Mandy Ansell, Accountable Officer, Clinical Commissioning Group Rahul Chaudhari, Director of Primary Care, Clinical Commissioning Group Jeanette Hucey, Director of Transformation, Clinical Commissioning Group Camille James, Regeneration Programme Manager Kevin Malone, Public Health Manager Catherine Wilson, Strategic Lead Commissioning and Procurement Jenny Shade, Senior Democratic Services Officer

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.

10. Minutes

The Minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 14 June 2018 were approved as a correct record.

11. Urgent Items

There were no items of urgent business.

12. Declarations of Interests

No interests were declared.

13. HealthWatch

Kim James stated the HealthWatch Annual Report had been tabled for Members information and asked that any questions be emailed to her for a response.

14. Sustainability and Transformation Plan Consultation Outcome - Verbal Update

Tom Abell, Deputy Chief Executive and Chief Transformation Officer, Basildon & Thurrock Hospital Trusts, provided Members with an update on the STP Consultation Outcomes. On the 6 July 2018, the CCG Joint Committee supported the 19 recommendations within the decision making business case. The post decision scrutiny stage has now begun and the Joint Health and Wellbeing Overview and Scrutiny Committee met last week and will now focus on key issues such as transport, workforce and finances. That the People's Panel had been set up by HealthWatch to review the services being moved from Orsett Hospital into the Integrated Medical Centres which would provide an independent voice on what changes would take place. Work would continue with the Clinical Commissioning Group and Thurrock Council and publicity on the changes to the services would be advertised and be posted on social media. Tom Abell stated Orsett Hospital would not close until services had been relocated. There would be a lot of work to be done over the next couple of years and would present regular updates to Members so that residents were assured that all services currently at Orsett would stay in Thurrock.

The Chair thanked Tom Abell for the update.

Councillor C Kent questioned who the members of the People's Panel would be. Kim James stated the panel would not be overseen as part of the Sustainability and Transformation Plan or by the Clinical Commissioning Group but be made up of local people. These local people would be from patient groups, community groups, carers and residents who had an interest or currently used the services at Orsett Hospital. Kim James stated the first core group would take place on the 17 September 2018 where the terms of reference would need to be agreed and a chair and vice chair be appointed. A member of HealthWatch would be available to assist with the administration items and a web site and a Facebook page would be created to help engage with residents.

The Chair stated that as resident's representatives Members should continually ask questions to reassure residents. The Chair asked how members and residents could get more involved. Kim James stated the People's Panel would include regular users of services and engagement with residents would continue. With local community leaders representing groups and members of the public would be welcome to participate with HealthWatch monitoring the panel and provide necessary feedback.

Councillor C Kent asked how the transport links would work between each of the four Integrated Medical Centres. Tom Abell stated lots of work was being undertaken to improve the accessibility of the transport links between the

Integrated Medical Centres and discussions had already taken place with bus companies.

Councillor C Kent asked for clarification on what services would remain in Orsett and not be transferred to Brentwood and Basildon. Tom Abell stated currently a third of the services were used by residents from Brentwood and Basildon and those would remain within those areas. Tom Abell stated different services would be delivered from the four Integrated Medical Centres with some being rotated, with the final decision being made by the Clinical Commissioning Group and BTUH. Some fixed services such as minor injuries and renal dialysis would be located at the Grays Integrated Medical Centre as this was the most central area.

The Chair requested that any future reports should include an explanation as to how Brentwood and Basildon services would be located.

Councillor Redsell stated as a member of the Bus User Group discussions had already taken place on the transport links to the four Integrated Medical Centres. The Chair agreed these decisions should be raised at all groups.

Councillor Allen touched on the catchment area in Tilbury and how these services would be affected. Tom Abell stated the Integrated Medical Centre would not replace patient's choice and that choice may still be there when the Tilbury Integrated Medical Centre had been built. Services such as outpatients and ultra-scanning would be situated in Tilbury but not fixed services such as minor injuries and renal dialysis.

Councillor Rigby questioned where surgical procedures would be undertaken. Tom Abell stated due to the nature of the equipment and the number of users these procedures would be based at only one of the Integrated Medical Centres.

Councillor C Kent questioned how the four Integrated Medical Centres would cope with the projected increase of homes being built in the borough and how confident the right amount of services would be provided. Tom Abell stated planning meetings had taken place which focused on future needs to ensure the better and modern facilities were used more effectively.

Roger Harris stated future proof design of the buildings had taken place to ensure the Integrated Medical Centres be open for longer and to avoid repeated attendance and less attendance at hospitals. The space would be more flexible for the services available. Ian Wake was currently working on a report on the workforce for the Integrated Medical Centres.

Tom Abell left the committee room at 7.33pm.

15. Establishment of a Task and Finish Group in Relation to Orsett Hospital

Roger Harris, Corporate Director of Adults, Housing and Health, presented the report following the expression from the Chair of Thurrock Health and

Wellbeing Overview and Scrutiny Committee to establish a Task and Finish Group to review the future options for Orsett Hospital following the announcement that Orsett Hospital would close. Roger Harris referred Members to the Terms of Reference in Appendix 1.

The Chair stated this was an opportunity for Members to work closely with HealthWatch and the People's Panel but to ensure that work would not be duplicated.

Jenny Shade, Senior Democratic Services Officer confirmed the next step would be for Democratic Services to contact Group Leaders to seek nominations to the Task and Finish Group.

RESOLVED

1. **That the Health and Wellbeing Overview and Scrutiny Committee agreed that a Task and Finish Group be established under the title of review of the future options for Orsett Hospital.**

2. **That the Health and Wellbeing Overview and Scrutiny Committee agreed that the proposed terms of reference be adopted.**

16. Young Person's Misuse Treatment Service Re-Procurement

Kevin Malone, Public Health Manager, presented the report on the re-procurement of the Young Person's Misuse Treatment Service. Members were informed that the current contract expires on the 31 March 2019 and following a full needs assessment of young person's substance misuse in the borough had made the recommendations within the report.

An additional recommendation had been added to the report and will be included in the Agenda report being presented at Cabinet on the 12 September 2018. The additional recommendation read as follows:

"That the new contract has a duty built in to work with our own schools and expanded Youth Offending Service to tackle any drug or gang culture in Thurrock, and become a signatory to the new Compact to be written by the Corporate Director of Children's Services outlining how YOS and the wider Council will work with schools to tackle drug and gang issues."

Councillor Allen stated that the misuse of substances amongst children could affect mental health and questioned whether children would be seen by Thurrock Mind and what the current waiting times were. Kevin Malone stated the mental health services for children had been commissioned by Thurrock Children Services and that an assessment and referral would be undertaken in a couple of weeks. Kevin Malone stated that at this time the demand for this service (ie. the drug and alcohol service) for children was not high.

Councillor C Kent questioned what work was taking place with primary schools, teachers and carers on the importance of substance misuse. Kevin

Malone stated that work was being undertaken at primary and secondary schools with prevention of misuse being vital with the drug market changing rapidly.

Ian Wake, Director of Public Health, stated the demand for services for adults was high and a further paper would be presented to the committee.

RESOLVED

1. **That the Health and Wellbeing Overview and Scrutiny Committee were appraised of and commented on the re-procurement of the Young Person's Substance Misuse Treatment Service prior to Cabinet.**

2. **That the new contract has a duty built in to work with our own schools and expanded Youth Offending Service to tackle any drug or gang culture in Thurrock, and become a signatory to the new Compact to be written by the Corporate Director of Children's Services outlining how YOS and the wider Council will work with schools to tackle drug and gang issues.**

3. **That the Health and Wellbeing Overview and Scrutiny Committee commented on the recommendations within the needs assessment.**

Kevin Malone left the committee room at 7.50pm.

17. Primary Care Strategy - Thurrock Clinical Commissioning Group

Rahul Chaudhari, Director of Primary Care, Thurrock Clinical Commissioning Group, presented the report which highlighted an existing and growing, demand and capacity gap for Primary Care Services within Thurrock with the Primary Care Strategy having the potential to regenerate and revitalise primary care locally reducing the workload of general practitioners and improve the service being offered to patients. Rahul Chaudhari stated the aim would be to make Mid and South Essex a place where medical staff want to come and work. Members were referred to the Appendix that outlined the strategies key themes.

The Chair thanked Rahul Chaudhari for the report.

Councillor Allen stated there was a shortage of general practitioners in the borough with 8 of the 36 under doctored posts being in Tilbury and questioned whether those figures were still correct. Rahul Chaudhari stated the picture was forever changing with the challenge that 25% of general practitioners are over 55 with the eldest being 82 but would confirm the figures and let Members know.

Councillor Redsell stated more should be done to encourage more general practitioners into Thurrock and questioned what action was being undertaken

on missed appointments. Councillor Redsell also stated not all residents had access to digital equipment. Rahul Chaudhari stated it took 11 years to become a general practitioner and work was being undertaken with Anglia Ruskin University on future courses. That placement positions were being offered at general practices with the hope students would stay in Thurrock following their training. The redevelopment of the Integrated Medical Centres would offer services and entice new general practitioners. With open shows being undertaken to promote Thurrock and three general practitioners from the EU now worked in Stifford Clays and Grays. Rahul Chaudhari stated a quarter of daily appointments were being missed. With the introduction of the MS Text Service offering a 2-way reminder service, residents will be able to cancel by texting the practice. This service had been trialled in the South East and reduced the number of missed appointments by 25%. Raising awareness promotions were being undertaken in practices and in some practices 3-strikes and residents were being struck-off. Rahul Chaudhari stated the digital way forward was not to replace the existing service but to give residents another option to get in touch with their general practitioner.

Councillor Redsell praised the good work being undertaken by pharmacists in Thurrock.

Councillor Allen stated when general practitioners would be available at the new £20 million Integrated Medical Centre in Tilbury. Rahul Chaudhari stated primary care services through general practices would be available from day 1 of the opening.

The Chair stated a change in mind set of the workforce would need to be addressed and had there been any concerns with recruiting general practitioners internationally. Rahul Chaudhari stated people had concerns with Brexit and unsure how they would be treated. With direction expected from the Secretary of State shortly on special treatment for medical staff from the EU.

Councillor Rigby questioned whether the primary care services would cope with the potential increase in population and with the shortfall of general practitioners in the borough. Rahul Chaudhari stated future proofing had been undertaken but to close the capacity gap there would be a need to recruit another 120 general practitioners, as well as more clinical practitioners, physiotherapists, mental health and social care professionals and a range of other support staff.

Members and Officers briefly discussed the Cancer and Heart Disease Outcomes to which the Chair stated that a report on “Cancer Wait Times” would be presented at the 8 November committee.

RESOLVED

The Health and Wellbeing Overview and Scrutiny Committee noted the report.

18. Market Development Strategy - Commissioning a Diverse Market

Catherine Wilson, Strategic Lead Commissioning and Procurement, presented the report which stated a requirement that Adult Social Care published a Market Development Statement that would set out how Thurrock would see the social care market developed over the coming years. Catherine Wilson referred Members to the statistical data in the Appendix.

Councillor Redsell asked for clarification on the statement “40% of older people living in nursing/care services suffer depression. Older people in residential care are two to three times more likely to experience depression than other people in the community”. Catherine Wilson stated this statement was difficult to quantify but the reasons being that older people were depressed was because they were not living in their own home or with their own family and were lonely. Work would continue with the Wellbeing Team to ensure continued engagement was made within the community.

Councillor Redsell stated that more should be done with volunteering and with the interaction of children with older people.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee commented on the Market Development Strategy.

19. Integrated Medical Centres : Delivering high quality health provision for Thurrock

Roger Harris, Corporate Director of Adults, Housing and Health, presented the report which updated Members on the progress made on all four Integrated Medical Centres with particular detail on the delivery of the Tilbury and Chadwell centre. The report would be presented to Cabinet on the 12 September 2018 to recommend that the Tilbury and Chadwell Integrated Medical Centre go out to tender. Roger Harris stated that the affordability tests were still to be carried out and planning applications would be submitted in the next few months.

The Chair noted that the Primary Care Model had been used in other areas and congratulated the team on the good work.

Councillor Redsell stated her concern with parking at the Thurrock Community Hospital when the Integrated Medical Centre was open. Camille James, Regeneration Programme Manager, assured Members that the increase in the parking requirements had been considered by the Highways and Planning and Regeneration Development Teams and would need to satisfy the needs of the Integrated Medical Centre.

The Chair stated that parking would depend on what services were at which Integrated Medical Centre. Camille James stated that parking would continue

to be monitored but would depend on the number of staff, the services being offered and the turnover of services at each Integrated Medical Centre.

Roger Harris stated that parking had formed a major consideration in the planning of the Integrated Medical Centres.

Councillor C Kent questioned whether the building of the Purfleet Integrated Medical Centre was dependent on the Purfleet Regeneration going ahead on time. Roger Harris stated that it had been made absolutely clear that the Purfleet Integrated Medical Centre would form part of the Phase 1 planning application.

Councillor C Kent asked about the transport links between Ockendon and Purfleet. Camille James stated that liaisons with local bus companies would take place prior to the Purfleet Integrated Medical Centre opening.

The Chair suggested that both the Health and Wellbeing and the Planning Transport and Regeneration Overview and Scrutiny Committees work together going forward.

Camille James stated that the same report would be presented at the Planning Transport and Regeneration Overview and Scrutiny Committee next week and asked Members to forward any further questions to democratic services.

Councillor Redsell encouraged more Members and residents to attend the Bus User Group so that existing bus services and views from residents could be incorporated into the proposals.

Councillor Allen questioned what the investment potential and the return of the invested £20 million into the Integrated Medical Centres would be. Roger Harris stated the decisions to build the Integrated Medical Centres would be for Cabinet to decide. The building infrastructures were being made to improve health care in the borough and not as a profit making scheme. The cost of the building would be recouped back by the rents paid by occupiers of the building.

The Chair questioned how confident that the four Integrated Medical Centres would be ready by 2021. Roger Harris stated that realistically the centres would likely be ready by the end of 2021.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee commented on the current development with the delivery of the four Integrated Medical Centres across Thurrock.

Camille James and Rahul Chaudhari left the committee room at 8.42pm.

20. 2017/18 Annual Complaints and Representations Report

Roger Harris, Corporate Director of Adults, Housing and Health, presented the report on the operation of the Adult Social Care Complaints Procurement covering the period 1 April 2017 to the 31 March 2018 and updated Members on the representations included in this statutory annual report. Roger Harris referred Members to the Appendix which summarised the representations received with the figures heading in the right direction with the most representations being made from home care services.

Councillor Redsell stated the detailed number of representations in the report did not match up with the total of 404 representations. Roger Harris agreed to check with the report author and update Members following the committee.

Councillor Rigby questioned the reasons for the number of complaints in the home care services. Roger Harris stated this was mainly missed calls due to carers being stuck in traffic or still with previous clients.

Roger Harris stated that this report had been taken very seriously and the Council had followed the statutory process.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee considered and noted the report.

21. Mental Health Peer Review

Roger Harris, Corporate Director or Adults, Housing and Health, presented the report which summarised the findings and recommendations of the Peer Review of the wider health provisions in Thurrock that was undertaken in June 2018 as part of the wider mental health provision in Thurrock being reviewed. Concerns had been raised at previous Health and Wellbeing Overview and Scrutiny Committees on how hard it had been to access mental health services and HealthWatch raising concerns for residents with personality disorders. A report had already been presented at the Health and Wellbeing Board and will be presented to Cabinet in November 2018. Catherine Wilson, Strategic Lead Commissioning and Procurement, stated the review had been helpful and consideration that all the statutory duties were being carried out. Catherine Wilson thanked Thurrock Coalition and HealthWatch for their contributions.

The Chair thanked Officers for the fantastic review and stated that Mental Health was not just an issue in Thurrock but was a national concern.

Councillor Redsell stated that waiting times were too long and too much pressure had been put on schools and teachers. Roger Harris stated that Councillor Halden had chaired Thurrock's first Children and Young People's Mental Health Summit in June of this year. Work will continue with the Early Intervention Team to look closely at any gaps in the services and transition.

Ian Wake stated that half of adult health problems started in childhood and suggested that a report be brought back to the committee on the detailed assessments of children's needs and demands.

Councillor Redsell stated there should be more of a presence in schools for young people to talk to.

Councillor C Kent stated that it was vital that young people had somewhere to go and someone to talk to who would not judge and provide the support required.

Ian Wake stated that as a high priority the learnings from the report would be used to ensure the user voice be strengthened and would report back to the committee on the proposed new themes to get young people into the system more quickly.

Councillor Allen echoed Members concerns and stated that early intervention was vital.

Councillor Rigby suggested a change of name to the term "Mental Health". Ian Wake stated the term mental health seemed to be a stigma in today's society and work was being undertaken with teachers for all young persons to try and address this issue.

The Chair referred Members to the national campaign "Time for Change".

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee commented on the findings of the Mental Health Peer Review.

22. Work Programme

The Chair asked Members if there were any items to be added or discussed for the work programme for the 2018-19 municipal year.

Members agreed that the Whole System's Obesity Strategy report be added to the work programme for the 24 January 2019 committee.

Members agreed that the Thurrock Integrated Care Alliance be removed from 8 November 2018 committee and placed on the 24 January 2019 committee.

RESOLVED

1. **That the item Whole System's Obesity Strategy be added to the 24 January 2019 committee.**

2. **That the item Thurrock Integrated Care Alliance be added to the 24 January 2019 committee.**

The meeting finished at 9.20 pm

Approved as a true and correct record

CHAIR

DATE

Any queries regarding these Minutes, please contact Democratic Services at Direct.Democracy@thurrock.gov.uk

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Basildon and Thurrock University Hospitals NHS
NHS Foundation Trust

Improving Cancer Waiting Times

Thurrock Health Overview & Scrutiny Committee
8th November 2018

Recovery plan update

- Since the last update to HOSC we have continued to focus on the three key areas of:
  - Pathway transformation
  - Operational grip and control
  - Investment in additional capacity and capability

- We recognise that any improvement must deliver **sustainable** waiting times and as such we are focusing on a range of new measures at every stage of an individuals' care.

- There is still much more to do.

Pathway transformation – shortening time to diagnosis

We have set new internal standards to reduce waiting times through to diagnosis:

- 1ww for first appointment / diagnostic (additional capacity being put in place below)
- 1ww turnaround for diagnostics (Radiology, Pathology, Endoscopy)
- 1ww to follow up appointments

This will then enable us to start treatment faster:

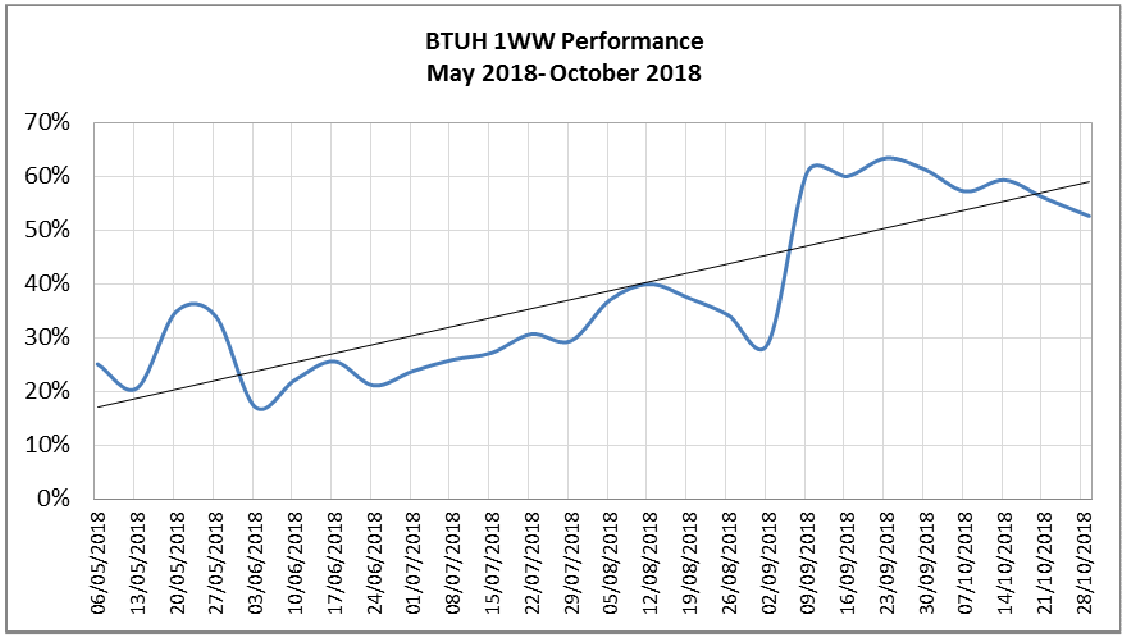
- Diagnosis by day 28
- Referral out by day 38
- Treatment by day 62

	Weekly Test/Clinic Capacity required
Breast	103
Gynaecology	34
Haematology	5
Head & Neck	29
Lower GI	55
Lung	23
Sarcoma	4
Skin	179
Upper GI	30
Urology	32

Pathway transformation – changing the diagnostic pathway

Focus on straight to test (STT) models to shorten time to diagnosis		Outcomes achieved
Lung	• Patients now go **straight to a CT** scan then multidisciplinary diagnostic meeting. • Introduced specialist molecular testing on site reducing delays in send-away tests.	**Yes** **Yes**
Prostate	• Patients referred with suspected prostate cancer can have an **MRI scan within 7 days**. • The Trust will be offering **a new routine referral pathway** for patients with a **moderately raised PSA** which will support implementation of referral guidance.	**Yes** **Yes**
Upper GI	• **A STT pathway** is in development with planned commencement 2nd June. The new pathway incorporates initial diagnostic and virtual clinics for rapid review of results and planning next steps.	**Yes**
Colorectal	• **A STT pathway** commenced last week. This is a consultant led process to stream appropriate patients to **endoscopy within 7 days of referral**.	**Yes**

1 week wait and reported headline performance against cancer standards

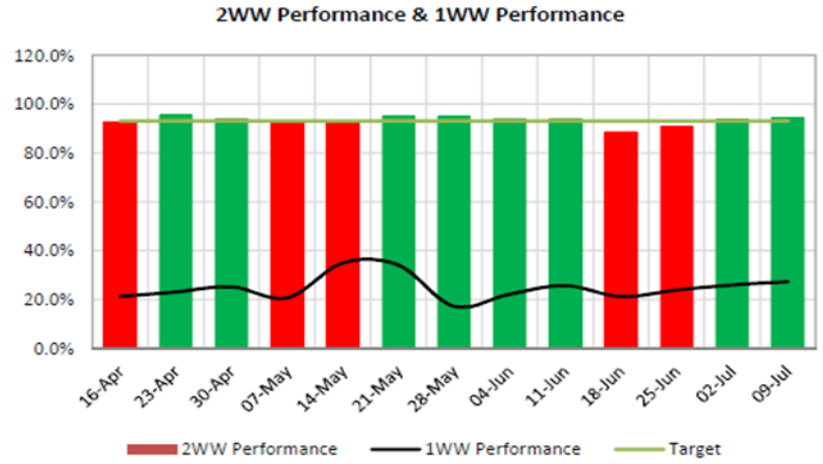


- Access to 1 week OPA is showing signs of sustainability.
- More Straight to Test (SST) and one stop capacity is being created to meet demand.
- The 2 week wait for first contact (including STT/one stops) has been achieved since July. September performance for 1 week waits achieved over 60% and for the 2 week wait achieved 98% the highest achieved and above national performance.

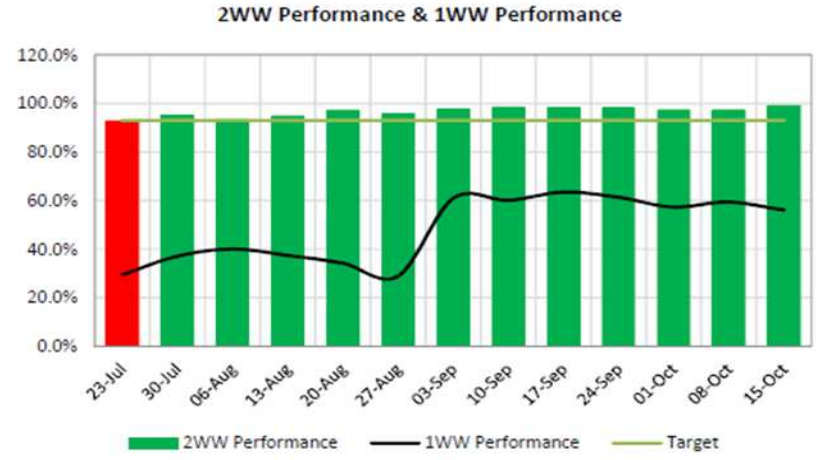
		BTUH							
		Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
62 Day First (Urgent GP Referral)	62 Day First Performance	68.2%	65.6%	69.6%	83.6%	78.0%	74.5%	70.5%	74.9%
	Treatment Points	75.5	81.5	79	82.5	95.5	92	118.5	107.5
	Treatment Points Over 62 days	24	28	24	13.5	21	23.5	35	27
	Treatment Points Over 104 days	9	6	6	2.5	6	5.5	13	12.5

		BTUH							
		Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
2WW (Urgent GP Referral)	62 Day First Performance	93.5%	93.8%	91.9%	91.2%	93.4%	91.7%	94.3%	95.3%
	Treatment Points	1441	1267	1700	1646	1873	1655	1798	1946
	Treatment Points Over 62 days	93	79	137	145	123	137	102	92

1 week wait and 2 week wait – snapshot waiting times for July and October 2018



16th April 2018 to 15th July 2018



16th July 2018 to 21st October 2018

Patients waiting by time band

Basildon and Thurrock University Hospitals NHS
NHS Foundation Trust

- The referral rate have increased during September and October
- From day 38 the patient pathway recovers and continues to show improvements
- Patients waiting over 63 day have reduced in October compare to the September position.
- Focus continues to be on the reduction of the 63 day plus and daily grip of next step actions.
- There is strong partnership working with MEHT and SHUFT supporting improvement to the cancer pathway

Date	100+ Days	63-99 Days	63+ Days	58-62 Days	51-57 Days	51-62 Days	44-50 Days	38-43 Days	38-50 Days	32-37 Days	15-31 Days	00-14 Days	Total
02/09/2018	34	72	106	26	47	73	68	77	145	82	486	767	1659
09/09/2018	30	71	101	23	49	72	53	65	118	98	477	752	1618
16/09/2018	28	72	100	27	46	73	51	85	136	104	432	890	1735
23/09/2018	28	90	118	28	43	71	59	83	142	90	462	911	1794
30/09/2018	22	85	107	19	40	59	48	78	126	70	428	837	1627
07/10/2018	21	80	101	24	41	65	54	71	125	85	443	846	1665
14/10/2018	20	87	107	23	37	60	52	70	122	88	460	804	1641
21/10/2018	18	79	97	20	36	56	51	68	119	89	478	912	1751
28/10/2018	21	72	93	28	40	68	50	71	121	105	454	844	1685
Difference September to October	13	0	13	-2	7	5	18	6	24	-23	32	-77	-26
% Difference September to October	38.2%	0.0%	12.3%	-7.7%	14.9%	6.8%	26.5%	7.8%	16.6%	-28.0%	6.6%	-10.0%	-1.6%

Patients waiting over 62 days

Basildon and Thurrock University Hospitals NHS
NHS Foundation Trust

62 Day First Backlog Summary 28/10/2018

	Basildon			Broomfield			Southend			London			Grand Total
Tumour Site	Treated	Treatment Booked	Treatment Date Pending	Treated	Treatment Booked	Treatment Date Pending	Treated	Treatment Booked	Treatment Date Pending	Treated	Treatment Booked	Treatment Date Pending	
Breast		1			2	1							4
Gynaecological	1		1					4	1				7
Haematological			1									1	2
Head and Neck	4	1	5		1	1							12
Lower Gastrointestinal	1		4									2	7
Lung		1	5					2	2			1	11
Other								1	1				2
Sarcoma												1	1
Skin	1		7	5	4	7			1				25
Upper Gastrointestinal			1			1	1						3
Urological			5					1	11		2		19
Grand Total	**7**	**3**	**29**	**5**	**7**	**10**	**1**	**8**	**16**		**2**	**5**	**93**

Dated/Undated	Basildon	Broomfield	Southend	London	Grand Total	Percent Dated/ Undated
Treated	7	5	1		13	14.0%
Treatment Booked	3	7	8	2	20	21.5%
Treatment Date Pending	29	10	16	5	60	64.5%
Grand Total	**39**	**22**	**25**	**7**	**93**	
Percent at Trust	41.9%	23.7%	26.9%	7.5%		

Patients waiting over 62 days and those without diagnosis within 28 days of referral

Backlog	63+	104+
Basildon Only	42	8
Referrals In	2	1
Referrals Out	61	21
Total	105	30

Week Ending 15/07/2018

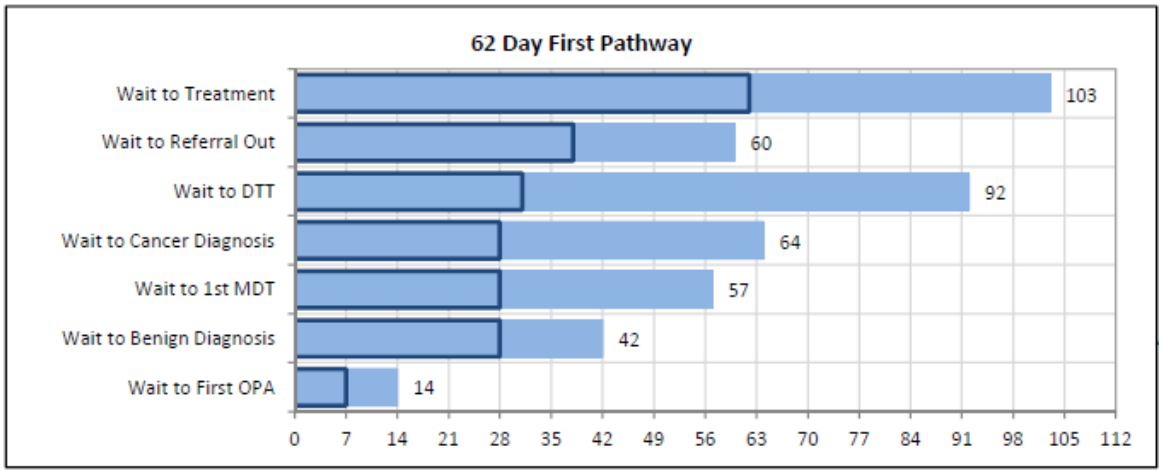
Diagnosis	Number	Breached
28+ Days W/O Diagnosis	415	45

Backlog	63+	104+
Basildon Only	29	1
Referrals In	5	4
Referrals Out	58	9
Total	92	14

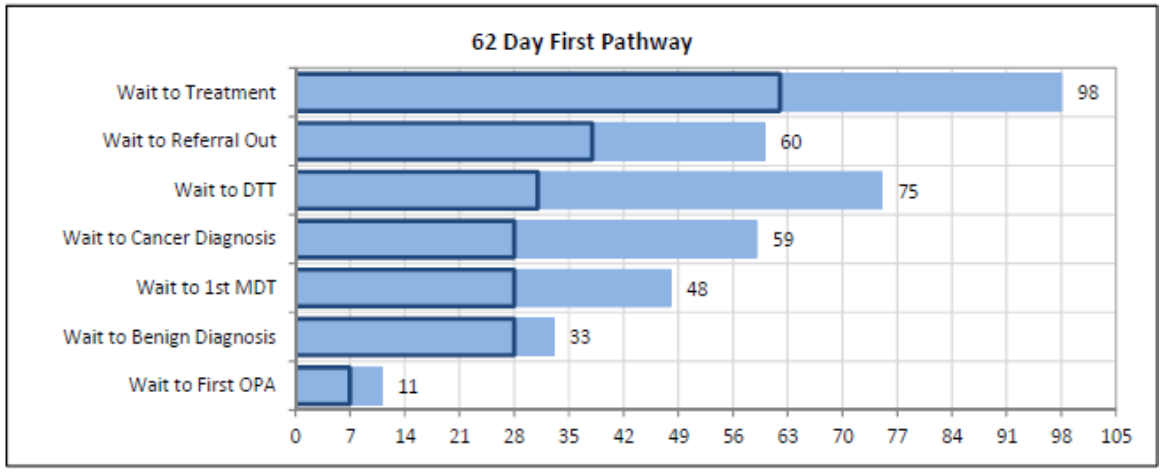
Week Ending 21/10/2018

Diagnosis	Number	Breached
28+ Days W/O Diagnosis	275	43

Performance against internal standards throughout a patients pathway to treatment – July and October 2018



Week Ending 15/07/2018



Week Ending 21/10/2018

Next Steps

Further increasing capacity and capability:

- Recruitment of additional Cancer CNS (Urology, Colorectal, Breast) Recruitment of urology consultant to support pathway
- Recruitment of a Radiology and Pathology Coordinators to improve Turnaround Times
- Increase Endoscopy capacity to support cancer and RTT capacity (£40K cancer Alliance funding available)

Further pathway changes:

- Continue to focus on the challenged tumour sites (urology, upper and Lower GI) maximise one stops and STT
- Improved Urology pathway between Basildon and Southend

Areas for further operational management focus:

- Compliance with referrals out by day 38 to Tertiary Centres
- Clearing the backlog tail at Basildon and across Southend and Broomfield

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8 November 2018	ITEM: 7
Health and Wellbeing Overview and Scrutiny Committee	
Mental Health Urgent and Emergency Care	
Wards and communities affected: Thurrock	**Key Decision:** Paper for noting
Report of: Mark Tebbs, Director of Commissioning, Thurrock CCG & Malcolm McCann, EPUT Executive Director of Community Services and Partnerships	
Accountable Assistant Director: Not applicable	
Accountable Director: Not applicable	
This report is public	

Executive Summary

Demand for adult acute mental health is increasing. This is demonstrated by more people attending A&E with mental health problems. The people attending A&E often suffer from suicidal ideation, self-harm, depression and drug and alcohol problems. The number of people being detained under the mental health act is also steadily increasing year on year. There has been a small rise in the number of people in mental health services committing suicide.

As a result, the system is under increased pressure. This is shown through higher occupancy levels in the EPUT inpatient services, more people being treated out of area and the need to open escalation beds.

Over the last 18 months commissioners have focussed on developing and delivering an urgent and emergency care transformation programme. The first two phases of the transformation plan have focussed on improving:

- S136 pathways and development of street triage services. The street triage provides 24/7 mental health support to the police.
- Psychiatric liaison at BTUH providing expert assessment and treatment in A&E and on the wards

The third phase of the transformation is focussed on developing community crisis care. The Mental Health Five Year Forward View states that all areas must have community crisis services by 2020/21.The recent report from Thurrock Healthwatch highlights the difficulties people face in Thurrock in receiving co-ordinated crisis. The business case for developing 24/7 community crisis care is currently being developed but will not be ready to mobilise for winter 2018/19.

The winter plan is focussed on improving the operational efficiency of the current service. For example, reducing length of stay and reducing delayed discharges. Despite the hard work that is going on, there is concern across the system that we will not have enough beds to safely manage the peak demand over the winter period.

As such, there is a plan to temporary merge two older people wards which are currently under occupied to form an adult inpatient ward. This will enable us to safely manage the winter plan whilst the transformation work continues to develop. Further engagement will occur in the spring to firm up the permanent future model of urgent and emergency care in Thurrock.

1. Recommendation(s)

1.1 The committee is asked to note the content of the report and proposed urgent and emergency care plan.

2. Introduction and Background

2.1 The Mental Health Five Year Forward View sets out an ambitious national programme to improve mental health urgent and emergency care. In particular, it sets out the ambition that there should be 24/7 community crisis services across the whole of England by 2020/21.

3. Issues, Options and Analysis of Options

3.1 The plan to merge the two older people wards was taken after extensive options appraisal. The process was led by EPUT clinicians who back the proposed plan. The options focussed on Southend residents who will have to travel further for dementia assessment facilities.

4. Reasons for Recommendation

4.1 The proposed plan is recommended as a response to the growing demand for adult acute crisis care.

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

5.1 The report makes reference to the extensive engagement work undertaken by Healthwatch regarding mental health care.

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

6.1 The impact on Community Mental Health Services has been considered. There has been an increase demand in terms of referrals over the last few years. The proposal to open Acute Adult Inpatient beds is not anticipated to add to a further increase in demand. Patients placed in out of area

placements does place additional pressure on community staff when discharge planning and staying in touch during admission dues to the distance staff have to travel. It is anticipated by having these additional beds based in the South East, the need for staff to travel outside Essex will be removed for this group of patients.

7. Implications

7.1 Financial

Implications verified by: Not applicable

7.2 Legal

Implications verified by: Not applicable

7.3 Diversity and Equality

Implications verified by: **Linda Smart**
Thurrock CCG, Deputy Director of Quality

The Equality Impact Assessment has been sent to the council for review.

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

Staff will be consulted as this may impact on staff. EPUT will manage this through their normal HR processes. It is not expected that any staff would be made redundant as a consequence of these changes.

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):

Not applicable

9. Appendices to the report

Appendix 1 - Mental Health Urgent and Emergency Care Programme

Report Author:

Mark Tebbs, Director of Commissioning, Thurrock CCG

Malcolm McCann, EPUT Executive Director of Community Services and Partnerships.

Mental Health Urgent and Emergency Care Programme

Purpose

The increasing system pressure from acutely unwell mental health patients is a key local and national priority. In the summer, the first acute mental health summit across the STP was held. This followed a number of incidents where people had very long waits in A&E. The strategic A&E delivery board subsequently sponsored the mental health urgent and emergency care winter planning group to ensure that we have a robust plan for winter pressures. The group has brought together managers and clinicians from across physical health, mental health and social care to develop this plan. The pressures were also witnessed by the members of the Thurrock Health and Wellbeing Board during a recent visit to BTUH A&E where high volumes of people experiencing mental health crisis were waiting for extended periods, often accompanied by the police.

This paper shows that the demand on A&E from people with mental health problems is increasing. The paper sets out the plans to improve mental health urgent and emergency care in Thurrock. The plan reflects both the short term initiatives (the Winter Plan) to manage the current demands and the medium term transformation plan.

The paper focusses on urgent and emergency care. However, it should be noted that this work programme sits within a wider mental health transformation programme including primary care and early intervention services. Children's and young people crisis care is led by West Essex CCG and is therefore not within the scope of this paper.

The CCG, with partners, commissioned Healthwatch Thurrock to run a 2 month Mental Health Consultation. The report made a number of recommendations including the need to review crisis care. The reports states 'Out of Hours Crisis support needs to be reviewed to ensure a service is available to prevent people attending/being sent to A&E as their only option'

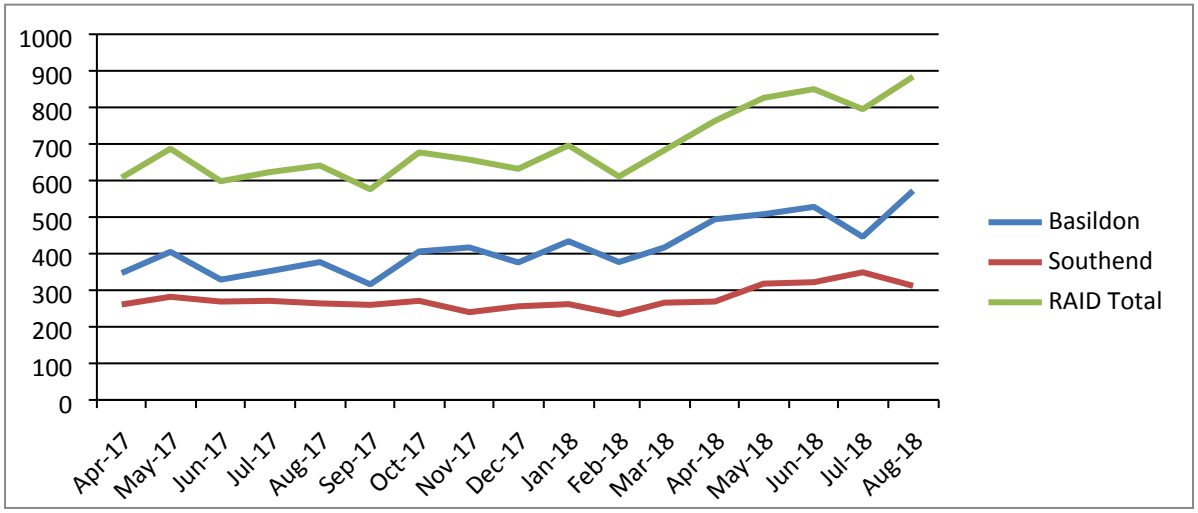
The recent paper from Ian Wake, Director of Public Health, has identified the need to employ a full time 'Strategic Lead for Mental Health Transformation to coordinate and lead further work on mental health transformation in Thurrock.' One of the areas of work identified in the paper is to 'undertake a comprehensive review of the literature to better understand best-practice models of delivering crisis care in Mental Health'.

Increasing acute adult mental health pressures

Thoroughly analysing activity is a critical part the winter planning process. This helps to identify challenges and potential solutions. There are a number of indicators which indicate the growing demand issue.

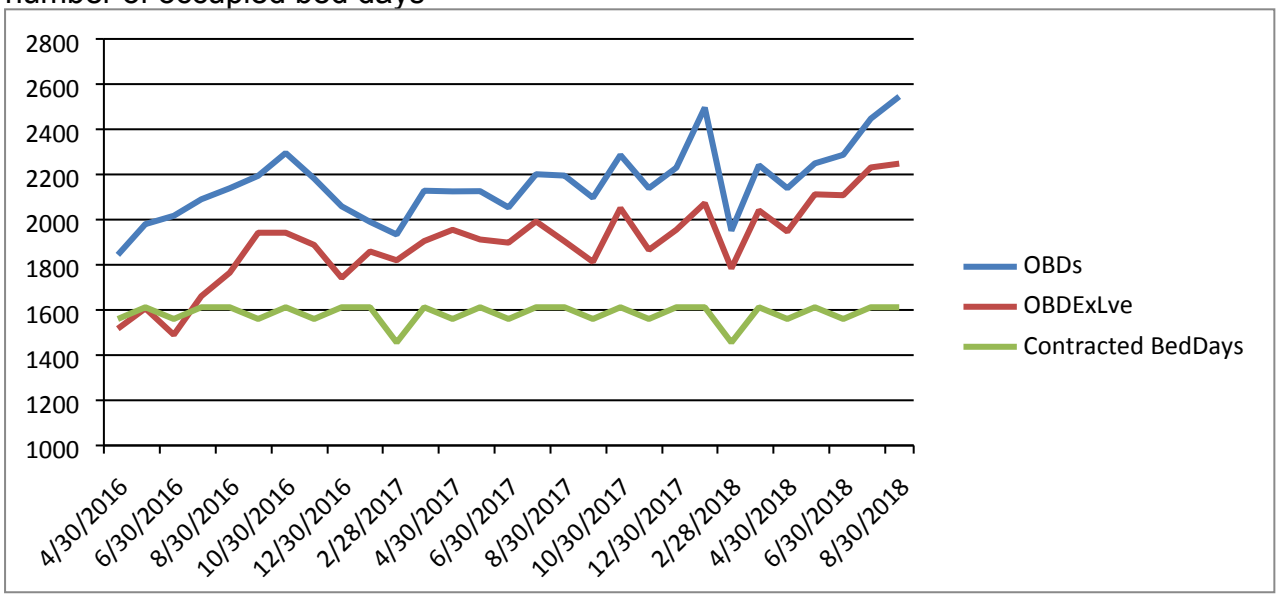
Analysis of number of referrals to RAID shows a steady increase in the number of people attending A&E and being referred to psychiatric liaison services (RAID) over the last 16 months in both hospitals.

Graph 1: Referrals from April 2017 – August 2018 to RAID



Analysis of occupied bed days (inc those placed OAA) for Adult MH beds also a steady increase over the same period. The Royal College of Psychiatry states that the optimum bed occupancy should be 85%. At times, bed occupancy has peaked at 120% whereby people on leave do not have a bed to return to.

Graph 2: Occupied bed days from April 2016 – August 2018 showing increasing number of occupied bed days



At the EPUT CQC inspection in April/May 2018 they found that the service did not always have beds available when needed. "Patients often did not have a bed to return to following leave. Managers and staff spoken with informed CQC that there was pressure to admit new patients to leave beds. Managers told us that patients would also be discharged following leave if no bed was available. CQC were given examples of patients having to wait to access a bed. There had been a serious incident and complaints relating to beds not being available." (*CQC inspection report 2018*).

A review of acuity of patients looking at proportion of those adult inpatients who are detained shows in sharp increase in 2017-18 to 83% (63% in 2016/17) and this increase is continuing for 2018-19. Analysis shows that the total number of adult acute capacity has remained the same. However the number of people detained under the mental health act has increased. This suggests that inpatients are increasingly been utilised for patients under section. If a section is not required, community alternatives are available.

Table 3 shows numbers of detained patients

	Total Beds 2016/17	Total Detained Pts 2016/17	Total Bed 2017/18	Total Detained Pts 2017/18
Adult (inc Ass Unit and PICU and 10 additional Thorpe Beds)	92	696	92	870

Unexpected deaths, who are known service users, were benchmarked from the 2016/17 data period at 53 and the 2017/18 Trust ambition was a 10% reduction. The 2017/18 position records that the Unexpected Death data was 81 vs the baseline position of 53 from 2016/17. Essex Partnership University Trust reported 137 Serious Incidents in 2017/18 and Unexpected Death was the most common type of Serious Incident. In Q1 of 2018/19 there were 14 unexpected deaths reported (11 suicides reported as Serious Incidents and 10 of these were completed suicides and 1 was a serious attempted suicide)

Reasons why people are attending A&E

The analysis of the reasons for A&E attendances shows that the top three reasons for attending A&E are:

- Suicidal ideation and/or attempts
- Depressions
- Co-dependent drug and alcohol problems

The analysis of the demographics shows that the cohort of patient attending A&E are typically under 40 years old. There is an even mix of males and females. Typically, the presentations occur out of hours and there is often a drug and alcohol component.

MH Urgent and Emergency Care Programme

The current transformation programme on Mental Health UEC began 18 months ago. The work initially focussed on s136 as a response to the changes in national legislation.

The legislative amendments of s135 and s136 of the Mental Health Act (1983) by the Policing and Crime Act (2017) were enacted on Monday 11th December 2017. A System Preparedness Plan signed off in November 2016 by the 7 Essex CCGs, 5 Acute Trusts, 3 Local Authorities, Ambulance Service and Essex Police continues to be implemented with all emerging issues being used for learning to refine processes

and pathways. The ambition is to have an Essex s135 and s136 Protocol in place by June next year that outlines roles and responsibilities of the different agencies to ensure through collaboration, partners can provide a high quality, comprehensive and compassionate response to people in a mental health crisis. Work is also currently underway to finalise the s135 pathway, Information Sharing Agreement and the Police Custody pathway.

The Street Triage Service commissioned by the 7 Essex CCGs was secured as part of the Integrated Health and Justice pathway, continues to divert s136 activity from Acute Hospitals and has significantly supported the Police in discharging their duties under the Act where a 14% reduction in s136 detentions was delivered in 2017-18 against a national rising trend. Police custody has also not been used as a place of safety since June 2017. Conveyance by Ambulance has increased from 28% to 72% in 2017-18 as Police cars are no longer used as a default position to transport people in a mental health crisis to a place of safety and patients are supported in a manner that preserves their dignity, privacy and enhances patient experience. YTD reduction in s136 detentions was 16% in Q1 of 2018-19 and conveyance by ambulance stands at 79%.

Current data indicates that 25% of people entering the s136 pathway are under the influence of alcohol or drugs. Work with public health colleagues is on-going to strengthen the community services and pathways and enable more proactive support and care options.

The second phase of work focussed on improving psychiatric liaison services. CCGs have commissioned enhanced (CORE 24 Model) psychiatric liaison services at BTUH. The service went live in the summer 2018. The service philosophy is to ensure that for all those attending the general hospitals have their mental health considered on par with their physical health, ensuring a quality of care, respect and dignity.

The service aims to see patients in A&E within 1 hour and to discharge patients from the A&E department to the clinically appropriate pathway within 4 hours. The service is provided by a multi-disciplinary team comprising of medical staff, nurses, psychologists and support workers. The service provides an assessment, diagnosis, treatment and risk management model. The initial evidence shows that the service is performing well and the average time from referral to assessment is just over an hour.

The third phase of transformation is to develop 24/7 Crisis Response and Care pathway. The Mental Health Five Year forward View sets out that, by 2020/21, the NHS needs to commission ‘Crisis Resolution and Home Treatment Teams (CRHTTs) across England to ensure that a 24/7 community-based mental health crisis response is available in all areas and that these teams are adequately resourced to offer intensive home treatment and not just assessment as an alternative to an acute inpatient admission.

The current CRHTT service offer only covers 12 hours a day, 7 days a week and to make it fit for purpose work is underway to scope out the 24/7 service model that will ensure people can be supported in the community more intensively as a default position without the need for a hospital bed. Additional investment will be necessary

to pump prime the enhanced service to ensure it meets fidelity of the 24/7 pathway. The business case is currently under development and will form part of the contract negotiations for 2019/20.

The Strategic A&E delivery Board has also been working since the summer to develop a plan for managing 2018/19 winter pressures. The winter plan sets out a number of short term, operational initiatives to manage winter pressures. These include:

- Weekly extraordinary DTOC meeting to minimise delayed transfers of care
- Setting up an EPUT winter room to ensure that flow and capacity is actively managed and communicated to the system
- Sitrep shared three times a day to communicate EPUT bed pressures
- Introduction of 'Red and Green' day initiative to reduce length of stay
- Establishing a high intensity users group to manage frequent attenders
- Ensuring that people within secondary care have more robust crisis plans and know how to access care
- Integrating drug and alcohol services within psychiatric liaison service
- Reviewing PTS arrangements

Despite this, there remain concerns about the ability of the system to manage the 18/19 winter period. One of the peak demand times for mental health care is just after Christmas and New Year. The bed modelling suggests that we require an additional 16 adult acute beds to successfully manage the winter period.

The final part of the winter plan is, therefore, to temporarily open an additional adult inpatient ward by merging two older people dementia wards.

Maple Ward (Dementia Assessment Ward - Rochford Hospital) and Meadowview Ward (Dementia Assessment Ward - Thurrock) have low occupancy. This is because the respective dementia crisis teams have been very successful in treating people with dementia in their own homes. The community based model of care has reduced demand for inpatient beds. The beds are mainly used when someone with dementia has to be detained under the mental health act for their own safety. Even then, the length of stay is lower because there is better community support on discharge. This enables us to merge the two wards onto the Meadowview site.

Ashingdon ward (Thurrock Community hospital site) ward is currently empty. This ward is being re-furbished to enable the older people functional ward currently located in Basildon to be temporarily located in Thurrock.

This will enable an adult acute winter pressure ward to be opened in Basildon by December 2018. It is important that the ward is co-located with the assessment unit and is environmentally appropriate.

This sequence of moves enables us to ensure that the right locations and environments are matched to the appropriate patient groups. A full quality impact assessment has been completed. A review will be completed and engagement will commence in the spring 2019 regarding the long term bed configurations.

The plan has been approved by the Essex and Southend HOSC committees. Concerns were raised by Southend because the move meant longer travel times for some Southend patients. Southend HOSC have approved the plan subject to a number of factors to mitigate the potential longer travel times.

Recommendations

The committee are asked to note report and the current plans to manage mental health urgent and emergency care needs.

8 November 2018	ITEM: 8
Health and Wellbeing Overview and Scrutiny Committee	
Thurrock Safeguarding Adults Board Annual report 2017/18	
Wards and communities affected: All	**Key Decision:** Not applicable
Report of: Jim Nicolson, Independent Chair of Thurrock Safeguarding Adults Board	
Accountable Assistant Director: Les Billingham, Assistant Director of Adult Social Care and Community Development	
Accountable Director: Roger Harris, Corporate Director of Adults, Housing and Health	
This report is Public	

Executive Summary

The Care Act 2014 set out a requirement for all Local Authorities to establish a Safeguarding Adults Board, the board is statutory under this Act. Safeguarding Adult Boards (SAB) must publish an Annual Report; this report presents the Thurrock Safeguarding Adults Board (TSAB) Annual Report 2017/18 for consideration.

The Annual Report sets out the profile of adult safeguarding activity within Thurrock for the period 2017/18; describes the strategic objectives, and documents the SAB's achievements and challenges. Additionally, the report should refer to Safeguarding Adult Reviews (SAR) that were commissioned during this period, however Thurrock has not had cause to commission a SAR.

The Annual report provides an opportunity to engage with stakeholders, most importantly on the Strategic Plan for the forthcoming year.

1. Recommendation(s)

1.1 That Members of the Health and Wellbeing Overview and Scrutiny Committee note the report.

2. Introduction and Background

2.1 The Care Act 2014 requires that each Safeguarding Adults Board (SAB) publish an Annual Report, that it be disseminated widely and specifically to key partners including, the Chief Executive and Leader of the Local Authority, Essex Police, Healthwatch and the Chair of the Health and Wellbeing Board.

2.2 It is considered good practice for the Independent Chair to attend relevant forums to discuss both the Annual Report and Strategic Plan in order to raise the profile of Adult Safeguarding, to promote the SAB, and to continuously engage with its stakeholders.

3. TSAB Annual Report

3.1 The Care Act 2014 set out that each Local Authority must establish a SAB. The SAB's key role is to assure itself that safeguarding arrangements are in place as set out in the Care Act 2014; that those arrangements are person centred; that agencies collaborate effectively to prevent abuse from occurring and provide timely and proportionate responses when abuse does take place.

3.2 SABs have three core duties; to develop and publish a Strategic Plan, publish an Annual Report, and commission Safeguarding Adult Reviews as the need arises.

Summary of Safeguarding Adults Activity

3.3 Safeguarding means protecting a person's right to live in safety, free from abuse and neglect. Some adults with care and support needs may not be able to protect themselves, which places them at a higher risk of abuse and neglect. Adult safeguarding is the action taken by individuals and organisations to prevent or stop abuse and neglect of people with care or support needs.

3.4 There were 712 safeguarding concerns raised regarding suspected abuse or neglect during 2017/18, of these 177 were progressed to enquiry stage under Section 42 of the Care Act 2014. Data gathered during 2017/18 tells us that the most common reason for referral was neglect/acts of omission, financial abuse and physical abuse. The age and gender breakdown of people referred into the safeguarding process is similar to that of most other English local authorities, most adults subject to safeguarding processes are women, and the majority (both men and women) are aged 65 years and over.

3.5 Historically the emergency services are recognised to have high rates of raising safeguarding concerns, with a low conversion rate. During 2016/17 a project was undertaken with Essex Police to address this, which saw an improvement with a reduction in inappropriate concerns raised. East of England Ambulance Service NHS Trust are currently reviewing their processes to redirect their concerns which are relevant for social care but do not have a safeguarding element. It is hoped that this will have a positive impact and increase the conversion rate from concerns received to enquiries undertaken.

3.6 Anecdotal evidence suggests that some cases recorded as physical abuse are cases of domestic abuse, this is a crucial distinction to make as it alters

the pathway for targeted person centred support and effective risk management.

3.7 Physical disability, learning disability and mental disorder are the leading reasons for supporting individuals who are the subject of a safeguarding concern.

3.8 During 2018/19 the SAB are working closely with Adult Social Care to improve data collection, recording and overall data integrity.

Deprivation of Liberty Safeguards (DoLS)

3.9 DoLS exist to protect adults in care settings where treatment is required but the adult lacks the mental capacity to make decisions about that treatment.

3.10 In the year 2017/18 there were 779 DoLS applications made to Thurrock Council. The majority of DoLS applications are reviewed by six trained assessors, however Adult Social Care also utilise external assessors in order to manage demand.

Request Status	Count	%
Not Granted	7	1%
Granted	499	64%
Request Withdrawn	169	22%
Not signed off yet	104	13%
Total	779	100.00%

Finance

3.11 During 2017/18 the SAB was funded by the three core partners, Thurrock Council, Thurrock NHS Clinical Commissioning Group and the Office of the Police, Fire and Crime Commissioner. This arrangement continued for 2018/19.

INCOME 2017/18	£
Thurrock Borough Council	37,500
Thurrock Clinical Commissioning Group	18,750
Office of the Police, Fire & Crime Commissioner	18,750
SAR Fund: EPUT & NELFT	10,000
2016/17 carry forward	38,790
TOTAL	**123,790**

Strategic Objectives

3.12 The TSAB has a three year Strategic Plan which included the following Strategic Objectives (SO) during 2017/18, the table below sets out progress toward achieving the objectives.

SO	By 31st March 2019 this Board will have published a Communication Strategy and two related local actions plans for Communication and Awareness Raising with particular emphasis on providers, carers, families and individuals and communities at risk.
Update	www.thurrocksab.org.uk went live and will be supported by printed material, social media campaigns and an engagement schedule during 2018/19.
SO	By 31st March 2019 this Board will have produced its strategy and associated action plan for the Prevention of Harm and Abuse to Adults at Risk.
Update	A multi-agency workshop developed the concept for the Prevention Strategy, which will be finalised and implemented during 18/19.
SO	By 31st March 2018 this Board will have worked with SET partners to consider and publish good practice in dealing with domestic abuse in older people and care settings.
Update	TSAB benefitted from a successful project led by the Southend, Essex & Thurrock Domestic Abuse Board. This SO was discharged. However, training will be delivered during 2018/19 to embed learning and improve practice.
SO	By 31st March 2020, this Board will have conducted a review of the level of sexual exploitation of adults in Thurrock and made recommendations for further action if appropriate.
Update	A multiagency workshop led to the creation of a task and finish group to develop a joint strategy, toolkits and pathway. Work is ongoing and will continue into 2020.

Key achievements

3.13 In addition to making significant progress towards delivering its Strategic Objectives, the TSAB realised the following achievements:

- Development and implementation of a robust governance framework.
- Development and ratification of the Safeguarding Adult Review Policy.
- Undertook multi-agency out of hours visits to residential care homes.
- Introduction of a multi-agency High Risk and Hoarding Panel.
- Introduction of the Sexual Exploitation Task and Finish Group.
- Funded the Lasting Power of Attorney project led by Thurrock Coalition.

- Part funded and supported the Stay Safe Project, in conjunction with the Community Safety Partnership and Thurrock Centre for Independent Living.

3.14 **Strategic Objectives 2018 to 2020**

The strategic objectives for the next three years have been set in consultation with all partners. These are as follows:

- SO 1: By 31st March 2019 this Board will have published a Communication Strategy and two related local actions plans for Communication and Awareness Raising with particular emphasis on providers, carers, families and individuals and communities at risk.

- SO 2: By 31st March 2019 this Board will have produced its strategy and associated action plan for the Prevention of Harm and Abuse to Adults at Risk.

- SO 3: By 31st March 2020, this Board will have conducted a review of the level of sexual exploitation of adults in Thurrock and made recommendations for further action if appropriate.

- SO 4: By 31st March 2020 this Board will have reviewed and made recommendations for change if appropriate regarding the safeguarding gaps for at risk young people in transition to adulthood.

4. Reasons for Recommendation

4.1 That the committee note this report.

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

5.1 The annual report was co-produced with core partners of the SAB.

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

6.1 The work of the SAB contributes to the following council priorities:

- Build pride, responsibility and respect to create safer communities
- Improve health and well-being

6.2 The SAB achieves this by empowering communities by developing their ability to identify and report abuse or neglect; effective multi agency collaboration to create safer communities by preventing abuse/neglect and working together to improve the physical and mental wellbeing of all residents and visitors to Thurrock by responding swiftly and proportionately when abuse and neglect does occur.

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**

Management Accountant Social Care & Commissioning

Thurrock Council will continue to fund the TSAB at the current level of £37,500 pa and this has been identified within existing Adult Social Care budget allocations.

7.2 Legal

Implications verified by: **Sarah Okafor**

Barrister (Consultant)

On behalf of the Director of Law, I have read the report in full. The TSAB is a statutory board, established as a requirement under section 43 with its prescribed functions and responsibilities set out under Schedule 2 of the Care Act 2014. Accordingly, I confirm there are no external legal implications arising from the contents of this report.

7.3 Diversity and Equality

Implications verified by: **Roxanne Scanlon**

Community Engagement and Project Monitoring Officer

Diversity data shows that those referred to the safeguarding process have a similar demography to those in other English authorities, details of which are contained in this report. The leading reason for supporting individuals who are the subject of a safeguarding concern is physical disability, learning disability and mental ill health. The SAB will ensure that all protected characteristics, as set out in the Equality Act 2010, are treated fairly and given equal opportunity. During 2018/19 the SAB is working to improve data collection, recording and overall data integrity.

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):

9. Appendices to the report

Appendix 1 - Thurrock Safeguarding Adults Board Annual Report 2017/18
Appendix 2 - Thurrock Safeguarding Adults Board Strategic Plan 2017/20

Report Author:

Levi Sinden

Thurrock Safeguarding Adults Board Manager

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"To work in partnership, preventing abuse and ensuring excellent practice and timely responses to the safety and protection of individuals or groups within our communities"

Thurrock Safeguarding Adults Board

Annual Report 2017/18

CONTENTS

FOREWORD

This is the 10th and last annual report for Thurrock's Safeguarding Adult Board (SAB) to which I have contributed. There will be a new chair midway through 2018/19 and it is healthy and right to bring fresh eyes and ideas to the work of the board. I wish the new Chair well.

We have a very good track record on adult safeguarding in Thurrock of which we should be proud. That doesn't happen by accident and considerable credit should be given to providers, adult social care, commissioners of services and to those who monitor contracts, for the work that they have undertaken. Good communication, strong relationships and effective partnerships have all helped to maintain that record.

Detailed and comparative analysis of the 2017/18 data is complicated by the fact that the national data set for adult safeguarding is not made available until November each year.

This last year there were 712 safeguarding adult concerns reported to the local authority, of which 177 (25%) were considered to merit a safeguarding enquiry. That is roughly in line with the previous year but, as with other SABs in the region, we still experience over reporting by East of England Ambulance Service which distorts the figures and pushed the conversion rate down. Recent conversations may resolve that issue in the year ahead in the same way as conversations with Essex Police resolved their over reporting in 16/17. If we can reduce obvious inappropriate reporting of concerns I would expect to see a rise in our conversion rate to well above 25%.

The Safeguarding Board met four times during the year and sought assurances and information on such matters as domestic abuse involving elder people, adult safeguarding training, suicide prevention, the homecare market, self-neglect and the LeDeR programme which reviews deaths of people with learning disabilities. We continue to support the Lasting Power of Attorney project and have promoted the use of GPS monitoring devices for people with Alzheimer's/dementia who have a tendency to get lost. Thurrock Lifestyle Solutions held a training session for adults around sexual awareness and boundaries and we continue to consider and learn from Serious Adult Reviews published elsewhere. I was particularly pleased that in the autumn board members joined social workers to conduct unannounced out of hours visits to all our care homes in the Borough, something which was welcomed by providers. Board members also took part in joint training with members of both the Essex and Southend SAB.

For those of you who have the difficult job of making and agreeing policy in Thurrock in these times of austerity, especially policy that impacts on the provision of health and social care, I ask again why there is not a safeguarding impact assessment provided with policy papers set before decision makers. If new policies or reductions in spending have no significant safeguarding implications for children or adults then a senior official should say so and provide the assurances that the Safeguarding Adult Board should rightly be seeking. If there are safeguarding implications then the risks should be identified, acknowledged, owned and mitigated wherever possible.

This last year saw the arrival of Liana Kotze as safeguarding manager at the council and the departures of Jim Nicholson (CSP) and Elaine Paige (SEPT) from the SAB. I wish Liana well in her new role and on behalf of the SAB I thank Jim Nicolson and Elaine Taylor for almost 10 years' service on our SAB.

I also need to thank the local authority, the CCG and the OPCC for their continued support and funding of the SAB.

Graham Carey

Independent Chair

INTRODUCTION

The local authority has lead responsibility for safeguarding adults. The local authority has a responsibility to record all adult safeguarding concerns that come to its attention, as they all should. They are responsible for considering all concerns raised regarding adults at risk, making a decision as to whether it meets the criteria for safeguarding concern. Some concerns are dealt swiftly by routine good professional social work and need no further action, others are more complicated or more serious and may merit an enquiry in line with section 42 (S42) of the Care Act 2014.

OVERVIEW

An **adult at risk**:

(a) has needs for care and support (whether or not the authority is meeting any of those needs) **and**

(b) is experiencing, or is at risk of, abuse or neglect **and**

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

A **Safeguarding concern** is usually raised to the local authority, when someone is concerned that an adult may be experiencing abuse or neglect. Safeguarding concerns include domestic abuse, sexual exploitation, modern day slavery and self-neglect. All safeguarding concerns are recorded on form SET SAF 1.

From the table below you can see that 628 concerns were raised to the local authority during the past year. This is a slight increase from the year before.

A **Safeguarding enquiry** is the action taken by the local authority in response to a safeguarding concern. The local authority always retains responsibility for activity or enquiries undertaken under Section 42 of the Care Act irrespective of whether or not it carries out the enquiry or activity itself or asks another organisation to undertake the enquiry or activity on its behalf. A Safeguarding Enquiry in accordance with the Care Act is quite different than a Safeguarding Investigation as previously managed under the Community Care Act. A Safeguarding Investigation would seek to conclude on whether abuse was substantiated or not whereas the new focus of a Safeguarding Enquiry is about supporting the adult at risk to be safer. All authorities need to provide feedback on how they are Making Safeguarding Personal, by ensuring service users are given choice over their safety measures and desired outcomes of these processes. This allows people to have control over how safeguarding enquiries run, or whether they are terminated at the individual's request.

Every English Local Authority is obliged to maintain a data set for safeguarding adults in accordance with national guidance. All authorities submit their data at the year end and this is then published in the autumn.

SUMMARY OF LOCAL AUTHORITY ACTIONS

The local authority recorded 712 adult safeguarding concerns during 2017 – 2018. Of these 177 (25%) were deemed to require further action and a Safeguarding Enquiry was launched to consider what outcomes would help to make the adult at risk of abuse, safer. The conversion rate seen by Thurrock Council is comparable with most other authorities across England.

Which agency raised the concern?	Number of concerns reported 2016/17	As % of total concerns	Number of Enquiries accepted	As % of total Enquiries	Conversion Rate
CARIADS	1	0.1%	1	1%	100%
Central Government Agency	6	0.8%	2	1%	33%
Family, Friend, Neighbour	46	6.4%	19	11%	41%
Independent Provider Agency	103	14.3%	36	20%	35%
Internal SSD	53	7.4%	21	12%	40%
LA Housing or Housing Association	7	1.0%	2	1%	29%
Legal agency - police, court, probation	68	9.4%	13	7%	19%
Not Known	2	0.3%	2	1%	100%
Other Agency i.e. Voluntary agency	19	2.6%	3	2%	16%
Other Individual	93	12.9%	17	10%	18%
Other LA or Other TBC Department	59	8.2%	19	11%	32%
Primary Health i.e. GP etc.	32	4.4%	4	2%	13%
School, Education	3	0.4%		0%	0%
Secondary Health i.e. Hospital etc.	213	29.5%	32	18%	15%
Self-Referral	16	2.2%	7	4%	44%

Table 1 gives information of source of concerns and it is noticeable that most concerns were raised by Secondary Health Providers, which include Ambulance Services. In August 2017 we worked with the Ambulance Services in Thurrock and agreed that where a safeguarding concern was not clearly evident from the information, this would be passed to Thurrock First, our joint health and social care contact centre. Whilst referrals from this source have decreased we are still seeing only 18% conversion to an enquiry, so more work may be required in this area. This would prevent unnecessary enquiries and forward the referral to other social care services.

Categories of abuse

Collection Year	Physical Abuse	Sexual Abuse	Psychological Abuse	Financial or Material Abuse	Discriminatory Abuse	Organisational Abuse	Neglect and Acts of Omission	Domestic Abuse	Sexual Exploitation	Modern Slavery	Self-Neglect
2017-18	18%	3%	14%	18%	0%	7%	32%	4%	1%	0%*	5%

It is evident from the information in Table 2 that the most concerns relate to Neglect and Acts of Omission. Higher prevalence in this category of abuse can also be explained by home care agencies experiencing difficulties in care provision throughout the precarious care market. Physical Abuse is high and often not recorded accurately as Domestic Abuse. To improve practice we recently set up a Safeguarding Adults Practitioners Forum to drive best practice and ensure education to social workers to support better recording practice. Financial abuse is the third most prevalent type of abuse and in keeping with previous years of high levels of concern in this area of abuse.

This year Thurrock had a case of Modern Day Slavery (MDS), which was managed as part of a special operation led by Essex Police. The person was referred to the National Referral Mechanism and supported by the Salvation Army.
The safeguarding team also took part in a local police operation that supported 3 other victims of MDS to access the NRM. Owing to nature of operation and the Police leading these were not in the first instance directly referred to the safeguarding team, so not captured in our data.

Enquiries by age and gender

Age	18-64	65-74	75-84	85-94	95+	Not Known
2017-18	42%	14%	19%	21%	4%	0%

Gender	Male	Female	Not Known
2017-18	40%	60%	0%

Safeguarding concerns by age and gender breakdown is similar to most other English authorities, as seen in Table 3 and 4. Females remain the highest gender. In Thurrock majority of Enquiries are concerning people over 65, with 36 being 85 or over, reflective of our aging population.

Ethnicity

Most people who had concerns raised about their safety to the Adult Safeguarding Team in Thurrock described themselves as British. This is shown in Table 5

TABLE 5 Counts of Individuals by Ethnicity	White	Mixed / Multiple	Asian / Asian British	Black / African / Caribbean / Black British	Other Ethnic Group	Refused	Undeclared / Not Known	Total
Concerns	370	5	6	22	7	4	27	441
Enquiries	158	1	3	9	4	2	10	187
Total	528	6	9	31	11	6	37	628

Counts of Individuals by Ethnicity	White	Mixed / Multiple	Asian / Asian British	Black / African / Caribbean / Black British	Other Ethnic Group	Refused	Undeclared / Not Known	Total
Concerns	58.9%	0.8%	1.0%	3.5%	1.1%	0.6%	4.3%	70.2 %
Enquiries	25.2%	0.2%	0.5%	1.4%	0.6%	0.3%	1.6%	29.8 %
Total	84.1%	1.0%	1.4%	4.9%	1.8%	1.0%	5.9%	100. 0%

Health and Social Care Need

TABLE 6 Concerns and referrals by health or social care need	As a % of all concerns
Physical Disability	56%
Learning Disability	14%
Mental Health	9%
Other Vulnerable Person	9%
(blank)	4%
Dementia	4%
Substance misuse	3%
Sensory Impairment	0%
Carer	0%
Grand Total	100%

Table 6 shows that most adults at risk of abuse have a physical disability. The majority are over 65 as shown in table 3 so relates to older people. This provides insight into the categories of abuse listed as high, given that this correlates with people's care needs. People with a learning disability and mental health are the second highest category. Those recorded as 'blank' are where this was not completed. Training is underway via the Safeguarding Forum to address issues of recording.

Outcomes

Work has been completed nationally and locally in updating recording practices for capturing outcomes.
In future the report will capture the following outcomes:

- Outcomes fully achieved
- Outcome partially achieved
- Outcomes not achieved
- Investigation ceased at individual's request or
- Not applicable.

This is therefore the last year we report on outcomes for cases either substantiated, unsubstantiated or something between. Although this is what is currently collected, be assured that all adults are asked about their choices and desired outcomes in terms of their safeguarding. See Table 7 below.

TABLE 7 Outcome question	Total	%
Outcome Substantiated	52	37.56%
Outcome Unsubstantiated	27	23.16%
Outcome Inconclusive	22	15.08%
Investigation ceased at individuals request	17	12.95%
Outcome Partially Substantiated	17	11.24%
Grand Total	135	100.00%

MAKING SAFEGUARDING PERSONAL (MSP)

In line with good practice and the government agenda we have been making safeguarding personal in Thurrock, by giving people the opportunity to tell us what they want in safeguarding processes and how they may contribute to their own safety. Most service users have been supported by their family or friends and have not opted for paid advocates to support them. A number of people have opted for the safeguarding enquiry to be ceased, when a concern has been raised to the local authority and then discussed with them.

Some patterns of financial abuse were identified with a few people living in the Aveley or South Ockendon area of the local authority. The Safeguarding Adults Service made use of the Community Hub to have a survivor's discussion meeting with the adults at risk. They were able

to share their stories with one another and offered continuous support for one another to prevent any exploitation from happening again. They knew that the staff members at the hub were trusted individuals and that they could raise any further concerns with trusted individuals as well as the local authority.

The local authority has set up a Safeguarding Adults Practitioners Forum in the past year to drive practice changes forward and ensure MSP is embedded with social workers especially.

MENTAL CAPACITY

Southend, Essex and Thurrock (SET) updated their Mental Capacity Assessment Forms and related Policy and Procedure in February 2018. More information can be found on the TSAB Website.

Mental Capacity and Safeguarding Adults

Most adults at risk that become known to Thurrock Council have full mental capacity to make decisions about their own safety. Whether people have or lack mental capacity the Safeguarding Adults Service always discusses with individuals what their options may be in terms of making themselves safer. We have seen a number of cases of domestic abuse and people are often given opportunities about how to address matters, whether they would prefer to go to a place of safety, whether they would like anyone to support them, for example an Independent Domestic Violent Advocate (IDVA) or voluntary services such as Changing Pathways, Thurrock Inclusions, or even South Essex Rape and Incest Centre (SERRIC). Most people request that the Safeguarding Concern or Safeguarding Enquiry stops, as they are often not ready or prepared to engage with Adult Social Care at that point in time, because of fear that the intervention may increase the risks to their safety or may influence their housing or finances. It is important that professionals recognise these difficulties that adults at risk encounter.

This year **54** GPs and Health Professionals attended a seminar on this subject which included the wider safeguarding agenda. This was delivered in partnership with CCG.

Where people lack mental capacity their family or friends or Independent Mental Capacity Advocates (IMCA's) are appointed and consulted on the person's behalf to support people's safety where their wellbeing may be at risk. Safeguarding Enquiries are often managed around such an individual when they cannot express their views. The safeguarding service regularly liaises with the Care Quality Commission (CQC) and visits are made to our external providers. These providers are then asked to put safety plans in place and update risk assessments to ensure the vulnerable adults safety.

Case studies in Safeguarding Adults

Please note that names, locations, and data identifying service users have been changed in the examples:

A. Dementia and Safeguarding, concerns which did not progress to a Safeguarding Enquiry:

Biff is in her 80s, has arthritis and lives with her daughter. Biff visited the police station stating that someone had broken into her home and redecorated the ceilings from magnolia to white. The ceilings in the bedrooms and kitchen had been altered. The police officer contacted her daughter who stated that she works night shift. She explained that she had been home all day and no one has been in the house to alter the decoration. The daughter mentioned that Biff is awaiting results for dementia, from her GP. This case was not progressed to a Safeguarding Enquiry (S42 SE), because there is no adult at risk of abuse with care and support needs who is unable to protect themselves from harm. Thus the case progressed to the early intervention and prevention team to explore her presenting needs and ensure appropriate social work support. Therefore no action was taken from a Safeguarding Adults perspective.

B. Alcohol Misuse, Mental Capacity issues and safeguarding, concerns which progressed to a Section 42 Safeguarding Enquiry:

Mrs Green was in hospital due to a brain injury as a result of a fall caused by alcohol misuse. She was subject to a Deprivation of Liberty Safeguards whilst in hospital, to help keep her safe. She lacks mental capacity to make decisions regarding her care and treatment needs. A number of neuro-rehabilitation placements came to assess her in hospital and turned her down. Mrs Green eventually agreed to be moved into a care home temporarily, but she became agitated, as she did not want to be in the care home anymore. She forced her way out of the care home after a visit from her family. The police were called as Mrs Green made her way to the bus stop and then made her way home as she refused to return to the care home. Her husband was concerned for her welfare and contacted the care home and the care home sent some carers to escort her back to the care home where she was again supported by means of a Deprivation of Liberty Safeguard and more regular checks to keep her safe. She is currently abstaining from alcohol use and her memory has improved somewhat. Her husband comes to visit her every other day.

C. Learning disability and safeguarding, the concern did not progress to a Section 42 Safeguarding Enquiry:

Bill is a young man with a learning disability and he lives in a housing with care scheme. He was knocked over by another resident who was using an electric wheelchair. Bill fell on his knees using his hands to brace the fall and as a result he sustained a broken wrist. This referral did not progress to a section 42 Safeguarding Enquiry because the risk had been addressed under care and risk management processes. The housing scheme arranged with the other resident to adjust the speed of their wheelchair and

make it move slower to safeguard others better. Bill's father also provided some ongoing monitoring of the situation by regularly explaining why his wheelchair needed to be kept at a particular speed for the safety of others.

D. Financial and Psychological abuse case where safeguarding progressed to a Section 42 Safeguarding enquiry:

Mr White is in his late 70s, he has advanced dementia and lives alone in his own property. His property had been broken into on few occasions where money and belongings were taken. The alleged perpetrator of the crime was posing as his son, but it turned out it was a stranger who is a heroin addict. The police were informed and it was suggested that the locks to his property was changed. Mr White went to stay with his son in the meantime. Mr White wanted to return home, but could not because it was unsafe to do so. The anti-social behaviour service were involved. They installed new doors, which was a security measure. The safeguarding team informed the housing team to see if Mr White can be placed in an alternative accommodation, but this offer was turned down by him and his family. The police carried on with their investigation into the alleged crime of burglary and theft. The family installed CCTV and consented to it being used on social media. Some months later the perpetrator of the crime was arrested and sentenced. The outcomes were also captured as part of the Section 42 Safeguarding Enquiry.

DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

Thurrock Council and all local Authorities experienced a ten-fold increase in Deprivation of Liberty Safeguards following case law developed in the Supreme Court, on 27 March 2014 in the area of the Deprivation of Liberty Safeguards (DoLS). This legislation supports people who lack mental capacity in care homes and hospitals where they need these safeguards to support their care and treatment and it helps to prevent harm to them. For every such case that meets the criteria for the Safeguard, six assessments have to be completed and a citizen can be deprived of their liberty for up to 12 months.

The law commission was asked to review the law, as the House of Lords found that DoLS was 'not fit for purpose'. Recommendations were made to the Government in March 2017 and the Government have responded to their proposals on 14 March 2018 and have agreed in principle for a new **Liberty Protection Safeguards (LPS)** to be developed.

The Government has said that it will legislate on this issue in due course and will first carefully consider the details of the proposals to ensure the new design fits with the future direction of health and social care. Thus no timescale for changes have been communicated and we need to continue to work within the DoLS scheme for now.

DoLS Assessments

There are two types of Assessors; Best Interest Assessors (BIAs) and Mental Health Assessors. A Best Interest Assessor is often a social worker or nurse with additional training in this area of social work.

There are only 6 Best Interest Assessors that work directly for Thurrock Council. We use external BIA's for the majority of our work which is practice across Essex.

Prevalence of Deprivation of Liberty Safeguards in Thurrock

In the year 2017 – 2018 there has been 779 DoLS Applications made to Thurrock Council. This is an increase from the previous year, where Thurrock Council had 773 DoLS Application.

TABLE 8 Request Status	Count	%
Not Granted	7	1%
Granted	499	64%
Request Withdrawn	169	22%
Not signed off yet	104	13%
Total	779	100.00%

In table 8 above it shows that of the 779 DoLS Applications made to Thurrock, 75% of these resulted in a DoLS being issued to help support people's safety in either a care home or a hospital setting.

DoLS and Case Law

The biggest change in case law in the past few years was that a judge prompted for special considerations on DoLS to support people who have medication to manage their behaviours. For example where a person who lacks mental capacity about their care arrangement is receiving anti-psychotic as part of their treatment plan the care home must prompt the prescriber to regularly review the person's medication as part of their care. Therefore this is rigorously checked by Thurrock DoLS Service to ensure service users are supported with good primary care and kept safe in this way.

Legal Intervention

Thurrock Council has also requested the input from the Court of Protection in a number of cases where the person is not within the remit of the current DoLS Scheme, because of their age and or community deprivation of liberty. The CCG is also progressing some cases in this manner. It is expected that when the LPS is launched these cases will fall within the remit where the local authority could authorise most cases.

FINANCE

Income for 2017/18 is set out below, it includes a separate fund to provide resource for a Safeguarding Adult Review, should the need arise.

During 2017/18 the underspend grew, this was due to the board being under staffed, which led to a delay in achieving some of the board's aims specifically around holding a conference during 2017 and developing publicity materials. The TSAB has developed a Funding Process which organisations can apply to for relatively small projects that contribute to the delivery of the board's objectives and overall adult safeguarding agenda.

INCOME 2017/18	**£**
Thurrock Borough Council	37,500
Thurrock Clinical Commissioning Group	18,750
Office of the Police, Fire & Crime Commissioner	18,750
SAR Fund: EPUT & NELFT	10,000
2016/17 underspend	38,790
TOTAL	**123,790**

	Subjective Detail		
SF709 - Safeguarding Adults Board	0001 - Salary	43,507	
	0016 - Overtime	22	
	0060 - National Insurance	3,784	
	0065 - Superannuation	4,352	
	0066 - Super Reversal of employer pensions conts	0	
	0072 - Current Service Costs (Retirement Benefits)	0	
	0300 - Staff Advertising	80	
	0360 - Seminars And Courses	70	
	0593 - Gas	0	
	0630 - Rent Payable	0	
	1250 - Reimbursement Of Fares	0	
	1300 - Car Allowances	508	
	1400 - Equipment Purchase	0	
	1422 - Materials Purchase	0	
	1750 - Professional Fees	2,500	
	1753 - Consultant Fees	0	
	1906 - IT Project Related Expenditure	4,998	
	2047 - Joint Finance	1,087	
	2104 - Project Work	2,000	
	2600 - Private Contractors	2,500	
	2625 - Accommodation Payments	96	
	2779 - Additional Expenditure	0	
	4272 - Contributions From Other Bodies	(47,500)	
Grand Total		**65,504**	**(58,296)**

WHAT WE ACHIEVED AS A BOARD IN 2017/18

Strategic Objective 1:	
By 31st March 2019 this Board will have published a Communication Strategy and two related local actions plans for Communication and Awareness Raising with particular emphasis on providers, carers, families and individuals and communities at risk.	During 2017/18 the board developed an action plan setting out the actions it will take to raise awareness and improve stakeholder engagement; implementation has begun and is on-going. The board has created and launched a stand-alone website which is a multiagency central resource hub for all matters relating to adult safeguarding and can be found at www.thurrocksab.org.uk. During 2018/19 the board will develop and roll-out the hard copy and social media based campaign, initially, the top three cause of concerns will be targeted, namely financial and physical abuse and neglect/acts of omission; posters to raise and maintain awareness amongst professionals and improve communication with Providers.
Strategic Objective 2:	
By 31st March 2019 this Board will have produced its strategy and associated action plan for the Prevention of Harm and Abuse to Adults at Risk.	During 2017 the board hosted a multi-agency workshop to scope the parameters and objectives of an effective Prevention Strategy which led to the development of an action plan. The action plan will be delivered during 2018/19 to consolidate existing preventative initiatives and incorporate aspirations for future preventative schemes to increase community empowerment and reduce incidence of adult abuse and neglect.
Strategic Objective 3:	
By 31st March 2018 this Board will have worked with SET partners to consider and publish good practice in dealing with domestic abuse in older people and care settings.	The TSAB had benefited from the work developed by the Southend, Essex and Thurrock Domestic Abuse Board, the board has supported the 50+ Domestic Abuse media campaign, disseminated learning from the Safe Later Lives report and encouraged use of the Working with older people who experience domestic abuse toolkit. From findings within the reports *Safe Later Lives (Safer Lives, 2017) and Adult Safeguarding and domestic abuse (*LGA, ADASS, 2017) it is clear that many adults require safeguarding because they are victims of domestic abuse. The board recognises that there is further work to be done locally to make better connections between adult safeguarding and domestic violence, ensuring the recognition of domestic abuse within safeguarding is essential to being able to offer appropriate intervention and reduce risk. During 2018/19 the board will explore training opportunities to improve recognition, will develop a strand of its communications campaign to target domestic violence and will embed use of the toolkit for working with older victims of domestic violence and domestic abuse.
Strategic Objective 4 and 5:	

By 31st March 2020, this Board will have conducted a review of the level of sexual exploitation of adults in Thurrock and made recommendations for further action if appropriate. **By 31st March 2020 this Board will have reviewed and made recommendations for change if appropriate regarding the safeguarding gaps for at risk young people in transition to adulthood.**	During 2017/18 the board hosted a multi-agency workshop, attended by the Community Safety Partnership and Children's Services, from this a Sexual Exploitation task and finish group was created and an action plan developed. There are challenges that have slowed down the progress, despite this there is great momentum and aspiration from partners to deliver during 2018/19 an effective multi agency strategy, toolkit and pathway influenced by the outcome of specialist voluntary organisation victim engagement. To support implementation of the strategy the board will also explore training and continued.

Residential Provider visits

Safeguarding Adult Board members undertook visits to all residential establishments in Thurrock during September 2018. This was to ensure that we were confident that good care and support is provided for our most vulnerable residents in Thurrock. The visits were not inspections or formal auditing of any kind, but more a check to see what the home felt like, and would members of the Board be happy to have one of their family members staying there. The outcome of the visits was very positive. There were no safeguarding concerns raised during the visits, with the majority of provision reported to be providing very good care.

Hoarding and Self-Neglect Panel

After carrying out a local review in light of the 'Carol' Safeguarding Adult Review published by Teeswide SAB, the Safeguarding Board supported Thurrock Council in setting up a Hoarding and Self-Neglect Panel. This Panel is made up of all relevant agencies and chaired by the Principal Social Worker. Agencies can refer any case for discussion where risks are high, and options to intervene positively have been exhausted. The aim of the Panel is to provide a safety net around these individuals with a multi-agency approach to reduce the risk of them coming to harm.

Lasting Power of Attorney (LPA) Champions Project

TSAB funded Thurrock Centre for Independent Living to provide a service that supported or assisted Thurrock residents with the completion of a 169 LPA applications (including all applications, alterations and amendments). There have been 68 applications for LPAs for individuals and 18 applications made by couples in 2017, saving residents of Thurrock an estimated £227,800.

Stay Safe Project

Stay safe is a long running programme, run at least once a year to support approx. Adults with a Learning Disability have the opportunity to attend a one-day event involving training and support from the Police, Fire-Brigade, First Aiders, Trading Standards and other Community Safety partners. It addresses everything from keeping strangers out of your

house, basic first aid to money lenders and Cuckooing. It is funded by Thurrock's Community safety partnership, the TSAB part funded the project during 2017/18.

LOOKING FORWARD TO 2018/19

The TSAB has a three year Strategic Plan which runs from 2017 to 2020, this year Strategic Objective 3, described in the table on page x was discharged as it was felt that this had been achieved. The following objectives will continue to be a focus for the TSAB during 2018/19.

SO 1: By 31st March 2019 this Board will have published a Communication Strategy and two related local actions plans for Communication and Awareness Raising with particular emphasis on providers, carers, families and individuals and communities at risk.

SO 2: By 31st March 2019 this Board will have produced its strategy and associated action plan for the Prevention of Harm and Abuse to Adults at Risk.

SO 3: By 31st March 2020, this Board will have conducted a review of the level of sexual exploitation of adults in Thurrock and made recommendations for further action if appropriate.

SO 4: By 31st March 2020 this Board will have reviewed and made recommendations for change if appropriate regarding the safeguarding gaps for at risk young people in transition to adulthood.

APPENDIX 1

SAB Membership and attendance record

Role	Organisation	15.05.17	14.08.17	13.11.17	19.02.18
TSAB Independent Chair	Independent	Y	Y	Y	Y
TSAB Manager	Independent	Y	Y	Y	Y
TSAB Administrator	Independent	Y	Y	N	N
Chief Nurse	NHS Thurrock CCG	Y	R	Y	R
Assistant Director Adult Social Care	Thurrock Council	Y	Y	Y	Y
Detective Superintendent	Essex Police	N	R	R	Y
Principal Social Worker & Strategic Lead	Thurrock Council	Y	Y	Y	N
Safeguarding Adults Team Manager	Thurrock Council	N	Y	Y	Y
Strategic Lead: Commissioning	Thurrock Council	N	N	N	N
Assistant Director Housing	Thurrock Council	Y	N	N	Y
Public Health consultant	Thurrock Council	Y	N	N	N
Legal Advisor	On behalf of Thurrock Council	N	N	N	Y
Portfolio Holder	Thurrock Council	N	N	N	Y
Shadow Portfoio Holder	Thurrock Council	N	N	N	N
Head of Children's Services	Thurrock Council	N	N	N	N
Head of Youth Offending Service	Thurrock Council	Y	N	N	N
Thurrock District Commander	Essex Police	N	N	R	N
Deputy Director of Nursing	NHS England	N	N	N	N
Assistant Director	Office of the Police and Crime Commissioner	Y	Y	N	N
GP -CCG Board Member	Thurrock Clinical Commissioning Group	N	N	N	N
Safeguarding Lead	East of England Ambulance NHS Trust	N	N	N	N
Assistant Chief Fire Officer	Essex County Fire and Rescue Service	N	N	N	N
Assistant Director	Essex Partnership University NHS Foundation Trust	N	Y	Y	Y
Integrated Care Director	North East London NHS Foundation Trust	Y	Y	Y	Y
Deputy Director of Nursing	Basildon and Thurrock University Hospitals NHS Foundation Trust	Y	N	Y	Y
Director	Community Rehabilitation Company	Y	Y	Y	R
Head of South Essex LDU Cluster	National Probation Service	N	Y	Y	R
Manager	Manor Court Care Home	N	N	N	Y
Manager	Runwood Homes	N	N	N	N
Principal	Thurrock Adult Community College	Y	N	Y	Y
CSP Manager	Community Safety Partnership (CSP)				
Chief Operating Officer	Healthwatch	N	N	Y	Y
Chief Executive	Thurrock Lifestyle Solutions	Y	N	Y	Y
Chief Executive	Thurrock Coalition	N	Y	N	N

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"To work in partnership, preventing abuse and ensuring excellent practice and timely responses to the safety and protection of individuals or groups within our communities"

Thurrock Safeguarding Adults Board Strategic Plan 2017/20

Version:	2.0
Status:	Final
Author / Lead:	Levi Sinden – TSAB Manager
Ratified By and Date:	23/07/2018 TSAB
Effective From:	23/07/2018
Next Review Date:	June 2019

Version number	Author	Purpose/Change	Date
0.1	Levi Sinden – TSAB Manager	Consultation draft to Leadership Executive Group.	
0.2	Levi Sinden – TSAB Manager	Confirmed Strategic Objectives. Finalised the data. TSAB for sign off	13/11/2017
1.1	Levi Sinden – TSAB Manager	Updated local data, page 4. Updated page 5 – work achieved during 17/18 and removed a SO.	17/07/2018

Contents

1. About the Thurrock Safeguarding Adults Board

Purpose of the Board

Each Local authority has a duty set out at Section 43 of the Care Act 2014, to establish a Safeguarding Adults Board. It has many responsibilities but its main duty is to assure itself that services set up in the local area to help and protect adults with care and support needs who are at risk of abuse or neglect are fit for purpose.

Our aim

The aim of the TSAB is to ensure the effective co-ordination and delivery of services to safeguard and promote the welfare of at risk adults in accordance with the Care Act 2014 and the accompanying Statutory Guidance.

Thurrock's SAB will use these principles to measure existing adult safeguarding arrangements and future improvements.

Our vision

That people are able to live a life free from harm, where the community has a culture that does not tolerate abuse, works together to prevent abuse and knows what to do when abuse happens.

Membership

The TSAB has three core statutory partners:

- Thurrock Borough Council
- NHS Thurrock Clinical Commissioning Group
- Essex Police

In addition to this, the membership of the TSAB includes a wide range of statutory, voluntary and independent members. A full list can be found at www.thurrocksab.org.uk

2. Purpose of the Strategic Plan

The Care Act 2014 specifies that each SAB should publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.

This plan identifies how the partners of the TSAB will continue to work together to ensure that existing services that prevent abuse and support people who have experienced abuse, are appropriate and meet the needs of the individual. Every

partner of the TSAB is committed to working together to use what we know about the needs of adults at risk to improve services that safeguard adults and address emerging issues by combining our expertise and resources.

This plan addresses strategic issues; those are broad issues that require a multi-agency approach to achieve long term goals that will have a significant impact on the TSAB's overall goals, not day to day business that is carried out by a single agency. However, there will be occasions when the Board will contribute to non-strategic issues, when this happens it will be featured in the TSAB's work plan.

This plan has a delivery plan that sets out the actions that the TSAB will take to deliver its strategic objectives and improve services that safeguard adults from abuse. The delivery plan will be used to focus the Board's attention on its objectives and used as a tool to demonstrate how well the TSAB is meeting its duties under the Care Act. To this end the plan was developed with a wide audience, views of the public and partners were sought in developing the strategic objectives.

3. The local picture

The Office for National Statistics estimates that the population of Thurrock is 165,184 as of the mid-year estimate 2015. 83,835 (50.8%) are female and 81,349 (49.2%) are male.

Thurrock's age structure is similar to that found regionally and nationally, but generally has a larger young population aged 0-19, and a larger population in their 30s and early to mid-40s for both England and the East of England.

The ONS figures show that 22,845 people are 65+, 13.8% of Thurrock's population are aged 65+, for England the percentage aged 65+ is 17.7%.

16.5% of Thurrock residents have a long term health condition, which is lower than both the England average of 17.6%, and the East of England Region at 16.7%. It is estimated that 10.8% of Thurrock population aged 16 to 64 has a physical disability (England 11.1% and East of England Region is 11.4%).

Approximately 5.1% of Thurrock adult population is in contact with secondary mental health services (England average is 5.4%, and the East of England Region is 4.8%)

There were 712 safeguarding concerns raised regarding suspected abuse or neglect during 2017/18, of these 177 were progressed to enquiry stage under Section 42 of the Care Act 2014. Data gathered during 2017/18 tells us that the most common reason for referral was neglect/acts of omission, financial and physical abuse. The age and gender breakdown of people referred into the safeguarding process is similar to that of most other English local authorities, 86% of service users self-report as British.

4. How we decided upon the Strategic Objectives

The objectives continue to reflect key areas that require a multi-agency response, and support the safeguarding responsibilities of the board's partners, without duplicating their individual legal responsibilities under the Care Act.

Partners of the board have worked together to agree an action plan for each of the objectives that will be delivered by or before March 2020.

In order to develop a set of strategic objectives that will deliver the requirements set out in the Care Act and reflect the needs of the local population, we sought the views of our partners and local community.

Local and Eastern region Board Chairs and Board Managers

We have listened to partners who work across the Southend, Essex and Thurrock footprint and agreed that there are benefits of continuing to align some of our priorities with our local SABs in Essex. This is reflected in the sexual exploitation and transition objectives, and will be considered in Thurrock's local approaches in its Prevention Strategy. This approach will reduce duplication; improve practice and consistency in safeguarding responses across Essex.

Data analysis

The Board reviewed the data that was collected from safeguarding concerns and Section 42 enquiries during 2017/18 to identify trends and emerging concerns.

Feedback from the following engagement methods was also considered and used to further develop and refine the action plans that support the strategic objectives:

- Feedback from other SAB's Safeguarding Adult Reviews
- Learning events
- Multi-agency workshops

Strategic Objectives

SO 1: By 31st March 2019 this Board will have published a Communication Strategy and two related local actions plans for Communication and Awareness Raising with particular emphasis on providers, carers, families and individuals and communities at risk.

In order to fulfil its statutory obligations effectively the board requires a Communications Strategy to effectively communicate with and listen to its stakeholders, underpinned by the six key principles of adult safeguarding:

Empowerment, Prevention, Proportionality, Protection, Partnership, Accountability.

The Communication Strategy will support the TSAB Prevention Strategy by setting out how the board will create a culture or empowerment, equipping current and future service users and their carers with the knowledge to spot the signs of abuse and how to maintain their own safety.

The Communication Strategy will improve professional stakeholder awareness of emerging safeguarding issues, to improve their response to safeguarding concerns, in line with Making Safeguarding Personal principles, proportionate to the risk and in partnership with relevant agencies.

The TSAB demonstrates accountability and transparency in its conduct and work by publishing an annual report and this Strategic Plan. However, the Communications Strategy will improve transparency and accountability by increasing its public presence and enhancing stakeholder engagement.

Strategic aims:

- Develop a coordinated approach to stakeholder engagement, ensuring that views are heard and intelligence acted upon in order to improve our ability to protect adults from abuse and neglect.
- Engage stakeholders in development of the boards priorities and strategic direction, and scrutiny of adult safeguarding service provision.
- Develop public information and events to clients, carers and the general population to recognise abuse and neglect in order to maintain their own safety and stop abuse and neglect.

SO 2: By 31st March 2019 this Board will have produced its strategy and associated action plan for the Prevention of Harm and Abuse to Adults at Risk.

The Care Act 2014 statutory guidance outlines six key principles, one of which is *Prevention: It is better to take action before harm occurs.*

'14.140 Strategies for the prevention of abuse and neglect is a core responsibility of a SAB and it should have an overview of how this is taking place in the area and how this work ties in with the Health and Wellbeing Board's, Quality Surveillance Group's (QSG), Community Safety Partnership's and CQC's stated approach and practice. This could be about commissioners and the regulator, together with providers, acting to address poor quality care and the intelligence that indicates there is risk that care may be deteriorating and becoming abusive or neglectful. It could also be about addressing hate crime or anti-social behaviour in a particular neighbourhood. The SAB will need to have effective links and communication across a number of networks in order to make this work effectively.'

With this in mind, the board felt that an objective with prevention at its core was essential to creating a step change in the board's strategic direction, to build on existing partnership commitment, and create a targeted strategy that will improve the resilience of our local community and best coordinate efforts of professionals.

Adults at risk are a group who have care and support needs and are unable to protect themselves from abuse and neglect, as a result of those care needs; however it is only a percentage of adults at risk who are unable to protect themselves (section 14.2). Additional risk factors, such as isolation increases the opportunity and likelihood of abuse occurring; therefore identification of those risk factors will lead to the development of targeted prevention strategies.

The SCIE Report 41: Prevention in adult safeguarding presents the following themes where abuse or neglect presents a higher risk:

- People with learning disabilities
- Older adults
- Family carers
- Identify risk in services

The Prevention Strategy will set the strategic direction for preventing abuse and neglect of adults at risk in Thurrock. An associated delivery plan will identify priority areas of work and enhance the benefit that can be achieved by increased collaboration.

SO 3: By 31st March 2020, this Board will have conducted a review of the level of sexual exploitation of adults in Thurrock and made recommendations for further action if appropriate.

SO 4: By 31st March 2020 this Board will have reviewed and made recommendations for change if appropriate regarding the safeguarding gaps for at risk young people in transition to adulthood.

Sexual exploitation is an emergent issue for children and adult services, research is limited especially in the context of adults, however researchers have found that findings and recommendations can also be applied to adults and adult services.

Definition

A definition specific to adults does not exist, however the definition can also be applied to adults

"Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology." [1]

Understanding the problem

In a letter to Safeguarding Adult Boards and other stakeholders, Phillipa Cresswell, *Regional Strategic CSE co-ordinator – West Midlands Metropolitan region*, describes the problem that agencies have in supporting people who are experiencing sexual exploitation or have made a disclosure about previous sexual exploitation.

"Whilst some support will be available under the auspices of; The Leaving Care Act 2000 & The Care Act 2014, primarily but not exclusively, these provisions are not comprehensive nor easily applicable to many of the young people to whom we refer."

Phillipa Cresswell goes on to say…

''Currently vulnerable children are becoming vulnerable adults and experiencing harm as a result of changes in legislation for Adults that impact on our ability to intervene due to issues around capacity, consent, thresholds for services".

The Care Act at Section 1 sets out the duty to promote an individual's wellbeing, one of the elements of wellbeing is to be protected from abuse and neglect. Often the symptoms of sexual exploitation can be seen by way of physical injury, sexual

[1] *Child sexual exploitation: Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation* DfE, 2017, p5

abuse, mental ill health, drug or alcohol abuse. Therefore the Care Act provides the scope to protect people who have or continue to experience sexual exploitation; the key is recognition and the threshold for services.

Scale of the problem

Data collection is currently an issue across the partnership. Individual agencies do not have systems that are set up to record sexual exploitation as a cause for the referral or cause for treatment. In an attempt to develop a picture of need in Thurrock, we are working with children's service to develop indicative levels of exploitation and working with partners to identify resource to provide a data analyst function.

There is an immediate need for a strategic approach to safeguard this group of victims, therefore the ambition to plan a multi-agency response will continue while the ambition to improve the data continues alongside.

Strategic Aims

Given the limited research around sexual exploitation and adults, it is prudent to adapt existing theories on CSE for the purposes of improving the response to adults. *Working with adults who have experienced child sexual exploitation* is a guide written by Angie Heal and Sam Mayne, updated 17.02.2017 that applies learning from childrens services to adults, and summaries the following areas for action for adult social care and safeguarding adult boards which are a foundation to build upon for Thurrock.

1. Translating policy into practice
2. Leadership and strategic planning
3. Organisational culture
4. Thresholds

Thurrock will adopt these themes for development of a strategy to reduce the likelihood of CSE occurring and to safeguard adults who have experienced CSE and/or continue to experience sexual exploitation as an adult.

TSAB will:

- Develop a multi-agency strategy learning from national Gold Standard guidance.
- Fund local victim engagement to inform pathway development.
- Develop toolkits to aid identification of victims.
- Identify resource to fund a data analyst to explore the prevalence of nature and scale of exploitation.

5. Thurrock Safeguarding Adults Board Delivery Plan 2017/20

Thurrock Safeguarding Adults Board (TSAB) has agreed a three year Strategic Plan which sets out the commitment to prevent abuse, help and protect adults at risk and improve overall wellbeing for adults in Thurrock. The Strategic Plan explains how the TSAB has decided on the priorities that it will focus on during 2017/18.

Each organisation represented on the TSAB is committed to delivery of the six safeguarding principles and the Strategic Plan, to demonstrate this they have committed to the actions within this delivery plan by allocating resources and achieving appropriate Chief Executive sign-off.

The TSABs is committed to the principles of Making Safeguarding Personal, which aims to ensure that safeguarding services are delivered in a personalised way and the six key safeguarding principles. These principles are set out by the government in the Statutory Guidance that accompanies the Care Act and are threaded throughout the strategic objectives.

SIX KEY PRINCIPLES	
Principle	**Description**
1: Empowerment	Presumption of person led decisions and informed consent.
2: Prevention	It is better to take action before harm occurs.
3: Proportionality	Proportionate and least intrusive response appropriate to the risk presented.
4: Protection	Support and representation for those in greatest need.
5: Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
6: Accountability	Accountability and transparency in delivering safeguarding. Focusing on outcomes for people and communities and being open about their delivery.

The objectives of the board were developed in consultation with the statutory, voluntary and independent sectors; this ensures that the priorities reflect the needs of people in Thurrock.

Making Safeguarding Personal

The principles of Making Safeguarding Personal are fundamental to the work of the TSAB, as such the board has embedded personalisation throughout the delivery plan. The TSAB will strive to ensure that all agencies working with adults at risk are

adapting their policies and practice to implement the principles of Making Safeguarding Personal.

Governance and performance monitoring

Partner organisations that have committed to deliver an action within this plan will discuss the resources required to deliver their actions within their own organisations and will report within their internal governance structures. However, they will also be held to account by the TSAB. In order to do this the following process is in place to provide support to colleagues and monitor performance.

The TSAB will have strategic responsibility for ensuring timely delivery of this plan. Each organisation that has made a commitment within this plan will provide updates at the TSAB via their representative.

1. The TSAB Board Manager will periodically seek updates from partner organisations, via their representative on the TSAB. This delivery plan will include a rag rating and brief narrative that will inform the TSAB of progress made between meetings.

2. The delivery plan will be discussed in detail at the Operational Group, where issues can be resolved at an early stage allowing a supportive and collaborative environment to create improvement plans to overcome obstacles.

3. The TSAB will receive a progress update at every meeting. An updated delivery plan will be circulated with papers prior to each meeting. Partner organisations will be required to provide an exception report on red rated actions at every TSAB meeting, including intentions regarding remedial action and risks. The TSAB will provide challenge and support as necessary.

As set out in the TSAB Constitution, the Chair will escalate issues of non-compliance to the relevant senior manager within the member organisation.

Further information

If you would like more information about safeguarding adults in Thurrock, please visit:

www.thurrocksab.org.uk

If you would like this information in a different language, large print or Braille, please contact:

Thurrock Safeguarding Adults Board

c/o Thurrock Clinical Commissioning Group

Civic Offices, New Road

Grays

Essex, RM17 6SL

Email: TSAB@thurrock.gov.uk

Phone: 01375 365810

If you are worried that an adult is being abused or neglected…

Contact Thurrock First on:

Phone: 01375 511000

Email:safeguardingadults@thurrock.gov.uk

If the adult is in immediate danger, dial 999.

8 November 2018	ITEM: 9
Health and Wellbeing Overview and Scrutiny Committee	
Adult Social Care - Fees & Charges Pricing Strategy 2019/20	
Wards and communities affected: All	**Key Decision:** Key
Accountable Assistant Directors: Les Billingham – Assistant Director of Adult Social Care and Community Development	
Accountable Directors: Roger Harris - Corporate Director Adults, Housing and	
This report is public	

Executive Summary

This report specifically sets out the charges in relation to services within the remit of Health and Wellbeing Overview and Scrutiny Committee. Any new charges will take effect from the 1 April 2019 subject to Cabinet approval unless otherwise stated. In preparing the proposed fees and charges, Directorates have worked within the charging framework and commercial principles set out in section three of the report.

Further director delegated authority will be sought via Cabinet to allow Fees and Charges to be varied within financial year in response to commercial requirements or legal requirements.

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

1. Recommendations

1.1 That Health and Wellbeing Overview and Scrutiny Committee note the revised fees and that Health and Wellbeing Overview and Scrutiny Committee comment on the proposals currently being considered within the remit of this committee.

1.2 That Health and Wellbeing Overview and Scrutiny Committee note that Director delegated authority will be sought via Cabinet to allow Fees & Charges to be varied within a financial year in response to commercial and legal requirements.

2. Background

2.1 The paper describes the fees and charges approach for the services within the Health and Wellbeing Overview and Scrutiny Committee remit for 2019/20 and will set a platform for certain pricing principles moving forward into future financial years.

2.2 This fees and charges paper provides narrative for the Adult Social Care areas:

- Residential and nursing care
- Domiciliary care
- Supported accommodation

2.3 The fees & charges that are proposed are underpinned in some instances by a detailed sales and marketing plan for each area. This will ensure delivery of the income targets for 2019/20, for ease these are summarised below for Adult Social Care Services covering all fees and charges income codes.

2.4 Individual Service Streams:

Service	Last Year Outturn 17/18	Revised Budget 18/19	Forecast Outturn 18/19*	Proposed Budget 19/20
Appointee & Receivership	(30,617)	(30,701)	(30,995)	(30,701)
Blue Badges	(28,896)	(28,995)	(31,222)	(31,222)
Day Care Services (incl. transport)	(63,474)	(45,557)	(63,474)	(65,000)
Domiciliary Care	(1,271,762)	(1,089,144)	(1,091,039)	(1,089,144)
Extra Care	(60,700)	(84,374)	(76,121)	(84,374)
Extra Care - Housing	(20,172)	(22,462)	(22,462)	(22,462)
Meals on Wheels	(111,693)	(122,632)	(122,632)	(122,632)
Respite Care for Adults with Disabilities	(15,949)	(9,867)	(15,949)	(9,867)
Total Adult Social Care Services	**(1,603,263)**	**(1,433,732)**	**(1,453,894)**	**(1,455,402)**

Note – Forecasted Outturn position is as of August 2018

3. Thurrock Charging Policy

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

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

3.3 Rather than set a blanket increase across all service lines, when considering the pricing strategy for 2019/20 some key questions were considered.

- Where can we apply a tiered/premium pricing structure
- How sensitive are customers to price (are there areas where a price freeze is relevant)
- What new charges might we want to introduce for this financial year
- How do our charges compare with neighboring boroughs

- How can we influence channel shift
- Can we set charges to recover costs
- How sensitive is demand to price
- Statutory services may have discretionary elements that we can influence

3.4 Due to the nature of the services and clients, there is very limited scope for the creation of tiered service charges, as these services are provided under our statutory responsibilities. Further each client's needs and financial situation is assessed on an individual case basis and most charges are means tested.

3.5 The following key changes are under consideration for 2019-20 fees and charges:

- Attendance Charge for Day Care – This is currently set at £10 per session (a session being a half day). It was agreed in 2015/16 to increase this to £30 over a phased period. However, this was deferred in 2016/17 due to the re-organisation of day services. Following further consideration it is proposed that the charge remain at £10 per session.
- Domiciliary Care hourly rate – the charge is currently not shown as increasing for 2019/20. However, the rates we pay our providers currently stands at £ 16.25 per hour whereas the amount we charge service users remains at £13ph and has not increased for five years. If we increased the charge to £ 16.25 this would generate approximately £250k for Adult Social Care.
- Placement charges declared rates have been adjusted to reflect inflationary increases, in line with the agreed nationally set process.
- All other charges have remained unchanged.

4. Proposals and Issues

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

4.2 A council wide target of £8.912m has been proposed within the MTFS for income generation in respect of fees and charges income for 2019/20. This represents a 7.5% increase on the 18/19 income generation target and takes into consideration actual performance during 18/19.

4.3 For Adult Social Care this equates to a target of £1.455m to be secured through a blend of demand increases from residents and an increase in fees and charges for 2019/20. In setting this target it is to be noted that Adult Social Care has a high income from externalised services which offsets the expenditure within the external purchasing budget.

4.4 To allow the Council services to better respond to changes in the commercial environment for fees and charges; delegated authority will be sought through Cabinet to permit the Director of the Service Area jointly with the Director of Commercial Services to vary service charges within financial year due to commercial considerations.

- This will allow service areas, providing services on a traded basis to vary their fees and charges to reflect commercial and operational

considerations that impact the cost recoverability calculations.

- Any changes to Fees and Charges due to commercial considerations will require the consultation with, and agreement of, the relevant Portfolio Holder.

4.5 It should be noted that Adult Social Care currently externalises over 80% of its business activities into the independent sector using private, community and voluntary organisations.

4.6 In all areas of activity, residential and nursing care, domiciliary care and supported accommodation there is national acknowledgment of the financial pressure the market faces.

4.7 Fees and Charges are either set as declared rates within local frameworks, or individually negotiated.

4.8 In some cases, national guidance directs the level of charges and then individual contributions are set depending upon prescribed financial assessments, therefore full cost recovery is not always possible.

4.9 As almost all of our services are commissioned within a commercial framework outside of the council this accounts for the limited fees and charges collected for the minority of services provided internally.

4.10 For 2019/20 our current fees and charges are as follows:

- **Blue Badge Application Fee** – This is a national maximum fee detailed in the Blue Badge Guidance. It is a legally set requirement to charge no more than £10 per badge and currently cannot be changed.
- **Day Care Charge** (per session) – for older people, is proposed the charge remain at £ 10 per session. The proposed increase was previously delayed, due to concerns on its operational impact on service users. Further, there is a risk that any increase may result in an increase in the number of users which would need to enter into full time care, as they could no longer be managed at home. The cost of full time care would present a significant cost burden to the council.
- **Concierge charges - Extra Care** - this charge is linked to the Elizabeth Gardens “core charge” which was agreed for the term of the current contract which will come to an end in March 2019. The charges for the concierge service in extra care will be reviewed during 2019/20 based on the outcomes of the procurement exercise.
- **Domiciliary Care** – as of April 2018 this service was commissioned at a higher hourly rate to the Council, which is currently not fully reflected in the £13 per hour charge to service users. A consultation exercise would need to be undertaken to review the current charge, in order to bring it into alignment with the actual operational cost model. If the event that a full commercial cost recovery model was adopted this would result in a direct increase to the hourly charged rate, and corresponding income.
- **Direct Payments – Agency Rate** - Direct Payments enable individuals to arrange and purchase care themselves. These charges mirror the charges for in-house domiciliary care and externally commissioned care to

provide consistent charging, and would be subject to the same consultation exercise if undertaken.

- **Meals on Wheels** - The meals on wheels contract is a cost and volume contract which expires in March 2019. The service area is assessing the options for its future delivery, which once agreed will allow the charge to be reviewed and adjusted appropriately.
- **Pendant Alarms Private Housing** - Council decision through Cabinet was made that all assistive technology including the Call Centre response, is provided free of charge due to its preventative care benefits. This charge will remain unchanged for 2019/20.
- **Residential Homes for Older people** - This is the declared rate for our in house residential care home for older people (Collins House); service users are financially assessed to ascertain the amount they pay per week up to £600, this charge increased slightly for 2018/19.
- **Respite Adult Disability** - The current charge of £20 per session will remain unchanged for 2019/20. Although there is the option to increase charges to be more in line with a full cost recovery model, this would risk the much needed support for informal carers and is a Care Act 2014 priority. The impact of losing support from informal carers is potentially financially catastrophic therefore a balance has to be struck between cost recovery and destabilising informal care. Further, by applying the CRAG (charging for residential guidance) this would inhibit increasing the charge for 2019/20, as it would unduly impact the most financially vulnerable.
- **Elizabeth Gardens - Support per household** - £40 per week is the agreed rate under the current contract which comes to an end in March 2019. The charges for the Elizabeth Gardens service is linked to the Concierge Charges for extra care and will be reviewed during 2019/20 based on the outcomes of the procurement exercise.
- **Transport per journey** – the current charge of £2 per journey will remain unchanged for 2019/20; this is due to the fact that this is only used by residents attending the Day Care services.
- **Deferred Payments (DPA)** – this is an administrative function charge of £144 per year charged to service users who are living in residential care and who own their own property, but who chose to wait until they pass away before paying the charges for their residential place. This will be reviewed during 2019/20 to understand if it needs changing for future years.
- **Placement**

Commissioned service : External Spot Placements	**Rate**	**Comments**
Residential Placement – Standard Room	declared rate of £465 per week	service users are financially assessed
Residential Placement – Higher Needs	declared rate of £496 per week	service users are financially assessed
Nursing Placement	declared rate of £534 per week	service users are financially

		assessed
Dementia Placement	declared rate of £520 per week	service users are financially assessed
Additional spot Commissioned Services - Full Cost Recovery	charged up to the rate brokered	service users are financially assessed

- **Collins House – Interim beds** are provided to service users discharged from medical care, but who require a period of additional supported accommodation before being able to return to their own residency.
- **Collins House – Re-enablement Beds** – are provided to service users to regain life skills to enable their return to their own residency.

4.11 Please note that charges for placements are included for completeness in relation to service activities, but do not form part of the fees and charges budgetary line income as they are client contributions.

5. Reasons for Recommendation

5.1 The setting of appropriate fees and charges will enable the Council to generate essential income for the funding of Council services. The approval of reviewed fees and charges will also ensure that the Council is competitive with other service providers and neighboring councils. The ability to vary charges within financial year will enable services to more flexible adapt to changing economic conditions.

5.2 The granting of delegated authority to vary these charges within financial year will allow the Council to better respond to commercial challenges

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

6.1 Consultations will be progressed where there is specific need. However, with regard all other items, the proposals in this report do not affect any specific parts of the borough. Fees and charges are known to customers before they make use of the services they are buying

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

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

8. Implications

8.1 **Financial**

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

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

8.2 **Legal**

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

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

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

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

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

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

8.3 **Diversity and Equality**

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

The Council is responsible for promoting equality of opportunity in the provision of services and employment as set out in the Equality Act 2010 and Public Sector Equality Duty. Decisions on setting charges and fees are subject to Community Equality Impact Assessment process and the Council's wider decision making structures to determine impact on protected groups and related concessions that may be available.

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

None applicable

9. Background papers used in preparing the report (including their location

on the Council's website or identification whether any are exempt or protected by copyright)

None

10. Appendices to the report

Appendix A – Schedule of Proposed Fees and Charges for 2019/20

Report Author:

Andrew Austin

Commercial Manager

Name of fee or Charge Health & Well-being	Statutory/ Discretionary Charge	VAT Status 18/19	Charge excl. VAT 2018/19	VAT Amount 2018/19	Charge incl. VAT 2018/19	VAT Status 19/20	Charge excl. VAT 2019/20	VAT Amount 2019/20	Charge incl. VAT 2019/20
Blue Badges - Application Fee	D	O	£ 10.00	£ -	£ 10.00	O	£ 10.00	£ -	£ 10.00
Charge for Attendance at Day Centres - Per Session	D	O	£ 10.00	£ -	£ 10.00	O	£ 10.00	£ -	£ 10.00
Concierge Charge - Extra Care (sheltered accommodation)	D	O	£ 40.00	£ -	£ 40.00	O	£ 40.00	£ -	£ 40.00
Meals on Wheels - Service not applicable 2015-16 - Per meal for services at day centres - Mid day meal	D	O	£ 4.00	£ -	£ 4.00	O	£ 4.00	£ -	£ 4.00
Meals on Wheels - Service not applicable 2015-16 - Per meal served at home	D	O	£ 4.00	£ -	£ 4.00	O	£ 4.00	£ -	£ 4.00
Meals on Wheels - Service not applicable 2015-16 - Per meal served at Luncheon Club	D	O	£ 4.00	£ -	£ 4.00	O	£ 4.00	£ -	£ 4.00
Pendant Alarms - Private Housing Tennant (Per week)	D	O	£ -	£ -	£ -	O	£ -	£ -	£ -
Respite Care for Adults with Disabilities - per session	D	O	£ 20.00	£ -	£ 20.00	O	£ 20.00	£ -	£ 20.00
Support service for Elizabeth Gardens per household	D	O	£ 40.00	£ -	£ 40.00	O	£ 40.00	£ -	£ 40.00
Transport - Per Journey (these charges are for Thurrock Residents)	D	O	£ 2.00	£ -	£ 2.00	O	£ 2.00	£ -	£ 2.00
Client Contributions			Subject to individual financial assessments		Subject to individual financial assessments		Subject to individual financial assessments		Subject to individual financial assessments
Deferred Payments	D	O	£ 144.00	£ -	£ 144.00	O	£ 144.00	£ -	£ 144.00
Domiciliary Care (per hour)	D	O	£ 13.00	£ -	£ 13.00	O	£ 13.00 (Note 1)	£ -	£ 13.00 (Note 1)
Direct Payments – Agency Rate	D	O	£ 13.00	£ -	£ 13.00	O	£ 13.00 (Note 1)	£ -	£ 13.00 (Note 1)
Note 1 – the amount we pay our providers in £16.25 ph									
Residential Accommodation Charges - Homes for Older people (per week)	D	O	£ 600.00	£ -	£ 600.00	O	£ 600.00	£ -	£ 600.00
External spot Commissioned Residential Placement – Standard Room	D	O	£ 451.00	£ -	£ 451.00	O	£ 465.42	£ -	£ 465.42
External spot Commissioned Residential Placement – Higher Needs	D	O	£ 481.00	£ -	£ 481.00	O	£ 496.07	£ -	£ 496.07
External spot Commissioned Nursing Placement	D	O	£ 519.00	£ -	£ 519.00	O	£ 534.75	£ -	£ 534.75
External spot Commissioned Dementia Placement	D	O	£ 505.00	£ -	£ 505.00	O	£ 520.83	£ -	£ 520.83
Additional spot Commissioned Services - Full Cost Recovery	D	O	Full Cost	£ -	Full Cost	O	Full Cost	£ -	Full Cost
Interim bed - Collins House	D	O	£ 451.00	£ -	£ 451.00	O	£ 465.42	£ -	£ 465.42
Re-enablement Bed	D	O	Exempt (up to 6 weeks)	£ -	Exempt (up to 6 weeks)	O	Exempt (up to 6 weeks)	£ -	Exempt (up to 6 weeks)
Court Protection - Appointment to Court	D	O	£ 745.00	£ -	£ 745.00	O	£ 745.00	£ -	£ 745.00
Court Protection - Management Fee	D	O	£ 775.00	£ -	£ 775.00	O	£ 775.00	£ -	£ 775.00
Court Protection - Annual Report Fee	D	O	£ 216.00	£ -	£ 216.00	O	£ 216.00	£ -	£ 216.00

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8 November 2018	ITEM: 10
Health and Wellbeing Overview and Scrutiny Committee	
Communities First – A Strategy for developing Libraries as Community Hubs in Thurrock	
Wards and communities affected: All	**Key Decision:** Key
Report of: Natalie Warren, Strategic Lead: Community Development and Equalities	
Accountable Assistant Director: Les Billingham; Assistant Director, Adult Social Care and Community Development	
Accountable Director: Roger Harris: Corporate Director, Adults, Housing and Health	

Executive Summary

This report introduces Thurrock's first comprehensive strategy for Thurrock's Library Service and Community Hubs. The strategy provides a strong foundation to deliver our vision for a vibrant service, meeting the needs of a growing population in modern buildings alongside activities relevant to local communities.

1. Recommendation(s)

1.1 That Health and Wellbeing Overview and Scrutiny Committee comment on the draft strategy at Appendix 1.

2. Introduction and Background

2.1 Whilst there have been many reviews of the library service, this is the first comprehensive library strategy since Thurrock became a unitary authority. This is a positive opportunity to look to the future potential, consolidating all that works well, developing a strong alignment with Community Hubs.

2.2 A key aim of the strategy will be to develop an investment plan for the service, balancing council funding with commercial and partner opportunities to create a sustainable service. Business plans for the overall service and individual libraries / hubs will be developed, and funds raised will be reinvested in the service.

Getting there will take time – the last significant efficiency savings in February 2015 saw £0.569m taken from the controllable budget of £1.463m which resulted in reductions to opening hours and significant reductions in service budgets. Some immediate investment to support and develop the service will be required if the principles of this strategy are to be implemented.

The 2016/17 budget (the last year we have benchmark data) was just over £ 1m with a materials budget of £493 per 1,000 population. Bedford borough with a comparable population of 168,800 spent £2,195k with a materials budget of £1,445 per 1,000 population.

2.3 The consultation generated a huge amount of interest - 89.3% of responses supported the delivery of library services working more closely with communities. The strategy will seek to develop vibrant public spaces at the centre of communities. This strategy will maintain the existing number of libraries and expand provision through working differently. The location of libraries may change as local opportunities for modernisation and co-location are realised for example, as with Aveley Community Hub.

2.4 The public consultation ran from 25th June – 16th September 2018. This capitalised on 'The Summer Reading Challenge' in libraries as well as outreach in areas that do not have a branch service. A simplified version of the consultation captured the views of children aged 15 and under. 91% of those responding across both consultations had visited a Thurrock library in the previous 12 months. 25% completed the simplified version of the form, and 95% of these were aged 15 or under. 79.5% citied the quality and range of books available as being most important to them, and 71.55% felt that having well informed staff available to assist was also important.

3. Issues, Options and Analysis of Options

3.1 Thurrock Library Service includes 9 authority run libraries and one self-serve library within Purfleet Community Hub. Opening hours range from 15 hours in four libraries, 27 in two libraries, 38 in two libraries and 48 at the central Grays library. The principal purpose of the library is to provide equality of access to accurate and up to date information achieved through provision of printed material and increasingly, access to information on line. The service champions reading in all its forms enabling all residents to make the most of the proven benefits of reading, economically better educational prospects leading to better paid jobs as well as supporting health and well-being.

3.2 The service supports residents to get on line providing basic training, one to one assistance and access to computers and printers. Residents value the chance libraries provide to access support and develop friendships, combatting social isolation. The Home-link service reaches out to those unable to visit providing a monthly visit by trained volunteers.

3.3 Four Community Hubs are co-located in libraries. Hubs draw together the strengths of local neighbourhoods, maximising resources and opportunities for the benefit of local people of all ages. Over 7,790 people attended one-off seasonal events arranged through hubs 2017/18 such as Christmas events or summer BBQs. Hubs support resilient and aspirational communities that utilise the strength and assets of their communities' first and statutory services second. The strategy will align with the community hubs programme, improving partnerships in the supporting the longer term potential to explore development opportunities.

3.4 The principle of partnership between libraries and hubs will underpin this offer, utilising the appropriate strengths of partners to lead on different aspects of delivery. Currently, the statutory sector has provided access to buildings; the voluntary sector has supported the infrastructure around hubs, and local communities have shaped local priorities and provided volunteer support.

3.5 Volunteer support at community hubs is crucial to their success. Since the hubs programme launched, 217 volunteers have been recruited via ngage. Of those, 82 volunteers are currently active. The estimated value of volunteer hours contributed in 2017/18 is £146,820. 12 volunteers left to take up employment – based on cost benefit analysis calculations; the annual fiscal benefit is estimated at £27,555 – or £41,080 annual public value benefit.

3.6 The library service will continue to be a key partner alongside Community Hubs, and the strategy seeks to strengthen this partnership.

4. Reasons for Recommendation

4.1 The strategy provides an exciting framework for developing libraries in partnership with key services, championing local heritage and galvanising around local priorities. Working alongside community hubs unlocks the potential that a refreshed service can bring to the wider, local community.

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

5.1 The consultation is explained at 2.4 and a summary consultation report is available via consult.thurrock.gov.uk/portal/tc/library. An away day was held September 2018 to test the principles with Community Hub representatives and with library staff.

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

6.1 The strategy has the potential to support a number of key outcomes across the People, Place, Prosperity priorities, supporting the public sector and community social action to galvanise around key priorities.

7. Implications

7.1 Financial

Implications verified by: **Carl Tomlinson**

Finance Manager - Management Accounting

Additional funding is required to secure the service at current levels and the strategy recognises and supports the requirement to diversify future income streams. One-off funding will be allocated to support the development of individual business plans and specific financial implications will be considered at that stage.

7.2 **Legal**

Implications verified by: **David Lawson**

Assistant Director of Law and Governance

Public libraries are the responsibility of Local Authorities who have a clear statutory duty under the Public Libraries and Museum Act 1964 to provide to provide a 'comprehensive and efficient' library service that is open to all and includes the provision of books, journals and information free of charge, and help from appropriate staff and retrieval systems to access these collections.

7.3 **Diversity and Equality**

Implications verified by: **Rebecca Price**

Team Manager, Community Development & Equalities

Library services provide a universal service across the borough. A full Community and Equality Impact assessment will inform implementation of the strategy reflecting the consultation results.

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

The strategy places libraries at the heart of communities, supporting the wider delivery of public services and community led activities.

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):

- Libraries Deliver: Ambition for Public Libraries in England 2016 to 2021 https://www.gov.uk/government/publications/libraries-deliver-ambition-for-public-libraries-in-england-2016-to-2021

9. Appendices to the report

- Appendix 1 – Communities First Strategy

Report Author:

Natalie Warren

Strategic Lead: Community Development and Equalities

Adults and Community Development

2018 – 2023

'Communities First'

A 5 year strategy for development – Thurrock Library and Community Hub Programme supporting a growing community

Placing libraries and hubs at the heart of the community

thurrock.gov.uk

Contact details:

By post:
Thurrock Council
Community Development and Equalities Team
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New Road
Grays, Thurrock
Essex, RM17 6SL

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Website: thurrock.gov.uk/libraries

Contents

Cllr Deborah Huelin

Portfolio Holder for Communities

This strategy reflects our ambition and commitment to unlocking the huge potential that libraries have to support communities and deliver local priorities. Nationally, libraries are evolving to survive – we want Thurrock's library service to thrive within strong neighbourhoods and develop to meet the needs of a growing community. We will work side by side with community hubs and organisations to take this forward. This is the first library strategy for Thurrock. It consolidates our vision and plans to develop a series of modern, accessible and digitally enabled learning centres within neighbourhoods, providing communities with the resources they need in a growing borough.

Vision for Thurrock

Thurrock's vision was agreed by Full Council in January 2018:

"An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future''

Our priorities are:

People

A borough where people of all ages are proud to work and play, live and stay

- High quality, consistent and accessible public services which are right first time
- Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
- Communities are empowered to make choices and be safer and stronger together

Place

A heritage-rich borough which is ambitious for its future

- Roads, houses and public spaces that connect people and places
- Clean environments that everyone has reason to take pride in
- Fewer public buildings with better services

Prosperity

A borough which enables everyone to achieve their aspirations

- Attractive opportunities for businesses and investors to enhance the local economy
- Vocational and academic education, skills and job opportunities for all
- Commercial, entrepreneurial and sustainable public services

Thurrock has one of, if not the largest and most ambitious growth programmes in the country with six major growth hubs. The council and our partners are strengthening the identity of Thurrock: the place. However, “Place” is not just about buildings: It is about people. The council is ambitious on behalf of its residents and businesses, keenly aware of the careful balance needed for growth and investment whilst ensuring improved quality of life.

We are committed to ensuring our approach to regeneration is shaped by those that live and work in the borough. We want to make a difference and recognise the scale and impact of our growing and changing communities and the importance of our role in place shaping and community leadership.

Libraries are at the heart of the community. The ‘Communities First’ Library Strategy sets out our plans for evolving libraries. By working alongside and enabling community led activity, and supporting access to self-help and services when needed, our libraries will provide the very foundation we need to support communities help themselves.

Did you know?

- ✓ Thurrock has 9 branch libraries and one self-serve library at Purfleet Community Hub
- ✓ There were 778,177 physical visits to Thurrock libraries in 2016-17
- ✓ 198 housebound customers were supported by volunteers in 2016-17
- ✓ The number of active borrowers who used their library ticket in 2016-17 was 28,856
- ✓ 363,673 books were issued from Thurrock Libraries in 2016-17
- ✓ Volunteers contributed over 276 hours to Thurrock Libraries in 2016-17 – 12,235 hours were contributed to Community Hubs
- ✓ Public computers were used in libraries for 71,824 hours in 2016-17

Introduction

Thurrock Library Service has a central library in Grays and eight branch libraries around Thurrock. One self-serve library is based at the Purfleet Community Hub.

In 2012, Thurrock Council partnered with local communities and the voluntary sector, led by Thurrock CVS, to create a series of Community Hubs. Four are co-located within library branches. The development of this programme has helped to demonstrate the power of libraries to be at the centre of their local neighbourhoods, facilitating resilient communities alongside their core function of providing equality of access to accurate and up to date information achieved through provision of printed material and increasingly, access to information online. This strategy builds on that partnership and contributes to our vision of connected communities, enabled to help themselves and to influence the decisions that affect them by working with community hubs and the voluntary sector. In an area facing unprecedented growth, this function has never been more important to ensure libraries meet the needs of existing communities as well as new ones, helping people to integrate and connect as Thurrock becomes a location of choice.

How did we get here?

We have consulted with residents to inform this strategy which is inspired by conversations with partners, benchmarking with other services, research, members and people who do not use a library service. A full report of the consultation held Summer 2018 can be found at: https://consult.thurrock.gov.uk/portal/tc/library/lsr18

So far we have:

- ✓ Consulted with over 800 residents
- ✓ Targeted engagement in areas without a branch library service
- ✓ Engaged with volunteers, staff and partners who support Community Hubs
- ✓ Commissioned and learned from the results of a series of library reviews
- ✓ Reviewed best practice and alternative library models across the country
- ✓ Consulted on the skills library staff need for the future

Looking Forward

Thurrock remains committed to keeping its existing number of libraries open and we will look to extend opening hours – this may require self-service although we recognise the value of staff support, especially for those involved in studying. No libraries will be closing as part of this strategy.

We will invest in necessary resources and as new technologies develop, we will phase out less popular ones. We will always ensure the service is the first port of call for residents wanting to know about new technologies that support access to information, learning and entertainment.

Funding for the future service will require a mixture of council investment and exploring income generation through different means. Where possible we will co-locate the service and share costs.

We are committed to exploring new services that have potential to generate income and meet local need – the money raised will go directly back into supporting the library service

Each branch will develop an individual business plan – shared with partners where a hub model exists which will help meet local community requirements.

We will develop an investment strategy for the Library Service and Community Hub programme that will seek to increase resources available for Libraries and Hubs. Each Library and hub will develop its own Business Plan to consider investment opportunities.

Our recent consultation indicated support and ideas for diversifying our income. The most significant opportunities will come from co-locating services and sharing costs as with the Aveley Hub development. However we will explore new ideas including vending machines, acting as collection points for deliveries, providing space for hire for local small businesses, hosting events and including retail opportunities where space allows without compromising the library service and hub activity.

91% of responses to our latest consultation had visited a Thurrock library in the previous 12 months. Many who have not visited a library in the past 10 years have a very traditional view of the service on offer and we need to refresh our marketing and outreach to help people know about the full range of support on offer. Even amongst library users, many are still not fully informed about the range of e-books and on-line learning available – or the range of community activities that may be accessed including craft clubs, support groups and leisure opportunities to name a few.

How are we doing?

- ✓ Thurrock Libraries came top out of a comparator group of 14 authorities for the number of active customers per 1,000 population*
- ✓ In the same comparison, Thurrock Libraries are the first for the number of physical visits to libraries*
- ✓ We are the 4th library service for computer use per 1,000 population*
- ✓ Thurrock's Summer Reading Challenge reached more young people than our comparator unitary authorities in the Eastern Region*
- ✓ In the summer of 2018, 745 hours were given by young people volunteering to support the Summer Reading Challenge. The value of seeing older children supporting young readers and showing praise for their efforts cannot be underestimated and all volunteers are awarded a certificate by Thurrock's Mayor

*Data source CIPFA library statistics 2016-17

Our Vision

Nationally, the Department of Culture, Media and Sports Task group has published its 'Ambition for Public Library Services 2016 – 2021'. This outlines 7 specific outcomes that are 'critical to individuals and communities' along with 7 design principles.

Locally we have adapted and consulted on the outcomes and are committed to embedding the following strategic aims across the service:

Culture

- Help deliver Thurrock's Cultural and Heritage Strategy
- Host cultural events and activities to increase participation
- Celebrate local heritage, hosting artefacts and encouraging cohesion through a shared understanding of local heritage as our borough grows

Reading

- We will continue to embrace, promote and encourage participation in the annual Summer Reading Challenge
- We will support the creation of reading groups to promote the enjoyment of reading from Baby Rhyme Time to adult circles across a range of genres
- We will encourage literacy support through reading and discussion especially for those for whom English is a second language

Learning

- Thurrock Libraries will continue to support learning through small groups and new approaches to learning (STEM - Science, Technology, Engineering and Maths), Fun Palace etc.
- We will encourage progression to further learning through local providers and seek to encourage new learning opportunities in partnership with others
- Grays Central will seek to develop as a learning centre and we will support dedicated learning spaces in branches where possible

Digital

- We will continue to provide free Wi-Fi and up to two hours free access to PCs
- We will continue to support learning to access IT in response to resident interest

- We will invest in and promote e-learning and e-resources including new resources that underpin learning and leisure, supporting staff and residents to up skill in these areas

Well-Being

- We will promote campaigns that raise awareness of issues of health and well-being, and encourage services that residents want to see locally such as eye clinics, hearing tests etc.
- We will train staff to support residents who are exploring issues related to health and well-being to help sign-post and self-refer to community led and public services
- We will promote and support the use of digital platforms and the use of technology that supports health and well-being

Communities

- We will seek to develop libraries as community hubs and co-locate services into modern buildings when opportunities arise such as in Aveley
- We will work with local organisations to use libraries on days they are closed to enable self-service
- We will recognise the role libraries can play in building integration and providing safe places to meet, develop and promote local network.

Prosperity

- We will explore income generation opportunities to so that money can be invested in the library service, creating a sustainable service for the future, developing shared business plans where we co-locate with partners
- We will promote help into employment and reskilling as a path to prosperity
- We will promote opportunities to share resources, save and budget effectively so that residents can make their money go further

At the Centre of the Community

89% of those who participated in our consultation over Summer 2018 want to see more community activity delivered in partnership with libraries.

Library involvement with the Community Hubs programme has seen a growth in community led action around local priorities. There are more opportunities for people to meet locally to socialise, or access IT support. Hubs have spurred a huge increase in the range and type of activity in libraries which already support self-help groups, reading circles, art groups and heritage groups to take place.

Four libraries have provided the physical base for hubs to develop - Aveley, South Ockendon, Chadwell St Mary and Tilbury. The degree of partnership between hubs and libraries has improved over time and in two hubs, the role of co-ordinator is shared with a library supervisor role.

Partnering with hubs can benefit communities. Co-located services benefit residents although we understand the need to ensure the core library service is not compromised, especially when supporting self-led study. In smaller libraries, hub activities may be better suited to the days when libraries are traditionally closed, supporting access to self-serve. This approach works well at Tilbury every Wednesday and South Ockendon every Saturday afternoon and will be explored in other areas too.

Many different voluntary sector organisations, public sector services and small businesses want to provide more local access around Thurrock. We will explore opportunities for these organisations to work from library buildings.

Thurrock Libraries recognise and endorse the principles of the Stronger Together partnership and fundamentally recognise that more can be achieved by working together for the benefit of residents rather than as a single service. For further details on Stronger Together, please see: http://www.strongertogether.org.uk/

Enable social action
The Community Hubs Programme seeks to galvanise residents around local priorities, helping people to find their own solutions to local issues, supporting each other in connected communities. Libraries are at the heart of their community and they will work with hubs to support this important role locally.

Your Place Your Voice
As Thurrock grows, community engagement to help people influence the type of growth we embrace will be key to successful regeneration. Libraries will support the opportunity to influence decisions and to shape the opportunity for current and future residents from our regeneration programme. As Thurrock grows, we will review the location and openings for new provision through development opportunities.

Changing communities
Thurrock's demography is changing and will continue to do so. We will provide a service that reflects the growing cultures in Thurrock and builds pride and understanding of new communities.

Libraries, and the positive environment they foster through shared resources and safe public spaces, are well placed to support integration between existing communities and new residents, using our heritage to bring people together. We are a cradle to grave service and will continue to facilitate activities to cater for young children, families, students, working adults and older people.

Libraries are inclusive and encourage people to think differently, they are committed to providing a diverse offer and supporting diversity for the benefit of all.

We welcome and embrace the difference staff and trained volunteers can bring to complement the service and will seek to develop new opportunities where this adds value.

Libraries supporting public sector delivery

Libraries engage with around 1,500 residents per day. There is huge potential to unlock the ability libraries have to support wider public service delivery.

Increasingly, access to services is facilitated through digital means. Libraries will continue to support a personal service through face to face interaction. This is especially important for residents who are unsure about what support is available or where best to seek help and guidance.

Face to face support in neighbourhoods reduces the demand on the Civic Offices as well as helping people live their lives well in the areas they live rather than having to travel to Grays whenever support is needed.

Engagement with library staff has identified two particular areas where there are opportunities to develop more support for residents through direct engagement. They are skills development – especially digital skills, and health and well-being.

Our Staff, Our Service

An overwhelming number of comments received through consultation complemented the skill and expertise of library staff when assisting residents with a wide range of enquiries from book recommendations, research, getting on line or accessing training. The quality of the library service in Thurrock is a credit to the dedicated staff teams who are committed to providing the best they can for local residents. Their input and skills will be crucial to implementing this strategy for the future.

We will continue to involve volunteers in key projects such as Home Link and the Summer Reading Challenge, and will seek to work more closely with hub volunteers, supporting training and the skills needed to assist residents.

We will explore apprenticeships within the library service.

Opening hours and Self-Serve
43.20% of those who responded to the consultation held over Summer 2018 wanted to be able to visit their library on a Saturday afternoon. Many of the comments in support of this were from students or parents that worked.

Currently, only South Ockendon Hub is open on a Saturday afternoon, supporting self-serve access. As a future commitment, we will seek to explore Saturday afternoon opening at Grays Central and the larger branch libraries.

Many residents commented that, as a rule, they disliked self-service. However, there was a recognition that this could help to increase the hours of access to the service to complement staff support. Thurrock Library Service will not seek to reduce current staffed hours, and will explore self-serve to expand access borough wide.

Investing in our Infrastructure

Whilst our ambition for supporting communities is high, some of our buildings are old and some do not fit with current and future community led requirements. Some branch libraries are very small and restrict the offer we can provide locally.

Where possible we will co-locate services and will explore delivery from modern buildings. In some areas, the location may need to change to increase accessibility. Also, as Thurrock grows, we may need to consider provision in new areas, supporting new communities to benefit from the library service too.

When – and where – our physical buildings develop will often depend on the opportunities presented through partnership working. As the borough grows, we expect new developments to open new possibilities and this may mean that we change the location of existing libraries, or consider new provision alongside health or other community services.

We will use the capital funding available for community hubs to develop hubs where this appetite exists. We cannot do everything at once. Our current view on the phases of development look like this:

Phase 1 – From 2018		
Library	**Current Position**	**Resource**
East Tilbury Phase 1	Following the fire in 2017 we are currently redeveloping the library with some improvements to the design. The new facility will open spring 2019	Capital budget and insurance funding.
Aveley Community Hub	Aveley Community Forum campaigned to secure s106 to develop a purpose built, local resource centre. The library will move into the new hub. Works start in November 2018 and the centre will open in January 2020.	S106 and Capital fund – Community Hubs
Chadwell St Mary Refurbishment	A redesign of the existing space is desperately needed to increase the capacity for community led activities supporting health and wellbeing.	Capital fund – Community Hubs
Grays Central Library	The library's future as part of the review of options for the Thameside Complex is being explored.	Resources will be considered as part of the wider business plans for the Thameside Complex
Corringham	One of our larger sites - Corringham Library - has the potential to develop a community hub aligned to a strong offer from community partners already active. Staff who work remotely wish to see increased support for agile working in the east of the Borough. Redesign options and a supporting business plan will be developed in 2019.	Capital fund – Community Hubs
Tilbury Community Hub	The Hub, including the library service, will move into the Integrated Medical Centre by 2021.	IMC Capital Investment – Council and Health

Whilst we are fully committed to improving other branches, the opportunities for development are at a mush earlier stage and more work will be needed to scope possibilities whilst engaging with local communities.

Phase 2	
Blackshots	A much loved branch library, Blackshots is too small to develop community activities. The Friends of Blackshots Community Group has proposed an extension to the existing building. A full options appraisal will be scoped starting 2019.
Stanford le Hope	Friends of Hardie Park are looking to redevelop their base. There may be an opportunity to co-locate the library service and therefore increase the opening hours through self-service.
SOC Phase 2	The development of supported housing and health and well-being services at the Whiteacre site are looking to include a new community hub in this area.
Purfleet	The Purfleet Regeneration Scheme includes provision for new community space. This may provide an opportunity for the library service to expand from its current self-service offer within the community hub.
East Tilbury Phase 2	A growing community, East Tilbury Welcom Forum and Bata Heritage Museum are developing plans for a community hub within a purpose built centre to support current and future residents.

We recognise that not all community led provision is within the existing community hubs programme. The Library Service remains committed to exploring opportunities with all partners, and developing access to service points where a branch library does not exist e.g. by looking to install the 'People's Network' in more locations.

Individual business cases will be developed for the above proposals.

Developing our library & community hub offer – existing and future

Reading offer

The ability to read is vital for success in this modern world. The library service will continue to support residents to improve literacy skills and benefit from the rest and relaxation reading a good book can give by providing:

- A wide range of books and other stock meeting the needs of all residents from cradle to grave
- Early Years offer to families and children, gifting book start packs, rhyme and story times
- Family reading activities throughout the year and Summer Reading Challenge for children 0 – 18
- Class Visits to Primary Schools including the Time to Read book gifting for reception children.
- Two reading events per year for secondary schools, Carnegie Book Award and Kids Lit Quiz
- For adults, Quick Reads collections for adult emergent readers and support for reading groups throughout the borough

We will seek every opportunity to widen our offer e.g. participating in the Reading Friends programme currently being piloted in 5 authorities across the country.

Learning Offer

Libraries' learning offer supports residents of all ages to learn both informally and formally through the provision of:

- Up to date information books and online resources
- Quiet study space wherever possible
- Coding and Robotic sessions for children and young people, recognising that understanding of STEM (Science, Technology, Engineering and Maths) subjects will be key skills for the future
- Informal skills sharing through the Fun Palaces initiative and other opportunities
- Partnership working with local colleges and other learning establishments. e.g. ESOL classes for speakers of other languages

Well Being and Community Offer

Libraries support residents' health and well-being by:

- The provision of accessible and local venues where lonely and vulnerable residents receive a warm, accepting welcome, stay as long as they wish without the need for expenditure and feel part of the community
- Hosting a range of social weekly activities e.g. Knit and Natter, Scrabble, Chess groups
- Running Baby Rhyme Times benefitting maternal mental health
- The provision of accurate health information and signposting to local support groups/agencies
- Providing specialist health collections, Reading Well, Books on Prescription supporting adults and children with mild to moderate mental health conditions, adults with long term conditions and families caring for loved ones with Dementia.
- Managing a Homelink service providing books and other resources for all residents unable to access a library
- Offering volunteering opportunities building self-confidence. E.g. Digital Champions, Homelink and Summer Reading Challenge young volunteers 13 – 18 years

Culture and Arts

We recognise the benefits of arts and cultural activities for residents and community cohesion. We will continue to support the Arts by:

- Providing a range of theatre and other arts events in local libraries e.g. Librarian Theatre performances in two libraries each year
- Offering author talks, general and heritage based
- Working with local arts groups to expand provision
- Ensuring refurbished buildings are designed as flexibly as possible to accommodate arts events
- Collecting and maintaining the Local History collection and providing free access to residents
- Support the display of heritage artefacts from collections into the community

Digital offer
So much of our lives now require access to on-line services. In order to participate equally, residents require:

- Free access to PCs and WiFi
- Access to the skills needed to get on-line safely and with confidence
- Access to printing and scanning facilities
- Information about developing skills through self-study or adult education

Often, people learn well when collaborating with a peer group – our current approach to e-learning in groups is well received and we will develop this model to support more communities to increase their digital skills.

Our latest consultation placed access to a printer, scanner or photocopier ahead of access to PCs (45% of respondents valued these services as most important). This reflects our experience that people are using their own devices more.

Working with other agencies, we will continue to provide digital literacy sessions for families and individuals ensuring residents can keep themselves and their families safe online.

New initiatives include working with the Home Office so residents can submit paperwork and provide biometrics for renewal of Visas locally rather than having to travel to London from December 2018.

Our Future Commitments

- ✓ To deliver the library service in collaboration with community hubs and partners
- ✓ To co-locate with other services where possible
- ✓ To explore Saturday afternoon opening in larger branches
- ✓ To develop a sustainable service reinvesting income generated back into the library service
- ✓ We will develop a 5 year Investment Plan for the library and hub service and develop individual business plans for each base in consultation with the local community. To produce these, we will recruit to a fixed term 2 year post to assist with the development of these plans.

8 November 2018	ITEM: 11
Health and Wellbeing Overview and Scrutiny Committee	
Developing a new residential care facility and a new model of primary care in South Ockendon	
Wards and communities affected: All	**Key Decision:** Key
Report of: Cllr Susan Little, Cabinet member for Children and Adult Social Care	
Accountable Assistant Director: Les Billingham, Assistant Director Adult Social Care and Community Development	
Accountable Director: Roger Harris, Corporate Director of Adults, Housing and Health	
This report is Public	

Executive Summary

In response to the current and projected future demand for residential care in the Borough, and the impact this is having on older adults locally who require permanent residential care, and those who may undergo longer waits in hospital because of the lack of availability of interim residential care, Cabinet agreed in December 2017 to a strategy for the Whiteacre /Dilkes Wood site in South Ockendon which would enable the Council to provide residential care fit for the 21st Century.

This report proposes the development of a new residential facility in South Ockendon which would not only make a significant contribution to meeting demand but also set new standards in terms of facilities and services. There is also potential for a new medical centre and community facilities. A range of issues related to design, financing and delivery have been explored, and subject to consultation, planning consent and a viable business case for the development and operation of the facility, approval is being sought to progress the development.

1. Recommendation(s)

1.1 To note the request to be made to Cabinet for delegated authority for the Corporate Director Adults, Housing and Health, the Director of Finance and IT, and the Portfolio For Children and Adult Social Care, to tender for and award the building contract for the development of housing and associated facilities for older people requiring residential care, subject to tender returns being in line with an agreed business plan based on the principles within this report.

1.2 To note the negotiations being undertaken with health partners concerning the development of a phase 2 Integrated Medical Centre to replace the current South Ockendon Health Centre.

2. Introduction and Background

2.1 As noted in the report to Cabinet in December last year, we have an ageing population: people are living longer, and the total number of years they can expect to live in poorer health continues to rise. Bed occupancy within acute hospitals remains above recommended levels and ambulance calls have increased. At the same time more people need social care and there is evidence of unmet need.

2.2 To address this need Cabinet approved the recommendation for a strategy to develop a new residential care facility, fit for the 21st Century, on the Whiteacre / Dilkes Wood sites, in conjunction with Health partners, on 13 December 2017. This report describes the work undertaken to date in furtherance of that strategy, and presents further recommendations to realise the ambition of the Council.

2.3 Further, the South Ockendon Health Centre on an adjacent site on Darenth Lane is currently occupied by a single handed GP Practice, a branch surgery of an Aveley Practice, and a range of other clinical services including Health Visitors and dentists. Health partners have confirmed the building is no longer fit for purpose, and they see potential benefits in redeveloping the site to create a new health centre which could bring together other surgeries from the local area, and be equipped with a fuller range of primary care and associated facilities reflecting the new model of care being pioneered at the Integrated Medical Centres.

3. Issues, Options and Analysis of Options

3.1 The Care Quality Commission in their report The state of health care and adult social care in England 2017/18 published on 10 October 2018 observed that "Demand is rising inexorably not only from an ageing population but from the increasing number of people living with complex, chronic or multiple conditions, such as diabetes, cancer, heart disease and dementia. The total number of years people can expect to live in poorer health is steadily growing."

3.2 The report goes on to note that in the face of growing need "The capacity of adult social care provision continues to be very constrained: the number of care home beds dropped very slightly in the year, but what was noticeable were the wide differences across the country. Across a two-year period, from April 2016 to 2018, changes in nursing home bed numbers ranged from a 44% rise in one local authority to a 58% reduction in another.

3.3 Locally, Public Health has made an assessment of the need for residential care in the Borough which has informed the preparation of this report. One

projection of demand growth shows a need for a further 410 beds in Thurrock by 2035:

Care Places Needed in Thurrock	2017	2035	Additional Number Needed	% increase
Medium need	107	208	101	**94.81%**
High need	344	652	309	**89.81%**
TOTAL	**451**	**860**	**410**	**90.99%**

3.4 There is already increasing demand for residential care in Thurrock which is difficult to meet by the current range of beds available locally. This is evidenced by a snapshot of available care home beds in homes in the Borough for the week of 17th October 2018 (the latest available) which shows that across the whole Borough only 1 nursing care home bed, 2 dementia care homes beds, and no other residential care beds were available.

3.5 Moreover, we need to widen the residential care offer locally so that we can more readily offer:
a) Interim stays for people who cannot live in their home at present but have no long term need for residential care;
b) Short stays for those who require re-ablement services in a residential setting;
c) Short stays to allow assessments (including Continuing Healthcare2 – CHC assessments) to be undertaken outside an acute setting when they cannot be undertaken in the patient/service user's home.

3.6 In response to the increased local demand for places in care homes the report approved in December 2017 proposed that the Whiteacre / Dilkes Wood sites in South Ockendon should be developed to provide a range of homes for older people needing care: from small easy to maintain flats designed for frail elderly people, to retirement living for those who wish to downsize to a care ready environment, including potentially a mix of one and two bedroom dwellings for rent. This an opportunity both to address the growing demand for residential care, and to invest in innovation in care, and so to set new higher standards for residential provision in the Borough

3.7 Since the last report work has been undertaken to clarify a range of issues with the aim of progressing the development. A progress update on this work is outlined below.

Design, and realising development potential.

3.8 Following Cabinet approval of the proposal for a strategy for the development of 21st Century residential care on the Whiteacre / Dilkes Wood site, Pollard Thomas Edwards, architects were commissioned to develop a vision for the

proposed scheme including addressing how the development may be phased to deliver the new residential offer for older people and also, potentially, the redevelopment of the health centre should that be agreed with Health partners.

3.9 The report from Pollard Thomas Edwards showed a number of case study examples in which progressive developers have been exploring ways of integrating residential and nursing care better with the community. The report concluded that the Whiteacre / Dilkes Wood site offers an opportunity to provide exemplary residential accommodation for people with varying levels of need, while creating a new community-led focus to the town centre. The scheme also unlocks the potential for phased development for a new community facility to replace existing provision in the South Ockendon Centre. A copy of their report is available at Appendix 1.

3.10 Since the last report, initial surveys and site investigations have also been undertaken, and a scheme specification prepared. This preparatory work culminated in the publication of an Invitation to Tender for a Design Team (architects), Employers Agent and Cost Consultants on 10/8/2018. The ITT has elicited strong interest from the market with 24 bids being received for the Design Team tender. The tenders are currently being evaluated and it is expected that the Design Team and other professions will be appointed soon.

3.11 The appointment of the Design Team will enable initial plans to be drawn up for the scheme and allow early consultation with a range of stakeholders, including the local community, about both the vision for care and support for an ageing population, and the proposals for the site. The designs will also allow cost consultants to provide firm estimates of the construction and operating costs of the development.

Financing.

3.12 The feasibility study undertaken for the Council in February 2017 (see – Appendix 2) included an initial cost appraisal by consultants Calford Seaden for the complete redevelopment of the Whiteacre / Dilkes Wood site to provide 30 ensuite interim care bedrooms and 45 ensuite full time care bedrooms. This estimate put the costs at around £7m. However, in view of the time elapsed since that work was undertaken, and taking account of inflation in the construction industry, the actual costs are expected to be higher.

3.13 It is proposed that the capital funding for the 75 residential units, and associated care facilities (lounges, restaurant, treatment rooms, laundry etc), will be funded as part of the agreed capital programme.

3.14 Revenue funding to cover the loan costs, as well as management and maintenance of the facility, will be available from rents and service charges for the 45 self-contained flats(housing costs and supported housing service funded by rents remain eligible for Housing Benefit). The care and support in

the scheme will be provided by Well-Being Teams. The service provided will be chargeable in line with the Council's policy for domiciliary care.

3.15 The revenue funding cost for providing the 30 interim beds is estimated to be circa £1,400 per week. This funding would form part of the business case for the scheme to be agreed with health partners as part of a new strategy for Intermediate Care. Places in the interim beds could be offered to other authorities if the local demand profile for intermediate care changes, or if necessary, the units could be remodelled as self-contained housing and let on the same basis as the remainder of the scheme.

Site assembly and the potential for a joint venture with Health partners.

3.16 The Pollard Thomas Edwards report notes the existing South Ockendon Centre / Hub has proved popular with residents since its opening in 2013. It has a wide range of services and activities, and creates a strong community focus. However, their report argues the centre would be better connected to the town centre on the Whiteacre / Dilkes Wood site. The proposal under consideration is to reprovide an improved facility, offering better fit-for-purpose accommodation. The location adjacent to the new residential facility, and alongside the existing nursery provision, provides better connections and opportunities for inter-generational activity.

3.17 The South Ockendon Health Centre has been deemed not fit for purpose by the NHS. A new centre has potential to provide new and improved medical facilities in the centre of the town, and for its growing population. This could include reprovided GP facilities for Derry Court as well as the South Ockendon Health Centre. The proposal is contingent on buy-in from and a funding agreement with the NHS and may require phased demolition. In this scenario, the new health hub could be progressed as a community hub/integrated Medical Centre, and a new Health Hub for this area of Thurrock. Discussions regarding this option continue, remain positive and will hopefully be concluded in a timescale which fits with the Council's plans for the redevelopment of the remainder of the site.

Delivery.

3.18 Following the selection of a Design Team and Cost Consultants the ambition to realise a residential care facility fit for the 21st Century can be explored in detail, together with design options, cost options and funding. This will inform the business case for the scheme. It is proposed that construction is undertaken as soon as planning consent and a financially and operationally viable business plan for the development is agreed.

4. Reasons for Recommendation

4.1 Delivery of the new residential facility will enable the Council, with its Health partners, to meet the care needs of an ageing population in accommodation that reflects the requirements of the 21st Century. It is essential if we are to

meet the growing demand for care for people who need residential and nursing care, and to deliver high quality health outcomes for Thurrock residents.

4.2 Further to the approval of this strategy in December 2017 approval is now sought to allow this project to progress to the development stage.

4.3 The tender for the capital works will be in excess of the £750,000 threshold that can be approved by Directors and therefore requires a Cabinet decision. This tender is expected to be issued later next year.

4.4 Approval to delegate the award of the construction contract is requested to ensure that the development is progressed, and the new facilities (including potentially those for the proposed new medical centre) are delivered as soon as possible.

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

5.1 This proposal is being presented to Health and Well-Being Overview and Scrutiny Committee before being presented to Cabinet in December.

5.2 Consultation with residents, including service users groups, will be undertaken as soon as design options have been produced. Discussions with Health partners about their requirements, and their potential contribution to the development, are on-going.

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

6.1 The proposed development supports the 'People' element of the Council's corporate vision and priorities. In particular it will " build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing".

7. Implications

7.1 Financial

Implications verified by: **Mike Jones**
Strategic Resources Accountant

The financial implications are set out within the report. The financial assessment of the project has been completed by Pollard Thomas Edwards and the financial cost appraisal by Calfordseaden. The underlying assumptions have been assessed as reasonable by the Adult Social Care and Regeneration teams.

The model underpinning the calculation has been subject to a high level review and supports the outcomes set out in the body of the report. There has

been further sensitivity analysis conducted on the proposed scheme to demonstrate the scheme remains viable if a number of core factors move unfavourably. Further consideration needs to be given to how MRP may be applied to the scheme.

The Capital bid for the new care facility was agreed by Council as part of the 2018/19 Capital Programme, with a total budget of £7m.

7.2 **Legal**

Implications verified by: **Sarah Okafor**

Barrister (Consultant)

On behalf of the Director of Law, I have read the report in full. The construction contractor will be procured in accordance with a tender process carried out in a fair and transparent way pursuant to the requirements under the Public Contract Regulations 2015 and the Council's Contract Procedures Rules. There are no barriers within the existing constitution that prevents the recommendation for delegation of authority of powers to the nominated officers by the Cabinet. Accordingly, I confirm there appears to be no adverse external legal implications arising from the recommendations proposed.

Moving forward, the Council's internal Legal and Assets teams will provide support on ensuring that the required agreements with Health partners adequately protect the Council's position.

7.3 **Diversity and Equality**

Implications verified by: **Becky Price**
Community Development and Equalities
Adults, Housing and Health Directorate

The proposed facility will address the health inequalities currently experienced in some areas of the Borough. It will also strengthen our communities through its focus on maintaining independence and intergenerational living. All arrangements for procuring, constructing and operating the residential, health and communities facilities will need to comply with equalities legislation.

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

None identified at this stage

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):

- Report to Cabinet 13 December 2017

9. Appendices to the report

- Appendix 1 – Whiteacre / Dilkes Wood. South Ockendon Community Hub Vision, Pollard Thomas Edwards, March 2018
- Appendix 2 - Collins House Stage 1 Feasibility Report February 2017

Due to the size of these reports hard copies will be available on request or in the member's library.

Report Author:

Christopher Smith

Programme Manager

Adults, Housing and Health

8 November 2018	ITEM: 12
Health and Wellbeing Overview and Scrutiny Committee	
Further Transformation to Continue Improving Standards in Primary Care	
Wards and communities affected: All	**Key Decision:** Non-key
Report of: Ian Wake, Director of Public Health	
Accountable Strategic Lead: Emma Sanford, Strategic Lead – Healthcare and Social Care Public Health	
Accountable Director: Ian Wake, Director of Public Health	
This report is Public	

Executive Summary

This paper provides an update to HOSC on the Long Term Condition Case Finding and Management Programme led by Public Health as part of a systematic programme of Primary Care Transformation.

The Annual Public Health Report 2016 identified significant cohorts of patients with undiagnosed long term conditions and unacceptable variation in the clinical management of patients between different GP practice cohorts once their long term conditions had been diagnosed. The report concluded that addressing these two issues would both deliver significant population health gain and save our local health and care system millions of pounds.

A paper approved by Cabinet in December 2017 set out a strategic response to the recommendations made in the APHR 2016, including a range of systematic programmes to improve the diagnosis and management of Long Term Conditions.

This paper provides an update to HOSC on progress against this programme and seeks HOSC comment and endorsement for continuation of the programme.

1. Recommendation(s)

1.1 That Health and Wellbeing Overview and Scrutiny Committee comments on the programme and approves progress, changes and additions to the programme of performance and improvement and support for primary care with linked demand management for hospital and adult social care services, as detailed within the paper.

2. Introduction and Background

2.1 This report details the on-going programme of transformation work within GP surgeries in Thurrock, to improve diagnosis and management of patients with long term conditions.

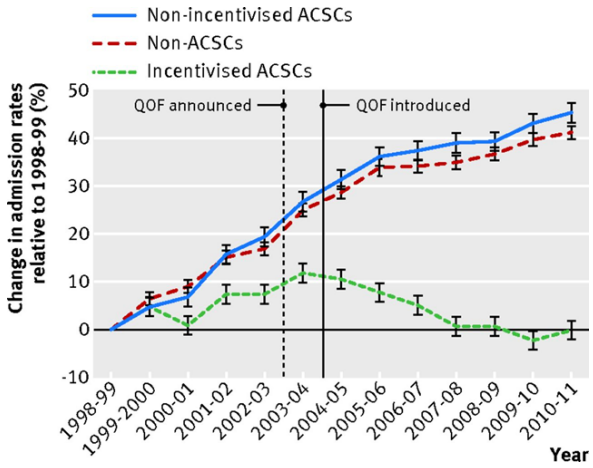
2.2 Thurrock is served by 29 GP practices, commissioned by NHS England. NHS Thurrock Clinical Commissioning Group (CCG) also has a small Primary Care Development Team that work with GP practices as a 'critical friend' to improve clinical quality and strategically manage the Primary Care future provider landscape. In 2016 following a restructure of the council's Public Health function, two Primary Care Improvement Managers were employed to work in partnership with the CCG's Primary Care Development Team and local GP practices to embed best public health clinical practice within our local surgeries. Due to the positive reception by local GP surgeries to these posts and because of the size of the Work Plan, a decision was made in 2017 to add a third post to this team.

2.3 In 1948 when the NHS was founded, almost half of the population died before their 65th birthday. In 2015 this figure dropped to 18%. However, although living longer, our population is increasingly doing so with multiple long term health conditions. Spend on patients with long-term conditions accounts for over 70% of the entire NHS budget. Effective management of long term conditions is vital in order to prevent patients' health, wellbeing and independence from deteriorating and to prevent them being admitted to hospital or requiring social care packages.

2.4 The Quality Outcomes Framework (QOF) records quality of care information on how patients who are diagnosed with long term health conditions are clinically managed by GP surgery based clinicians. It is based on a series of clinical indicators grouped around specific long term health conditions. QOF was set up as a financial incentive system and GP practices get paid for the percentage of their cohorts of patients with specific long term health conditions to whom they offer certain tests, medication reviews and clinical interventions. The indicators are based on published evidence of best quality of care for the conditions included within QOF, including National Institute of Health and Care Excellence (NICE) recommendations.

2.5 A study published in the BMJ in 2015 showed that nationally the introduction of QOF was associated with a decrease in emergency admissions for conditions that were incentivised. (Figure 1). As such, a GP Practice's performance against QOF can be used as an excellent proxy for the quality of care that patients with Long Term Conditions receive.

Figure 1 Effect of a national primary care pay for performance scheme on emergency hospital admissions for ambulatory care sensitive conditions



2.6 The Annual Report of The Director of Public Health (2016) (APHR) highlighted unacceptable levels of clinical variation in the management of long term conditions across different GP practice populations in Thurrock, and suggested that this was driving variation in clinical outcome for patients and rates of admission to hospital and residential care for serious and preventable health events such as stroke. The report recommended urgent action to address this variation.

2.7 The APHR (2016) also identified that a significant cohort of residents were living with undiagnosed long term conditions. By using models developed by Imperial College London that estimate the *expected prevalence* of disease (both diagnosed and undiagnosed) at GP practice population level and comparing these to numbers of diagnosed patients on GP surgery QOF disease registers, it is possible to estimate the numbers of patients living with undiagnosed long term health conditions. (Figure 2). The APHR (2016) recommended action to identify and treat patients living with undiagnosed long term conditions, in order to prevent their disease progressing.

Figure 2 Observed and Expected Prevalence of key LTCs in Thurrock

Condition	Diagnosed Prevalence (From GP surgery QOF Registers)	Estimated Prevalence (From Imperial College London Models)	Estimated Number of Undiagnosed Patients based on the estimated prevalence
Stroke (2016)	1.51%	3.70%	3,540*
Hypertension (2016)	14.08%	20.95%	10,983
CHD (2016)	2.78%	7.58%	7,521*
COPD (2016)	1.8%	2.22%	642*
Diabetes (2016)	6.3% (17+)	7.9% (16+)	2,109**

Source: PHE modelled estimates 2016, NCVIN 2016, and QOF 2014/15 [*one practice was missing data so true number will be higher / ** applying the QOF prevalence for 17+ to the 16+ population]

3. Summary from December 2017 Cabinet Report

3.1 In December 2017 a report was presented to the Cabinet which outlined the new strategic approach to improving the diagnosis and management of patients with long term health conditions in primary care.

3.2 The approach set out in the Cabinet Report was developed jointly with our NHS partners and has received Regional and National recognition and commended by the Chief Executive of Public Health England.

3.3 The Cabinet Report committed to a number of actions which fall into two broad categories:

1. Improved diagnosis of patients with long term conditions; and
2. Improved management of those patients once they are diagnosed.

A number of data sets were displayed which summarised the 2016/17 position. Unfortunately at the time of writing this report that data has not yet been refreshed, and as such it is not yet possible to ascertain the impact of work over the last 12 months on improving the diagnosis and clinical management of patients with long term health conditions. The 2017/18 QOF data is due to be published by NHS Digital by November 2018.

3.4 Specifically, the 2017 Cabinet Report committed to the following actions as part of a systematic programme of Primary Care Transformation:

- Community based long term conditions ‘case finding’ programmes including Hypertension and Atrial Fibrillation checks in Community Pharmacies and in the Thurrock Community Hubs.

- Introduction of blood pressure monitoring machines in GP surgery waiting areas as a further mechanism to diagnose potential hypertension (high blood pressure).

- Profiling patients’ cardio-vascular risk using the QRISK2 clinical tool, and then prioritising invitation for an NHS Health Check to those most at risk and hence most likely to have undiagnosed cardio-vascular disease.

- Providing additional funding to GP surgeries to treat all patients eligible for clinical interventions under QOF through introduction of a local “Stretched QOF” contract. (The national QOF contract only provides funding for GP surgeries to treat 70% of all eligible patients with long term conditions).

- Integrating disease specific community NHS long term conditions clinical management services into a single service linked directly to networks of GP surgeries, and funding additional long term conditions nursing support.

- Integrating current mental health services within transformed long term condition management clinics.

- Providing additional support and resources to GP surgeries to deliver the NHS flu vaccination programme.

- The implementation of the Mede-Analytics integrated data solution to encompass GP surgery data. Mede-Analytics analyses patient level data held on individual GP practice clinical databases and will allow GP Practice Managers and clinicians to quickly identify cohorts of inadequately managed patients with Long Term Conditions who are at risk of serious health events such as heart attacks or strokes, such that they can be invited into the surgery for review and treatment.

- Commissioning of IT solution focussed approaches to "case finding" patients with long term health conditions who may not be on QOF disease registers and will therefore not be receiving all NICE recommended clinical interventions to manage their condition. For example, identifying patients who are being prescribed an anti-hypertensive medication or who may have a series of high blood pressure readings recorded, but who are not currently included on the surgery's Hypertension (high blood pressure) QOF Disease Register and therefore are not being clinically managed systematically.

3.5 The Cabinet report also detailed the development of an individual practice based long term conditions profile card that benchmarked individual surgery performance on a range of indicators relating to access and long term conditions case finding and management against the 20 GP surgeries in England with the most similar practice populations. The report proposed a programme of quality improvement meetings between Public Health Staff and individual surgery clinicians and development of surgery based action plans based on data contained within each profile card.

4. Progress, achievements and changes

4.1 Long Term Conditions Programme Board has been established to manage the complex set of programmes set out below, as part of *The Better Care Together Thurrock* programme of transformation. The Board is chaired by the Director of Public Health and has senior representatives on it from Public Health, Adult Social Care, NHS Thurrock CCG, Inclusion Thurrock, North East London Foundation Trust and Local Primary Care Providers.

GP practice Profile Cards and Practice Visits Programme

4.2 Following feedback from practices, the primary care team and internal discussions the original benchmark grouping has been removed from the long term condition profile card in favour of comparing achievements to a Thurrock average. It is expected that this will encourage more internal competition and

remove confounding factor of differently commissioned services when comparing to external organisations.

4.3 The Healthcare Public Health Team have also removed the capacity indicators that look at the number of GPs and Nurses per head of population to reflect the move away from a traditional staffing model in primary care and towards a more mixed-skill clinical workforce that will include Physio-therapists, Physicians Associates, Paramedics and Practice Based Pharmacists. A new indicator that details the number of appointments available to patients within the Mixed Skill Workforce model will be introduced. Other changes to the card include performance against the new "Stretched QOF" local contract. An example of the new format is given in appendix A.

4.4 As of 30 September 2018, 85% of GP Surgeries in Thurrock will have received a Profile Card Visit from specialist Healthcare Public Health Staff to discuss their individual Practice Profile Card and develop and agree an improvement action plan based on the data held within it. By 30 April 2019 this will be 93%.

4.5 During the second year of delivery, improvements have also been made to the **profile card visit programme.** There will now be two rather than one scheduled visits per year. These will happen shortly after practices have submitted QOF data at the end of the financial year, and then again six months later. The visits will now take place during practice meetings in order that the data and possibilities for improvement can be discussed with the entire practice rather than the practice manager and/or lead clinician. At the end of a visit a list of priorities for the practice to work on will be agreed between the Health Care Public Health Improvement Manager and the practice. These priorities will be followed up and integrated into a programme of on-going support between Public Health and the individual GP practice as appropriate between visits.

4.6 The visits following the revised format so far have been received extremely well and the Healthcare Public Health Team have received a significant level of positive feedback. Specific feedback on the profile card and associated GP Practice visits has included the following:

> ***"****gives practices an element of competition"; "helps with our CQC inspection";*
> *"really like outcome trend and inappropriate admissions to hospital"; "shows how we are doing with peaks-and troughs"; " it will be great when we get real time data with Mede-Analytics"; "the new card has a much better format"; "very useful to compare to previous year"; " gives us motivation"; "shows we are not wasting our time".*

4.7 Common themes or issues have been identified across Thurrock as a result of profile card visits, and action has been taken to address these for all Thurrock GP surgeries. Examples include the following:

- Issues with the coding of depression on GP Clinical Databases and confusion amongst GP practices relating to when/if a patient should be removed from the QOF register if they do not attend future appointments.

Action: Public Health are currently assessing the clinical "Read Codes" used (depression or low mood) and developing guidance for practices so all are "read coding" appropriately.

- The need for spirometer[1] training for practice staff which meets the requirement of the new guidance. **Action:** An audit of training was conducted in July to identify need and current practice that identified a significant amount of non-compliance with the new 2020 Guidance. Public Health are working with the NHS Thurrock CCG to develop a new training programme for GP practices to ensure future compliance.

- Support practices to reduce number of DNAs ("Did Not Attend" i.e. missed GP appointments). **Action:** Public Health have developed a DNA poster to support practices in relaying the effects of missed appointments to patients. A new text messaging service to remind patients of forthcoming appointments has also been commissioned.

- Need to increase access to healthy lifestyle services. **Action**: Public Health have arranged for weight management classes to be offered at GP surgeries and have commissioned a new IT system that allows direct referral of patients from GP Clinical Systems into our lifestyle modification programmes.

4.8 The visits have also resulted in the easier implementation of programmes in practices, such as stretched QOF, the Flu Vaccination improvement programme, and the detection of hypertension in waiting areas. Practices are generally much more engaged with the Healthcare Public Health team and regularly come to us with ideas as well as issues they are having.

<u>Improving the Diagnosis of Patients with Undiagnosed Long Term Health Conditions</u>

4.9 The NHS Health Check programme offers a free cardio-vascular, mental health and lifestyle risk assessment to all eligible patients aged 40-64 once every five years. As such, the NHS Health Check Programme is the single most important mechanism for case-finding of patients with undiagnosed long term conditions. There has been significant progress towards **targeting NHS Checks to those most at risk.**

4.10 An integrated IT system that will sit in parallel to the practices' clinical systems is being implemented to deliver the main administrative elements of health check provision. This will include call/recall of eligible patients; identification and targeting of higher risk patients based on their existing known clinical bio-markers such as age, smoking status, and existing blood pressure history; fully interactive recording of information gathered during the health check into the patient's clinical record and; direct referral of patients into lifestyle modification programmes. Roll out will take place over the next three months with full coverage achieved by the end of November 2018.

[1] A Spirometer is a device used to measure the volume of air inspired and expired by the lungs. It is used in the diagnosis and management of respiratory conditions for example Chronic Obstructive Pulmonary Disease (COPD)

4.11 One of the main aims of this project is to identify those who have high risk factors, e.g. BMI ≥30, smoker, etc., with targeted invites, clear referral pathways into interventions to improve lifestyle factors and reduce future risk, and referrals back into practices to identify and treat with early diagnosis. Uptake will be increased by priming texts, to make patients aware of invite letters, and follow up calls to book directly into convenient and next available clinics.

4.12 A workplace programme of offer and provision of health checks to employees of local Thurrock businesses is currently underway, along with engagement with voluntary groups and local forums, faith groups, and work with some practices to target patients from BME groups. A programme of wellbeing clinics have also been scheduled with Thurrock MIND offering the NHS health check to eligible service users, carers and volunteers which is due to start end of August 2018. These will run, initially once a month but will be reviewed depending on demand.

4.13 As part of a comprehensive Communications Strategy for Public Health, a recent Council Twitter and Facebook posts advertising health checks produced the highest 'click through' with subsequent follow up calls into the council's Lifestyle Modification Services Single Point of Access to book appointments. This will be repeated throughout the year with further provision of health checks to Council staff. Health Check advertising is also planned within all Thurrock libraries and Community Hubs, with staff trained in MECC to include the offer of health checks. Promotional events are used, where appropriate/possible to offer blood pressure and BMI checks to initiate health check offers to those eligible, with immediate booking of appointments where possible.

4.14 Public Health have commissioned **Interface Clinical Services (ICS),** to undertake a comprehensive screening of data held of GP Clinical Systems as a way of improving long term conditions case finding.

4.15 The programme aimed to identify patients with entries in the medical records that indicate that they may have an existing long term health condition, but who are not currently on a Long Term Condition QOF register and so are not currently clinically managed systematically under QOF.

4.16 All practices in Thurrock will be offered the service in 2018/19. To date, 17 of the 29 practices have participated in the programme.

4.17 To date 8459 people have been identified for further investigation to consider adding them to Disease registers. This includes:

Long Term Condition	Patients Identified
Hypertension	328
Atrial Fibrillation	294
Coronary Heart Disease	240
Heart Failure	183
Strokes	333
Diabetes	433
Asthma	398
COPD	233
Chronic Kidney Disease	1890
Depression	888
Cancer	519

4.18 Assuming a 70% conversion rate (percentage of highlighted patients that have their diagnosis confirmed) the programme will introduce an existing £160,000 of national resource into our local Primary Care economy under the QOF contract that GP surgeries hold with Department of Health. Furthermore, there are associated savings and population health gain that will result through better clinical management of long term condition patients identified and being added to QOF registers. For example, Public Health estimates that the programme will result in an estimated 24 Strokes being avoided over the next three years and an estimated associated treatment cost saving of £190,000.

4.19 An impact report from ICS will follow around October/November to report on the conversion of findings to disease register sizes. Public Health will then look to populate our existing regression models with the results to estimate the health impact of this case finding on hospital admissions and adverse health events e.g. strokes. Furthermore, we will look to quantify the accurate savings to the local health and care economy the ICS has yielded.

4.20 A comprehensive programme **of Hypertension (high blood pressure) monitoring in community settings** is also being implemented. The Community Hub Hypertension detection programme has been put in place as a means of better reaching those at risk in the community who do not readily access primary care. National evidence also suggests that screening for high blood pressure within community settings reduces “white-coat effect” – a well-established phenomenon whereby false high blood pressure readings result when taken in clinical settings due to the stress that some individuals experience from having their blood pressure monitored by a clinician. Conversely published evidence suggests that residents are more likely to feel more at ease if their blood pressure is monitored in a community setting where they come to relax and interact.

4.21 Five out of the six Community Hubs across Thurrock (excluding Aveley Community Hub), have been equipped with self-testing blood pressure machines. 18 volunteers have been trained across the five functioning hubs to support residents who wish to self-check their blood pressure, with at least two volunteers trained in each hub. The programme has been running since August 2018 and a contract is in place between the council and The Council for

Voluntary Services to deliver 600 blood pressure screens over the next 12 months.

4.22 The detection of Hypertension in GP Surgeries programme commenced in February 2018 in three surgeries in Tilbury, with four additional surgeries being added in May of 2018. The programme has sited self-testing blood pressure monitoring machines in GP surgery waiting areas and patients are encouraged to use them to take a blood pressure reading which is then handed to clinicians during their consultation. As of the start of September 2018, 743 checks have been completed, resulting in 52 additional patients being identified as having high blood pressure.

4.23 All GP surgeries in Thurrock are also being financially incentivised through the stretched QOF project - to work towards a 10% increase in the number of patients diagnosed with hypertension.

4.24 A further seven practices across Thurrock that have the highest gaps in the number of people expected to have hypertension, according to the Public health England estimates, have been identified and have agreed to take part in this programme. They will be equipped with waiting area Blood Pressure Machines imminently. It is expected that activity will commence in the identified practices mid - October 2018 onwards, following discussions and agreement of SLAs.

4.25 As a result of the hypertension case finding programme, a total of 833 patients have had a blood pressure check, 337 new cases of hypertension have been diagnosed across the 9 GP surgeries equipped with a waiting area blood pressure machine since March 2018 (new cases on QOF register since March 2018).

<u>Improving the Clinical Management of Patients with Long Term Conditions</u>

4.26 In order to improve the diagnosis and management of Cardio-Vascular Disease, the Public Health team agreed to fund a **CVD upskilling programme**.

4.27 The Public Health team have invested in a Cardiology Up-skilling Programme for front-line primary care professionals. This programme is accredited by the Royal College of General Practitioners (RCGP) and has been delivered within other CCGs previously. It consists of 6 training modules, which are being delivered between July 2018 – February 2019, and a final exam. Feedback from attendees at modules run to date indicates that they found the training to be useful and would recommend it to others.

4.28 The 6 modules will cover:

- Heart Failure
- Atrial Fibrillation
- Stable CAD and CV risk assessment and prevention
- Valve disease
- Improving CV outcomes in Type 2 Diabetes
- ECG and Echo report interpretation

4.29 It is anticipated that this training will contribute towards:

- Increased confidence in diagnoses of CVD conditions
- Improved CVD management
- Reduced variation in CVD skills and knowledge amongst practice staff.

4.30 When this training was delivered in Leicester City CCG, a number of positive impacts on clinical outcomes were demonstrated including:

- A 12.5% increase in detected Atrial Fibrillation patients.
- A 17.5% reduction in exception reporting of Atrial Fibrillation patients.
- 16.5% more high-risk Atrial Fibrillation patients who were then anti-coagulated, leading to a theorised 5.1% reduction in emergency admissions for Stroke.
- An increased number of Heart Failure patients with optimised treatment, leading to a theorised 4.1% reduction in emergency admissions for Heart Failure.

4.31 In Thurrock 34 clinicians across 23 of the 29 practices will be taking part in the course with 23 intending to sit the final exam. Feedback from modules so far show that all participants would recommend this training to their colleagues with one quoting ‘All GP’s in Thurrock should hear this’.

4.32 As this training programme is one of several initiatives underway to improve detection and management of long term conditions in Thurrock, it will be difficult to solely attribute such outcomes to this course alone; however the evaluation of the programme planned for March 2019 will aim to demonstrate the effectiveness of the training once it has been completed.

4.33 Complex modelling for the local **Stretched QOF contract** between Public Health and GP Surgeries has now been completed, and an associated contract developed and signed between the council and majority of GP surgeries in Thurrock. This provides additional financial incentive and resources for practices to treat 100% of patients eligible for clinical interventions to better manage long term conditions as opposed to the 70% that are funded under the national Department of Health QOF Contract.

4.34 The purpose of this project being to incentivise practices to perform above the maximum 70% national threshold, putting more investment into primary care with a view to improving outcomes for patients and reduce or delay the demand of both expensive hospital acute and adult social care. The scheme is joint funded from the Public Health Grant and the Better Care Fund.

4.35 Diseases incentivised for management were informed partly by a number of long term conditions multiple regression analysis models developed by the Healthcare Public Health Team that identified and quantified the impact that significant QOF indicators had on the incidence of serious health events. These include Asthma, Hypertension, Atrial Fibrillation, Coronary Heart Disease, Stroke, Depression, COPD and Diabetes based on the following indicators:

Indicator	Criteria
AST002	The percentage of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before or any time after diagnosis
AST003	The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions
AST004	The percentage of patients with asthma aged 14 or over and who have not attained the age of 20, on the register, in whom there is a record of smoking status in the preceding 12 months
HYP001	Observed patients on the Hypertension Register/ Expected Hypertension prevalence
BP002	The percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years
HYP006	The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less
AF006	The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA2DS2-VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS2 or CHA2DS2-VASc score of 2 or more)
AF007	In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy
CHD002	The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less
CHD005	The percentage of patients with coronary heart disease with a record in the preceding 12 months that aspirin, an alternative anti-platelet therapy, or an anti-coagulant is being taken
CHD007	The percentage of patients with coronary heart disease who have had influenza immunisation in the preceding 1 August to 31 March
STIA003	The percentage of patients with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less
DEP003	The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis
COPD003	The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months
COPD005	The percentage of patients with COPD and Medical Research Council dyspnoea grade ≥3 at any time in the preceding 12 months, with a record of oxygen saturation value within the preceding 12 months
COPD007	The percentage of patients with COPD who have had influenza immunisation in the preceding 1 August to 31 March
DM002	The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less
DM004	The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less
DM009	The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 12 months
DM018	The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March

4.36 The 'Stretch QOF' contract was finalised and presented to the Thurrock CCG Clinical Executive Group in June 2018 and launched as of the 16 July. So far 22 out of 29 practices have signed up to deliver stretch QOF and further sign up is anticipated as a result of direct contact with the practice manager to discuss Stretch QOF or by promotion of the contract via other mechanisms such as the long term profile card visits.

4.37 The projected total spend if all practices signed up and 100% achieved (Based on 16/17 QOF performance) is £248,007. An estimate spend for the contract has been calculated on the basis of 72% of total spend (90% sign up and 80% of stretch QOF target achieved) which equates to £178,565.04. The tables below show the modelled estimated impact of Stretched QOF on three QOF indicators if practices perform at the 70th and 100th centile of 2017/18 performance. They demonstrate the significant impact that the programme could have on population health and demand management and suggest a very strong return on investment for the health and care system.

Benefits over 3 years if all practices hit current 75th percentile							
QOF Indicator	**Indicator Descripton**	**75th quartile**	**Number of Extra Patients Treated**	**Benefit to the Population**	**Quantity of Benefit over three years**	**NHS Saving**	**ASC savings**
HYP006	Control of blood pressure in those with a diagnosis of Hypertension	85%	903	Fewer strokes	181	£658,106	£762,313
AF007	Anti-coagulation of those with Atrial Fibrillation at high risk of a stroke	90%	152	Fewer strokes	51	£184,629	£213,864
HF003	Prescription of ACE-1 or ARB medication in those with Heart Failure	100%	18	Fewer emergency Hospital admissions	4	£167,810	

Benefits over 3 years if all practices hit current maximum practice performance							
QOF Indicator	**Indicator Descripton**	**Max achievement**	**Number of Extra Patients Treated**	**Benefit to the Population**	**Quantity over three years**	**NHS Saving**	**ASC savings**
HYP006	Control of blood pressure in those with a diagnosis of Hypertension	91%	2114	Fewer Strokes	423	£1,540,683	£1,784,639
AF007	Anti-coagulation of those with Atrial Fibrillation at high risk of a stroke	100%	333	Fewer Strokes	111	£404,484	£468,531
HF003	Prescription of ACE-1 or ARB medication in those with Heart Failure	100%	18	Fewer Emergency Hospital Admissions	4	£167,810	

4.38 SystmOne (GP practice clinical system) reports have been published both to support practices to make quarterly claims and to have an operational overview of their performance/work to do.

4.39 Feedback from practices on the initiative has been positive and together with support from Healthcare Public Health managers, a number of practices are using the contract as a platform to create an organised plan of activity against clinical capacity for the delivery of their QOF indicators. This is shifting the focus to consistent achievement of their practice performance every quarter and more timely management of disease management indicators for patients, than the more traditional ‘’year-end’ push to achieve the target that is often seen in general practice.

4.40 Early indications based on financial claims submitted by practices under the contract show there are 1217 patients across Thurrock that are eligible for payment under stretch QOF that would not have otherwise received an intervention if the practice had performed up to the maximum QOF performance threshold for payment.

4.41 The **Dentistry Diabetes Detection pilot** is an exciting addition to the programme of work involving dentist chair-side testing for diabetes in patients who are either “at risk” of developing diabetes (identified by questionnaire in waiting area) or who have existing periodontal disease (shown to strongly correlate with Diabetes onset).

4.42 The pilot is referring those identified as positive in the screen to primary care for confirmation and directly refer those identified as in the pre-diabetic range to the National Diabetes Prevention Programme (NDPP).

4.43 The small pilot began on the 1 February 2018 for a six month duration with three dentists taking part (some part time), so far 33 patients have been detected as having diabetes or are pre diabetic and were referred directly to their GP Practice (diabetic) or to the NDPP program (pre diabetic) for follow up. Due to the success of the small sample, dental nurses have been trained to expand their capacity to screen. Positivity rates have been high in particular those within the community dental service for transient patients leading to the assumption that there is a gap within this particular cohort of patients.

4.44 Due to the initial success of the programme it has been agreed that an extension of six months be granted in order to create a business case to expand further in to other areas within Thurrock. This will also give additional validity to the evaluation to take to NHSE to potentially roll out within other areas in the region/nationally.

4.45 Further Diabetes detection activity is also being funded through the Public Health Grant in the following settings:

- GP extended hours Hubs- has been agreed to start in one hub initially in early January 2019.
- Primary care using Clinical Pharmacists and/or Health Care Assistants, due to start in January 2019.
- Testing during Phlebotomy clinics – expressions of interest have been sent with positive response, contracts being finalised for signature. Due to start in January 2019.

Extension of NHS Health Checks programme - started in July, pre risk questionnaire sent with health check offer to determine eligibility for HbA1c testing and so far 2 patients have been identified as having raised hyperglycaemia. There was a slight delay due to GDPR within the HL contract; however we anticipate an increase in future months.

4.46 In collaboration with the Thurrock Council Communications team there is now a **Public Health Communications plan** for July 2018 until March 2019 which looks to promote the Nationally scheduled health campaigns but also other communications for services locally and tailored to Thurrock such as:

- Monthly NHS Health check promotion via social media and the NHS messaging facility to increase uptake of the programme.
- Stop smoking support that signposts to Pharmacies and the Thurrock Healthy Lifestyle Service and the national ‘Stoptober’ campaign.
- Monthly social media promotion of Thurrock’s weight loss programmes Shift the Timber and NAF Thurrock Healthy Lifestyle Service.
- Monthly Blood pressure campaigns to promote the free standing blood pressure machines located in nine GP surgeries for residents to self-

check, the benefits to checking blood pressure long term and the September national campaign 'Know your numbers'.

- Monthly promotion of the flu vaccination via social media and internal council communications.

5. Next Steps

5.1 Many of the programmes outlined in section 4 are in their early stages and need time to establish. Public Health will undertake a full evaluation of their impact once more outcome data is available.

5.2 Further transformational activity of Primary Care is also planned and will be implemented subject to discussion and engagement with the CCG's Primary Care Development Team and local GP surgeries. Current ideas under development include:

- Creation of a GP Locality Based Practice Profile Card together with quality improvement groups containing clinical leads from all GP surgeries and secondary care consultants to discuss the results and share best clinical practice between a network of surgeries.

- Revising Stretched QOF to make part of the reward for practices dependent on performance at a locality rather than surgery level.

- Specific 'deep dives' on common issues identified from GP practice visits and highlighted in Practice Based Profile Cards, for example triangulation of practice performance on managing depression with prescribing data from the CCG's Medicines Management Team.

- Improved use of the Digital Agenda at Smart Phone Based 'Apps' in empowering patients with Long Term Conditions to self-care.

6. Reasons for Recommendation

6.1 Approving this strategic approach will support the key Health and Wellbeing Board priority on improving standards in Primary Care, along with NHS partners' strategic aim to improve the quality and capacity of Primary Care in Thurrock.

6.2 Delivery of this programme of work will have a significant positive impact on the health of our residents living with long term health conditions, will enhance the capacity and capability of our GP surgery clinical teams to manage this cohort of patients, and will deliver system wide savings through reduced demand on hospital and adult social care services.

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

7.1 The programme set out in this paper has been presented at HOSC in September 2017 and was widely supported. The current paper is intended as

an update only and as no significant changes have been made has not been to Health OSC before presentation here.

7.2 This programme of work has been developed in conjunction with NHS Thurrock CCG's Primary Care Development Team and local GP surgeries and has been discussed and approved by the CCG's Clinical Executive Group.

8. Implications

8.1 Financial

Implications verified by: **Jo Freeman**

Management Accountant

There are no direct additional financial costs arising from this report. All costs of the programme will be met from use of existing Public Health staffing resources. It is expected that the approach will deliver financial savings in terms of reduced health and social care demand. These are in the have been modelled and are set out in the Annual Report of the Director of Public Health 2016, and in the body of this report.

8.2 Legal

Implications verified by: **Sarah Okafor**

Barrister (Consultant)

On behalf of the Director of Law, I have read the report in full. The recommendations are consistent with the duties upon Thurrock Council under the various Social Care and Health legislative frameworks to joint fund and pool resources to facilitate improved public health objectives across all residents within the area. Accordingly, there appears to be no external legal implications arising from the recommendations at this stage of the process.

8.3 Diversity and Equality

Implications verified by: **Becky Price**

Team Manager – Community Development & Equalities

The initiatives outlined in this report will tackle the challenges variation in diagnosis and management of long term conditions between GP practice populations. In doing so they will have a positive impact on health inequalities and overall population health

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

- **Annual Public Health Report 2016,** Thurrock Public Health Service.
- **Tilbury and Chadwell: A New Model of Care – The Case For Change,** Thurrock Public Health Service, September 2017

10. Appendices to the report

None

Report Authors:

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Health Overview & Scrutiny Committee
Work Programme
2018/19

Dates of Meetings: 14 June 2018, 6 September 2018, 8 November 2018, 24 January 2019 and 7 March 2019
Dates of Joint HOSC Meetings: 6 June 2018, 19 June 2018, 30 August 2018

Topic	Lead Officer	Requested by Officer/Member
6 June 2018		
Joint HOSC - Mid and South Essex STP @ Southend	Thurrock/Southend and Essex	Officers
14 June 2018		
HealthWatch	Kim James	Officers
For Thurrock in Thurrock - New Models of Care across health and social care	Roger Harris / Tania Sitch	Officers
Verbal Update on Learning Disability Health Checks	Mandy Ansell / CCG	Officers
STP Consultation Verbal Update	Mandy Ansell / CCG	Officers
Essex, Southend and Thurrock Joint Health Scrutiny Committee on the Sustainability and Transformation Partnership (STP) for Mid and South Essex	Roger Harris	Officers
19 June 2018		
Joint HOSC - Mid and South Essex STP @ TBC	Thurrock/Southend and Essex	Officers
30 August 2018		
Joint HOSC - Mid and South Essex STP @ TBC	Thurrock/Southend and Essex	Officers
6 September 2018		

HealthWatch	Kim James	Officers
STP Consultation Outcome	Roger Harris	Officers
Young Person's Misuse Treatment Service Re-Procurement	Kevin Malone	Officers
Primary Care Strategy - Thurrock Clinical Commissioning Group	Andy Vowles / Rahul Chaudhari	Officers
Integrated Medical Centres : Delivering high quality health provision for Thurrock	Christopher Smith	Officers
Market Development Strategy - Commissioning a Diverse Market	Sarah Turner	Officers
2017/18 Annual Complaints and Representations Report	Tina Martin	Officers
Adult Social Care : Mental Health Peer Review	Roger Harris	Officers
Establishment of a Task and Finish Group in relation to Orsett Hospital	Roger Harris	Cllr Holloway
8 November 2018		
HealthWatch	Kim James	Officers
Adult Social Care - Fees & Charges Pricing Strategy 2019/20	Andrew Austin / appropriate finance officer	Officers
Thurrock Safeguarding Adults Board Annual Report 2017/18	Roger Harris	Officers
Improving Cancer Waiting Times	Andrew Pike	Officers
Communities First – A Strategy for developing Libraries as Community Hubs in Thurrock	Natalie Warren	Officers
Developing a new residential care facility and a new model of primary care in South Ockendon	Christopher Smith	Officers
Further Transformation to Continue Improving Standards in Primary Care	Ian Wake	Officers
Mental Health Urgent and Emergency Care	Mark Tebbs	Officers
24 January 2019		

HealthWatch	Kim James	Officers
Public Health's Primary Care Transformation Programme	Emma Sanford	Officers
Thurrock Integrated Care Alliance	Catherine Wilson / Jeanette Hucey	Officers
Whole System's Obesity Strategy	Faith Stow	Officers
Thurrock Council Adult Social Care Mental Health Peer Review Report		Officers
7 March 2019		
HealthWatch	Kim James	Officers

Clerk: Jenny Shade
Last Updated: July 2018

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