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

Health and Wellbeing Overview and Scrutiny Committee

The meeting will be held at **7.00 pm** on **13 January 2015 in Committee Room 1, Civic Offices, New Road, Grays, Essex, RM17 6SL**

Membership:

Councillors Charles Curtis (Chair), Charlie Key (Vice-Chair), Mark Coxshall, Yash Gupta (MBE), Terry Brookes and I UKIP Vacancy

Ian Evans, Thurrock Coalition Representative
Christine Ludlow, HealthWatch Representative

Substitutes:

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

Agenda

Open to Public and Press

Page

1 Apologies for Absence

2 Minutes **5 - 8**

To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 16 December 2014.

3 Urgent Items

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

4 Declarations of Interests

5	**Items raised by HealthWatch** This item is reserved to discuss any issues raised by the HealthWatch co-opted member or designated representative.	
6	**Tier 3 Weight Management Update**	**9 - 20**
7	**Developments in Primary Care**	**21 - 26**
8	**Future of Thurrock Walk in Centre**	**27 - 42**
9	**Children's Joint Strategic Needs Assessment (JSNA) / Demography (JSNA)**	**43 - 46**
10	**Budget 2015/16 - Proposed Fees and Charges**	**47 - 54**
11	**Work Programme**	**55 - 56**

Queries regarding this Agenda or notification of apologies:

Please contact Matthew Boulter, Senior Democratic Services Officer by sending an email to mboulter@thurrock.gov.uk

Agenda published on: **5 January 2015**

Information for members of the public and councillors

Access to Information and Meetings

Members of the public can attend all meetings of the council and its committees and have the right to see the agenda, which will be published no later than 5 working days before the meeting, and minutes once they are published.

Recording of meetings

This meeting may be recorded for transmission and publication on the Council's website. At the start of the meeting the Chair will confirm if all or part of the meeting is to be recorded.

Members of the public not wishing any speech or address to be recorded for publication to the Internet should contact Democratic Services to discuss any concerns.

If you have any queries regarding this, please contact Democratic Services at Direct.Democracy@thurrock.gov.uk

Guidelines on filming, photography, recording and use of social media at council and committee meetings

The council welcomes the filming, photography, recording and use of social media at council and committee meetings as a means of reporting on its proceedings because it helps to make the council more transparent and accountable to its local communities.

If you wish to film or photograph the proceedings of a meeting and have any special requirements or are intending to bring in large equipment please contact the Communications Team at CommunicationsTeam@thurrock.gov.uk before the meeting. The Chair of the meeting will then be consulted and their agreement sought to any specific request made.

Where members of the public use a laptop, tablet device, smart phone or similar devices to use social media, make recordings or take photographs these devices must be set to ‘silent’ mode to avoid interrupting proceedings of the council or committee.

The use of flash photography or additional lighting may be allowed provided it has been discussed prior to the meeting and agreement reached to ensure that it will not disrupt proceedings.

The Chair of the meeting may terminate or suspend filming, photography, recording and use of social media if any of these activities, in their opinion, are disrupting proceedings at the meeting.

Thurrock Council Wi-Fi

Wi-Fi is available throughout the Civic Offices. You can access Wi-Fi on your device by simply turning on the Wi-Fi on your laptop, Smartphone or tablet.

- You should connect to TBC-CIVIC
- Enter the password **Thurrock** to connect to/join the Wi-Fi network.
- A Terms & Conditions page should appear and you have to accept these before you can begin using Wi-Fi. Some devices require you to access your browser to bring up the Terms & Conditions page, which you must accept.

The ICT department can offer support for council owned devices only.

Evacuation Procedures

In the case of an emergency, you should evacuate the building using the nearest available exit and congregate at the assembly point at Kings Walk.

How to view this agenda on a tablet device

You can view the agenda on your iPad, Android Device or Blackberry Playbook with the free modern.gov app.

Members of the Council should ensure that their device is sufficiently charged, although a limited number of charging points will be available in Members Services.

To view any “exempt” information that may be included on the agenda for this meeting, Councillors should:

- Access the modern.gov app
- Enter your username and password

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

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

Helpful Reminders for Members

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

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

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

↓

Does the business to be transacted at the meeting

- **relate to; or**
- **likely to affect**

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

Disclosable Pecuniary Interests shall include your interests or those of:

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

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

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

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

Pecuniary

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

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

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

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

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

Non- pecuniary

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

↓

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

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

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

1. Create a great place for learning and opportunity

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

2. Encourage and promote job creation and economic prosperity

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

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

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

4. Improve health and well-being

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

5. Protect and promote our clean and green environment

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

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 16 December 2014 at 7.00 pm

Present:	Councillors Charles Curtis (Chair), Charlie Key (Vice-Chair), Yash Gupta (MBE) and Terry Brookes Ian Evans, Thurrock Coalition Representative
Apologies:	Kim James, HealthWatch Representative
In attendance:	Debbie Maynard, Head of Public Health Dr Andrea Atherton, Director of Public Health Roger Harris, Director of Adults, Health and Commissioning Matthew Boulter, Principal 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.

17. Minutes

The Minutes of the Health and Well-being Overview and Scrutiny Committee, held on 2 September 2014, were approved as a correct record.

The Minutes of the Meeting of the Chairs and Vice-Chairs of Overview and Scrutiny held on 27 October 2014 were noted.

18. Declarations of Interests

Councillor Gupta declared a non-pecuniary interest by virtue that he worked with and represented seven voluntary organisations that may be effected by the health services.

Councillor Curtis declared a non-pecuniary interest in relation to item 5 by virtue that his wife is a director of HealthWatch.

19. Urgent Items

The Committee had received a request from the CCG to decide whether revised criteria for weight management services at Tier 3 should be changed without need for public consultation. Officers from Public Health explained that there were four levels of treatment for obesity and tier 3 related to surgery and other medical interventions. Officers felt that more consideration needed to be made on this item before a decision was made and that an options report could be brought back to January's meeting.

RESOLVED: That a report on this particular issue of weight management be brought back to the committee in January.

20. Items raised by HealthWatch

Mr Evans used this item to highlight that HealthWatch were planning a major public event relating to Dignity in Care in February and that Christine Ludlow had been appointed as the new chair of HealthWatch.

21. Pharmaceutical Needs Assessment

Since 1st April 2013, Health and Wellbeing Boards have had the statutory responsibility for producing a pharmaceutical needs assessment (PNA) which NHS England (Area Teams) use to determine whether new pharmacies or services provided by pharmacies are required in an area. The Thurrock PNA was produced in consultation with members of the public, pharmacies themselves and other key partners.

The Committee generally agreed that pharmacies should be given the opportunity to provide more community services to ease pressure off hospitals and GP surgeries. Councillor Gupta did highlight that more GPs and better quality GP surgeries were also needed to take the pressure off of A&E and other hospital services.

The Committee discussed various issues relating to the PNA and learnt that all pharmacies should have wheelchair access and that this needed to be achieved within a five year period. A number of pharmacies are still working to improve wheelchair access and it was expected that all pharmacies would be compliant within the coming year. Any complaints relating to wheelchair users being unable to access pharmacies would go through NHS England and officers had not been made aware of any. Officers noted that signposting was key for those pharmacies that were not as yet compliant so that wheelchair users could find the nearest accessible community pharmacy.

In relation to the specific needs of Black, Asian and Minority Ethnic (BAME) communities, officers stated that there had been no complaints relating to pharmacies, and BAME groups had been included in the consultation on the PNA. During the conversation it was confirmed that Thurrock had five pharmacies that opened one hundred hours a week, most of which were located in supermarkets. The Committee also noted that there were no actual Dispensing Appliance Contractors (who supply appliances such as stoma bags and incontinence aids) in Thurrock, although these services can be accessed outside the borough.

.

In response to a question on the previous PNA covering Thurrock, officers stated that the current Thurrock PNA had largely been rewritten on this occasion because guidance had changed so significantly. They added that the accuracy of the Assessment had been reviewed by the Essex Local Pharmaceutical Committee (LPC), which represented all Thurrock community pharmacists.

The Committee, through questioning, also recognised that pharmacies had a role to play in managing obesity and reducing teenage pregnancies.

RESOLVED: That the report be noted.

22. Health and Social Care Transformation - Finalising the development of the Better Care Fund and establishing the Section 75 Agreement

The Better Care Fund was a central government initiative to integrate health and social services to provide a more efficient and ultimately better care package for residents. Thurrock was able to call upon £18 million of funding to provide these services but needed to produce a Better Care Fund Plan to outline how the services would achieve a number of national goals. The key goal was to reduce hospital admissions of people over 65.

The Council had submitted a number of drafts of their plan and had been registered as 'Approved subject to conditions'. Therefore, they were required to re-submit to gain fully approved status. Officers stated that the process for gaining approval had been very challenging and many councils were facing similar issues. One of the key challenges was to get health service providers to subscribe to the government's goals of reducing hospital admissions for over 65s by the published amount. A draft had just been re-submitted and officers were hopeful of being approved before Christmas. The Government wanted all councils to be approved before April 2015.

Officers clarified that the drafting and approval process did not eat into any of the potential £18 million funding and the council budgets that were already tied in with these services would continue to be used but with more efficiency and better outcomes.

The Committee discussed a number of financial points and clarified that the funding would sit with the CCG but would only be released if the aims were met. Therefore, there would be no situation whereby the Council or the CCG owed money back to government. It was also clarified that the services identified for integration were operational ones and therefore there was less chance of disagreements over whose budget should be spent on certain services, social or health.

RESOLVED: That the comments above be noted by officers and the report is noted by the committee.

23. Work Programme

RESOLVED: That the work programme be noted.

The meeting finished at 8.16 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

13 January 2015	ITEM: 6
Health and Well-being Overview and Scrutiny Committee	
Tier 3 Weight Management Update	
Wards and communities affected: All	**Key Decision:** Non-key
Report of: Andrea Cronin, Commissioning Officer, Thurrock CCG	
Accountable Head of Service: Mark Tebbs, Head of Integrated Commissioning, Thurrock CCG	
Accountable Director: Mandy Ansell, Accountable Officer, Thurrock CCG	
This report is Public	

Executive Summary

In April 2013 NHS England published revised national policy for Complex and specialised obesity surgery. In response to the policy there was a South Essex procurement (Basildon and Brentwood, Castle Point and Rochford, Southend and Thurrock Clinical Commissioning Groups (CCGs)) which provided an interim arrangement to allow a full procurement process to be undertaken. More Life is currently providing the interim service until December 2015.

Thurrock CCG is participating in a Pan Essex Procurement of Tier 3 Weight Management. This procurement is being led by Mid Essex CCG, who is coordinating an engagement plan for the procurement.

Thurrock CCG has signed a Pan Essex collaboration agreement for the procurement of the Tier 3 Weight Management Services. The agreement is binding and the CCG would incur a financial penalty if it chose to withdraw from the procurement.

1. Recommendation(s)

1.1 **The Health and Wellbeing Overview and Scrutiny Committee is asked to note the Pan Essex Procurement of Tier 3 Weight Management and the procurement timeline.**

1.2 **The Health and Well-being Overview and Scrutiny Committee is asked to note the Tier 3 Weight Management engagement taking place in Thurrock.**

1.3 **The Health and Well-being Overview and Scrutiny Committee is asked to agree that Thurrock CCG proceed with the engagement and the procurement timeline as given in the report.**

2. Introduction and Background

2.1 NHS England is responsible for commissioning complex and specialised bariatric surgery for selected patients with severe and complex obesity who have not responded to all other non-invasive therapies.

2.2 In April 2013 NHS England published a revised national 'Clinical Commissioning Policy: Complex and specialised obesity surgery'. A significant change to the eligibility criteria for surgery is noted as the introduction of a structured tier 3/4 non-surgical weight management programme as described below.

2.3 '*The individual has recently received and complied with a local specialist obesity service weight loss programme (non surgical Tier 3 / 4). This will have been for duration of 12-24 months. For patients with Body Mass Index (BMI) > 50 attending a specialist bariatric service. The minimum acceptable period is six months. The specialist obesity weight loss programme and Multi-Disciplinary Team (MDT) should be decided locally.*

2.4 *This will be led by a professional with a specialist interest in obesity and include a physician, specialist dietician, nurse, psychologist and physical exercise therapist, all of whom must also have a specialist interest in obesity. In addition to offering a programme of care the service will select and refer appropriate patients for consideration for bariatric surgery.'*

2.5 In order to provide increased support to patients by improving patient awareness, informing the benefits and risks and preparing the patient for the necessary lifestyle changes required to achieve success and in some cases avoid the need for surgery. Thurrock CCG, in collaboration with Basildon and Brentwood, Castle Point and Rochford and Southend CCGs, commissioned MoreLife to provide an interim Tier 3 weight management programme. The contract for the current service has been extended until 7 December 2015 in order to carry out a Pan Essex procurement of a permanent service Tier 3 Weight Management Service.

2.6 It is noteworthy that NHS England is currently consulting on the transfer of commissioning responsibility from NHS England to CCGs from 1 April 2015 for Tier 4 Morbid obesity surgery services.

3. A Model of Care for Weight Management

Evidenced based commissioning

3.1 Commissioning in Thurrock is evidence based and a key document that is referenced is the Thurrock Joint Strategic Needs Assessment (JSNA) in addition to analysis of data in relation to cost and activity. There are two chapters of particular interest in the JSNA:

- Chapter 3 – Lifestyles –Eating habits
- Chapter 5 Health and Wellbeing status - Obesity

Lifestyles

3.2 Thurrock's JSNA states that: A person's weight is mainly influenced by the food they eat and the physical activity they do. One measure of a person's choices related to how healthy they eat is the number of fruit and vegetables they consume in a day. The recommended level is 5 or more pieces of fruit and vegetables each day. Poor diet and nutrition are recognised as major contributory risk factors for ill-health and premature death. The majority of people are still not eating the recommended daily consumption of five or more fruit and veg a day, although fruit and veg consumption is steadily increasing.

Health and wellbeing status

3.3 Thurrock's JSNA states that: The need to tackle the problem of obesity relates to the undisputed evidence that obesity is a risk factor for a range of health problems. The four most common medical problems linked to obesity are coronary heart disease, hypertension, type 2 diabetes and osteoarthritis. The incidence of all these conditions increases with increasing body weight (Jung, 1997, NHS Centre for Reviews and Dissemination, 1997). Being overweight or obese also has a negative effect on mental health, sleep apnoea and respiratory problems. There is a serious impact of obesity on physical and mental health and wider economic and social costs. The prevalence of obesity has risen dramatically in the last 20 years and it is now estimated to cost more to the economy than smoking.

3.4 A Body Mass Index (BMI) of 30 or more is classified as obese and a commonly used measure of obesity. A BMI of over 30 indicates that the person's health could be at risk.

Healthy Weight Strategy

3.4 Developed by the Healthy Weight Workstream, Thurrock's Healthy Weight Strategy describes the need to develop a sustainable pathway across the lifespan as well as the interdependencies and need to work with partner departments in the Council and organisations. Thurrock's Healthy Weight Strategy 2014-17 states that: The data for Thurrock shows that 70.8% of adults (aged 16 +) are overweight or obese. The England average is 63.8%.

The graph below shows that of the CIPFA (Chartered Institute Public Finance and Accountancy) comparator local authorities Thurrock has the second highest prevalence of excess weight in adults.

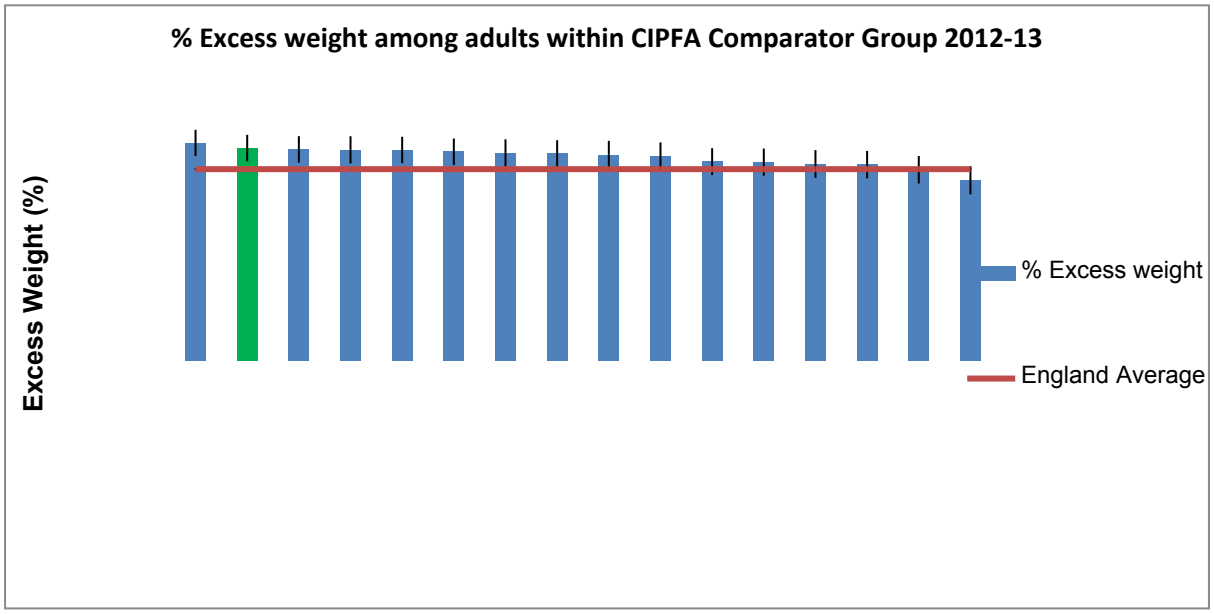


Figure 1 % Excess weight among adults within CIPFA Comparator Group 2012-13

Healthy Weight and Body Mass Index (BMI)

3.6 BMI is commonly used to measure whether or not adults are a healthy weight or underweight, overweight or obese. It is defined as weight in kilograms divided by the square of height in metres (kg/m^2).

3.7 BMI is a key eligibility criteria for accessing NHS services to help people manage their weight. Depending on a person's BMI they are able to access a particular range of services. The services described in the model of care below range from low level interventions, or Tier 1, to high level interventions, or Tier 4. In some cases, generally for low level interventions, a person can self-refer in other cases a GP or health professional would refer. A person can discuss their weight management with a health professional and decide what level of service would best suit their needs. The following table shows the classification commonly used for a weight.

Classification	BMI (kg/m^2)
Underweight	Under 18.5
Healthy weight	18.5 to 24.9
Overweight	25 to 29.9
Obesity I	30 to 34.9
Obesity II	35 to 39.9
Morbidly obese	40 or more

Model of care

3.8 A model of care for weight management is outlined below:

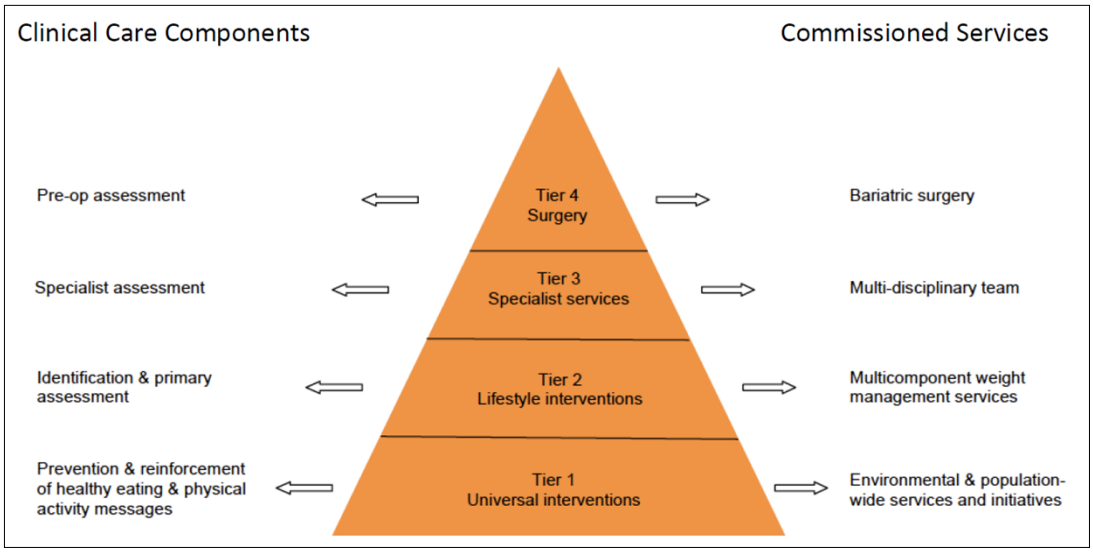
Tier 1 – Universal lifestyle interventions: Primary care and community advice and support on prevention and reinforcement of healthy eating and physical activity messages – commissioned by Public Health England and Thurrock Council, Public Health.

Tier 2 – Lifestyle interventions: Primary care with community interventions – commissioned by Thurrock Council, Public Health.

Tier 3 – Specialist Services: A primary or community care based multi-disciplinary team (MDT) to provide an intensive level of input to patients. These services are non-surgical – commissioned by the NHS Thurrock Clinical Commissioning Group since 1 April 2013.

Tier 4 – Surgery: Specialised complex obesity services (including bariatric surgery) – commissioned by NHS England.

Diagram illustrating the model of care (Source: BOMSS Commissioning guide)



3.9 Note Thurrock Council's Public Health is currently seeking expressions of interest for community based Tier 2 Weight Management activities and services for adults and children, in part with school nursing services.

Introduction of a structured Tier3 non-surgical weight programme

3.10 NHS England is responsible for commissioning complex and specialised bariatric surgery for selected patients with severe and complex obesity who have not responded to all other non-invasive therapies.

3.11 In April 2013 NHS England published a revised national 'Clinical Commissioning Policy: Complex and Specialised Obesity Surgery'. The policy introduces an eligibility criteria for patients to undertake a structured

Tier 3 non-surgical weight management programme prior to accessing Tier 4 Obesity Surgery.

3.12 Since April 2013 in order to be eligible to access Tier 4 services patients need to have completed a Tier 3 service. To ensure patients in Thurrock are able to progress along the pathway an interim Tier 3 service was commissioned in collaboration with South Essex CCGs. Provision for this service is currently delivered by Morelife, an award winning weight management provider.

3.13 The interim service was put in place to allow for the procurement of a permanent service, which has been market, tested and evaluated.

Procurement of a permanent Tier 3 weight Management programme

3.14 The Pan Essex Procurement of Tier 3 Weight Management is being led by Mid Essex CCG. Mid Essex have been engaging with Commissioners from across Essex involving them in the procurement process and the development of the draft Essex wide eligibility criteria for Tier 3 Weight Management (See Appendix A).

3.15 Coordinated by Mid Essex CCG, the draft eligibility criteria was developed in line with national guidance and input from clinicians across Essex.

3.16 The draft criteria describes in the pathway that: All patients are expected to have completed Tier 2 before Tier 3 otherwise patients will not be motivated and may continue to gain weight to ensure a referral to the higher tiered service. Any patients that are already eligible for Tier 3 should still gain benefit from a Tier 2 service, those patients not able to take part in classes will be those not able to attend even a Tier 3 service (immobile or unable to travel) so a good provider should be able to tailor the sessions appropriately.

3.17 The draft eligibility criteria was considered and approved by Thurrock CCG's Quality, Innovation, Productivity and Prevention (QIPP) Board on 11 December 2015.

3.18 The criteria have received approval from all seven Essex CCGs. The next phase of the procurement is for Essex CCGs to engage with the public and clinicians on the draft criteria and hold a provider event at the end of January. The Invitation to Tender (ITT) phase is due to commence on 3 March 2015 (See Appendix B).

4. Reasons for Recommendation

4.1 The Communications and Engagement Manager at Mid Essex CCG has advised that a full consultation is not required for the procurement of a permanent service, instead they recommend an engagement approach. The reasons given are:

- There is no material or substantive change in access or location to the service.
- No individual would be disadvantaged should the procurement go ahead.
- The current interim service is being replaced by a permanent service.

4.3 Thurrock CCG is supportive of the engagement approach for this procurement and for the ITT phase to commence on 3 March 2015.

4.4 In addition Thurrock CCG has signed a Pan Essex collaboration agreement. The agreement is binding and the CCG would incur a financial penalty if it chose to withdraw from the procurement.

5. Consultation

5.1 Mid Essex CCG are coordinating the Pan Essex engagement plan for the Tier 3 Weight Management procurement. The events will feed into a provider open day to be held at the end of January 2015.

5.2 In Thurrock the key event will be a presentation to the public and the community and voluntary sector including HealthWatch on 20 January at the Commissioning Reference Group. People will be asked to feedback and comment on:

- The eligibility criteria
- The location of Weight Management services. What's important to them?
- What a standard pathway might look like

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

6.1 The procurement of Tier 3 Weight Management Services aligns with the work of the Council's Healthy Weight Workstream, Public Health initiatives, the Healthy Weight Strategy and the Council's priority to improve health and well-being.

7. Implications

7.1 Financial

The Pan Essex procurement of the Tier 3 Weight Management Service has no financial implications for Thurrock Council.

Thurrock CCG has made provision within its Financial Plans for the procurement and it is anticipated that by participating in a Pan Essex procurement the CCG will enable greater leverage for cost efficiencies.

7.2 Diversity and Equality

The NHS Thurrock CCG has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. The NHS Thurrock CCG is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out its functions, the NHS Thurrock will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010.

This report is compliant with the NHS Constitution and the Human Rights Act 1998.

8. Background papers used in preparing the report

Clinical Commissioning Policy: Complex and specialised obesity surgery April 2013
http://www.england.nhs.uk/wp-content/uploads/2013/04/a05-p-a.pdf

A consultation on arrangements for the transfer of commissioning responsibility from NHS England to Clinical Commissioning Groups: Renal dialysis services Morbid obesity surgery services
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380041/2014_11_Consultation_document.pdf

Thurrock Joint Strategic Needs Assessment – Strategic Refresh 2012
https://www.thurrock.gov.uk/healthy-living/joint-strategic-needs-assessment

Thurrock Healthy Weight Strategy 2014-2017
http://democracy.thurrock.gov.uk/thurrock/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=p5UYUxIGaf7imifE5emyLDHv8ggG7d1LDLIMmovuKfeWymzhnnX2Hg%3D%3D&rUzwRPf%2BZ3zd4E7Ikn8Lyw%3D%3D=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2FLUQzgA2uL5jNRG4jdQ%3D%3D&mCTIbCubSFfXsDGW9IXnlg%3D%3D=hFflUdN3100%3D&kCx1AnS9%2FpWZQ40DXFvdEw%3D%3D=hFflUdN3100%3D&uJovDxwdjMPoYv%2BAJvYtyA%3D%3D=ctNJFf55vVA%3D&FgPlIEJYlotS%2BYGoBi5olA%3D%3D=NHdURQburHA%3D&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3D&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3D&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3D

BOMSS Commissioning guide: Weight Assessment and management clinics (tier 3)
http://www.bomss.org.uk/commissioning-guide-weight-assessment-and-management-clinics-tier-3/

9. Appendices to the report

- Appendix A Draft Essex Wide Eligibility Criteria for Tier 3 Weight Management
- Appendix B Tier 3 Weight Management Procurement Timeline

Report Author:

Andrea Cronin

Commissioning Officer

Thurrock CCG

Appendix A

Draft Essex Wide Eligibility Criteria for Tier 3 Weight Management

Age Range
Adults 18 years and over

Geographical Coverage
Service available to patients registered with a practice within the boundaries of: North East Essex CCG, Mid Essex CCG, Castle Point and Rochford CCG, Southend CCG, Thurrock CCG, Basildon and Brentwood CCG, West Essex CCG.

Pregnancy
Pregnant women will be offered the tier 2 maternity service with additional psychological support from the tier 3 provider as required; if they meet the tier 3 eligibility criteria post-partum then standard criteria apply.

Pathway
All patients are expected to have completed tier 2 before tier 3 otherwise patients will not be motivated and may continue to gain weight to ensure a referral to the higher tiered service. Any patients that are already eligible for tier 3 should still gain benefit from a tier 2 service, those patients not able to take part in classes will be those not able to attend even a tier 3 service (immobile or unable to travel) so a good provider should be able to tailor the sessions appropriately.

BMI Range
BMI ≥40 with or without co-morbidities
BMI ≥35 with obesity related comorbidity

Co-morbidity Status
- Hypertension
- Impaired blood glucose tolerance
- Diabetes (type 2)
- Hypercholesterolemia
- Sleep apnoea
- New and existing patients prescribed anti-obesity medication
- Referred to surgery (approvals and refusals BOTH eligible)

Willingness to Change
Requirement to be willing to change behaviour.

Exclusions
- Suicidal Ideation
- Patients that have had bariatric surgery within one year
- Unstable Heart failure
- Renal failure – CKD Stage 5
- Dementia
- Eating disorders

Appendix B

Pan Essex Tier 3 Weight Management Procurement Timeline

Procurement	
Publish advert / Pre-Qualification Questionnaire (PQQ)	03/03/2015
PQQ deadline	20/03/2015
PQQ evaluation	06/04/2015
Publish Invitation To Tender (ITT)	03/03/2015
ITT deadline	05/05/2015
ITT evaluation	08/06/2015
Evaluation report written and approved by project team	08/07/2015
Recommendation approval by CCG governing bodies	15/07/2015
Bidders notified of outcome (informal award)	17/08/2015
10 day stand still period	17/08/2015
Formal award	24/08/2015
Contract signature	25/08/2015
Mobilisation	09/09/2015
New service starts	08/12/2015

This page is intentionally left blank

13 January 2015	ITEM: 7
Health and Well-being Overview and Scrutiny Committee	
Developments in Primary Care	
Wards and communities affected: All	**Key Decision:** Not applicable
Report of: Lisa Henschen, Senior Consultant - Primary Care support to Thurrock CCG.	
Accountable Head of Service: Mandy Ansell, Acting (Interim) Accountable Officer, Thurrock CCG	
Accountable Director: Mandy Ansell, Acting (Interim) Accountable Officer, Thurrock CCG	
This report is: Public	

Executive Summary

The purpose of this report is to provide an overview of developments in Primary Care underway in Thurrock. The report provides an overview of the following areas:

Primary Care Transformation Bid: This details that Primary care in Thurrock has been successfully awarded £248,996 through a bid that they made to NHS England for extending access to Primary Care in Thurrock. The extended access provision will be provided on a locality basis, through four locality based hubs, offering access to a GP and Practice nurse on Saturday and Sunday mornings (9am – 12.30pm).

Primary Care Strategy: An overview is provided in this paper of progress that Thurrock CCG is making in implementation of the Primary Care Strategy.

Health Care provision and the Purfleet redevelopment: This paper provides details of the scoping work that has been completed to date to map the requirements of a healthcare offer that will result from the population increase in Purfleet from the current redevelopment programme.

National developments in primary care commissioning and implications for Thurrock: NHS England have issued guidance to CCGs regarding the future of primary care commissioning. This guidance sets out the three primary care co-commissioning models CCGs could take forward. This paper describes these options and the one that Thurrock CCG have put forward to NHS England: Greater Involvement in Primary Care Decision Making.

1. Recommendation(s)

1.1 To note the development of four locality hubs for extended primary care access in Thurrock and provide any comment on their progression.

1.2 To note the progression of implementation of the primary care strategy.

1.3 To note the development of a health care offer for Purfleet as a result of the regeneration programme and provide advice on the best way to engage the Health Overview and Scrutiny Committee on the ongoing development of this work.

1.4 To note the intention of Thurrock CCG in relation to primary care commissioning.

2. Introduction and Background

The purpose of this paper is to provide an update against key developments in primary care in Thurrock. The introduction and background to these developments is as follows:

2.1 In August 2014, NHS England invited primary care providers to bid for additional primary care funding to support better access to primary care. Applications for funding were open to all primary care providers across Essex. Primary Care providers in Thurrock developed a Thurrock wide application to support weekend access to primary care, through a locality model, with one hub providing access to General Practice for patients registered in that locality.

Thurrock were successful in their application and have been awarded £248,996, which will allow the provision of a GP and a Nurse session (9am – 12.30pm) on both a Saturday and a Sunday within the four hub locations.

2.3 In March 2013, NHS England published, *The Heart of Patient Care: Transforming Primary Care in Essex* which sets out the vision for a strong and sustainable primary care community, as well as high quality and accessible primary care provision for patients. Thurrock CCG will lead the local implementation of this strategy. The key areas of focus for Thurrock are integration, improving quality, addressing demand, workforce development, estates development and shifting activity from secondary care to primary care.

2.4 A 10 year programme for regeneration of the Purfleet area is commencing, with a range of proposals, including over 3,000 new homes through a range of developments. As a result of these developments, it is estimated that the total number of patients registered in Purfleet by 2026 will be 16,545. This includes the 5,345 patients currently registered at the Purfleet Health Centre.

It is clear from this significant population increase that additional healthcare provision will be needed for Purfleet, both to address the population increase and to use this as an opportunity to enhance the healthcare offer for the

existing community. In order to start shaping what this offer might look like, a healthcare needs assessment has been undertaken by Thurrock CCG to inform a service offer, as well as a stock-take of existing provision in Purfleet, including benchmarking quality, performance and access.

2.5 In November 2014, NHS England issued guidance to CCGs on the next steps for primary care co-commissioning in 2015/16. This guidance sets out the three primary care co-commissioning models CCGs could take forward. These models are (1) Greater involvement in primary care decision-making, (2) Joint Commissioning arrangements and (3) Delegated Commissioning.

3. Issues, Options and Analysis of Options

3.1 **Primary Care Transformation Bid:** Thurrock CCG have been supporting the primary care community in Thurrock to implement the hub arrangements for extended access in primary care and confirm the four locations for the hubs. Discussions with the four potential hub locations are underway with the aim of confirming the locations in early 2015.

An implementation group comprising of clinical leads and supported by project management, are working to the opening of the first extended hub on the weekend of 17th January 2015 which is in line with the funding conditions set by NHS England. The hubs will then continue to be opened on a phased basis, with two opening in February 2015 and the final one in March 2015. This is to allow identification of any operational issues early and for learning to be applied.

In relation to communication and engagement with the population on the opening of the hubs, a “soft launch” approach is being taken until the demand for the service can be fully ascertained. We will, however, be specifically raising awareness of the service through voluntary and community sector groups who work with communities who traditionally experience challenges in primary care access.

3.2 **Primary Care Strategy**: The development of the extended access hubs has a strong relationship to the progress that is being made against the implementation of the primary care strategy in Thurrock. It is well recognised that in order to meet both current and future challenges, General Practice needs to move towards a more federated model of service delivery, in order to take a population needs based approach and to create efficiencies through working at scale.

The development of the extended access hubs are providing a catalyst to collaboration in primary care. This is a key step towards Practices working together on a locality basis to provide “at scale” extended access to primary care. A key component of the evaluation of this implementation will be to

focus on how this model can develop and extend to meet the broader primary care agenda.

In addition to the development of the collaboration working Practices, Thurrock CCG are also co-funding with NHS England an incentive scheme to encourage GPs into Thurrock. This will be an important measure to address the workforce challenges that are faced locally.

The next stage for the primary care strategy development will focus on estates to ensure that they are fit for purpose and have the capacity to meet the population growth experienced in the borough.

3.3. **Health Care provision and the Purfleet redevelopment**: Thurrock CCG has been asked to give an indicative position in relation to a potential new health centre as part of the Purfleet redevelopment. Thurrock CCG has put forward an initial draft figure for a potential new health centre space which is based on the population growth, analysis of the health needs of the current population of Purfleet and the associated health offer that should be provided. A potential vision for future healthcare provision in Purfleet has also been developed in line with the direction of local primary care strategy to deliver greater service integration.

Important discussions in this area will progress over coming months that will relate particularly to existing Primary Care Contractors in the Purfleet area and how the current and potential new health care services will best deliver increased quality and accessibility of services.

3.4 **National developments in primary care commissioning and implications for Thurrock:** In relation to the changes in Primary Care Commissioning arrangements, the three options that have been offered to Thurrock CCG, and an overview of their implications are:

Option 1: Greater involvement in primary care decision-making

This option is simply an invitation to CCGs to collaborate more closely with their area teams to ensure that decisions taken about healthcare services are strategically aligned across the local health economy.

This option will assist CCGs in fulfilling their duty to improve the quality of primary medical care. There are no new Governance arrangements associated with this option.

Option 2: Joint commissioning arrangements

This option would involve the creation of a “joint committee” with the local area team that would address General Practice functions including GMS, PMS and APMS Contracts (design, monitoring and contractual action), newly designed enhanced services, design of a local incentive scheme as an alternative to QOF and approving Practice mergers.

This function could be carried out in collaboration with other CCGs.
This option would exclude individual GP performance management as well as pharmacy and optometry commissioning. CCGs wishing to take forward this option are required to complete a proposal if this is their preferred option and submit this by 30 January 2015.

Option 3: Delegated commissioning

Delegated commissioning offers an opportunity for CCGs to assume full responsibility for commissioning General Practice services. The functions would be the same as the examples cited under option 2, but would be assumed fully by the CCG.
This option would exclude individual GP performance management as well as pharmacy and optometry commissioning. CCGs wishing to take this forward as their preferred option are required to complete a proposal and submit by the 9th January 2015.

Thurrock CCGs position

Thurrock CCG has decided to choose option 1: greater involvement in primary care decision making, as this fits strategically with CCG developments at this current time. It is acknowledge however, that the role in commissioning of primary care may not be a choice for CCGs in the future. The CCG is also aware that these changes will impact on the form and capacity of the NHS England team support primary care and will continue conversations through the Primary Care Strategy Group to ensure that both Statutory Duties, as well as strategic priorities continue to be taken forward.

4. Reasons for Recommendation

4.1 This is a report for the Health Overview and Scrutiny Committee to note and provide comment. No recommendations are made.

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

5.1 There has been extensive clinical and patient engagement in all of these primary care developments.

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

6.1 None

7. Implications

7.1 **Financial**

Implications verified by: **N/A**

There are no financial implications

7.2 **Legal**

Implications verified by: **N/A**

There are no Legal implications.

7.3 **Diversity and Equality**

Implications verified by: N/A

There are no specific diversity and equality implications related to this update.

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

None

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

- None

9. Appendices to the report

- none

Report Author:

Lisa Henschen

Senior Consultant

NELCSU on behalf of Thurrock CCG

13 January 2015	ITEM: 8
Health and Well-being Overview and Scrutiny Committee	
Future of Thurrock Walk in Centre	
Wards and communities affected: All	**Key Decision:** Key
Report of: Beata Malinowska, Senior Consultant, NEL CSU – Walk In Centre project lead for Thurrock CCG.	
Accountable Head of Service: Mandy Ansell, Acting (Interim) Accountable Officer, Thurrock CCG	
Accountable Director: Mandy Ansell, Acting (Interim) Accountable Officer, Thurrock CCG	
This report is: Public	

Executive Summary

This report outlines the progress of work that Thurrock CCG has conducted so far to facilitate the process of the decision-making on the future of the Thurrock Walk-in Centre.

Through a robust engagement and data gathering process, Thurrock CCG has identified four options for the future of the Walk-in Centre (WiC):

1. Decommission the Walk In Centre (do nothing)
2. Re-tender for the service on the current specification
3. Re-tender with a new specification for service
4. Decommission the Walk in Centre with a view to fully or partially reinvest in four hubs

These options were considered and appraised by a selected scoring panel of clinicians, GPs, commissioners, patients and the public on 18th November 2014, which scored Option 4 the highest. The CCG has accepted option 4: 'To decommission the Walk-In Centre and fully or partially reinvest in the four hubs' as its preferred option, and is looking to proceed to the public consultation.

The proposed changes are only to the Walk-in Centre service at Thurrock Health Centre, not the GP practice. Increased access to local GPs would be commissioned to cover Saturday and Sunday at four hubs across the area, with local GP services absorbing the rest of the capacity provided at the Walk-In Centre service.

Whilst the change is not significant, we recommend an eight-week period of consultation under section 14Z2, Health and Social Care Act 2012, which will see a consultation document produced, a questionnaire for residents to complete,

opportunities to discuss the proposals with clinicians, and engagement with people who currently access the Walk-in Centre service.

This report includes a consultation plan and stakeholder framework for HOSC members' consideration.

1. Recommendation(s)

1.1 To comment on the consultation process, including its duration proposed as an eight-week consultation under section 14Z2, Health and Social Care Act 2012, starting in February 2015.

1.2 To note and comment on the public consultation plan attached to this report.

2. Introduction and Background

Thurrock CCG currently commissions one Walk-in Centre based in Thurrock Health Centre, Grays, to serve its population of 158,000. The contractual arrangements for this Walk-in Centre are tied with the provision of services for the GP practice registered list which is commissioned by NHS England.

Thurrock Health Centre opened in March 2010 as part of the then national programme which required each Primary Care Trust (PCT) area to open a GP-led Health Centre (GPLHC). Each GPLHC was required to have two core elements:

- A registered list similar to existing GMS and PMS practices, but with extended opening hours, and
- A walk-in service for non-registered patients open 365 days per year from 8am to 8pm.

Following changes to the NHS set out in the Health and Social Care Act 2012, the CCG is now responsible for the Walk-in element of the contract with Thurrock Health Centre, whilst NHS England retains responsibility for the registered list. NHS England will be leading a process to re-tender for the registered list in the coming year, as the joint contract expires in September 2015.

Total spend in 2013/14 for the Walk in Centre was £568,539 which is less than the allocated budget of £626,000.

With the joint contract expiring in September 2015, this provides the CCG with an opportunity to review the model of care, as well as the overall alignment with CCG and national strategies for both urgent and primary care.

To capitalise on this opportunity, Thurrock CCG has conducted a robust analysis of the current use of, cost of, and patient satisfaction with, Thurrock Health Centre. In addition, local access to primary care and attendance rates

at the A&E at Basildon hospital were also examined to set some context to the landscape in which the Walk-in Centre service operates.

The approach adopted was designed to collate sufficient amount of relevant data to allow a robust options development process followed by an appraisal conducted by a carefully selected scoring panel. The outcome was to identify and recommend a preferred option for the future of the Walk-in Centre.

The methodology employed included a rigorous data collection process, underpinned by qualitative and quantitative data gathering. Both processes highlighted current key issues related to the Walk-in Centre service provision which were presented to the scoring panel.

One of the key documents that guided the approach and methodology employed for this process was the Monitor Walk-in Centre Review paper (February 2014). This review paper sets out best practice for conducting such reviews, including the following key considerations for commissioners when developing and assessing options for the future of Walk-in Centres:

1. Patient need
2. Transparency in decision making and procurement
3. Integration of services
4. Managing conflicts of interest
5. Ensuring transparency in decision-making.

These considerations were applied by Thurrock CCG throughout the process of identifying and assessing options for the future of its Walk-in Centre.

3. Issues, Options and Analysis of Options

3.1 Data underpinning the options appraisal process

To enhance the understanding of the current Walk-in Centre service provision, both qualitative and quantitative data on the current use, cost and patient satisfaction with the Thurrock Health Centre was collected and analysed. The data was sought to gain the understanding of the following dimensions:

- Strategic alignment with relation to patient need
- Patient need data including:
    - Who uses the Walk-In Centre?
    - Why do our patients attend the Walk-In Centre?
- Impact of the Walk-In Centre on usage of other services including:
    - Use of A&E
    - Use of out of hours' services
    - Use of the Minor Injuries Unit
    - Summary of quantitative analysis of usage
- Patient survey
- GP patient survey

- Practice capacity survey.

3.2 Engagement process leading to the development of options

In advance of the development of the options appraisal process, a comprehensive engagement plan was drawn up and the CCG Engagement Group was consulted to identify any gaps.

The purpose of this engagement was twofold; to ensure the CCG met its obligation for transparency and secondly to enable the development of options for this options appraisal process.

The engagement process included the opinions sought from the following groups:

- Primary Care Development Working Group (PCDWG)
- Healthwatch
- Council for Voluntary Service - Thurrock
- Commissioning Reference Group
- Thurrock CCG Annual General Meeting
- Local Councillors briefings
- System Resilience Group
- Submissions from partners – Basildon and Thurrock University Hospitals NHS Foundation Trust (BTUH), North East London NHS Foundation Trust (NELFT), South Essex Emergency Doctors (SEEDs)
- Clinical engagement through the Clinical Engagement Group and practice visits.

Overall, the most common themes identified from patients, patient groups and local councillors, were:

- the need for greater access to primary care in Thurrock,
- the lack of equity of a single service based in Grays, and
- the possibility of several centres albeit with reduced hours from the current hours of the Walk-in Centre.

3.3 Options development process

As a result of the engagement process, the following options were identified:

1. Decommission the Walk-in Centre
2. Re-tender for the service on the current specification
3. Re-tender with a new specification for service
4. Decommission the Walk-in Centre with a view to fully or partially reinvest in four hubs.

These options with the relevant underpinning data available were presented to the options appraisal scoring panel on the 18th November 2014.

3.4 Assessment process

The Primary Care Development Working Group (PCDWG) developed and agreed a scoring criteria to enable an objective view of the options presented:

Criteria	Weighting	Maximum score possible
Qualitative	50%	1
Risk	30%	0.6
Finance	20%	0.4
Total	100%	2

3.5 Scoring panel

The PCDWG also nominated the following members for the scoring panel, as follows:

Name	Role	Attended on 18th November 2014 Y/N
Dr Raja	GP – CCG Board Member	Y
Dr Deshpande	GP – CCG Chair	Y
Femi Otukoya	CCG Finance	N
Len Green	Lay member for patient and public engagement	Y
Kim James	Healthwatch	N
Mark Tebbs	CCG Commissioner for Integrated Care	Y
Les Billingham	Local Authority, Lead for Adults	Y

It was noted that a possible conflict of interest may exist for the GP members of the panel, who may be seen to benefit from the decisions made, even if indirectly, as providers of future primary care services.

However, it is important to point out that GP panel members were taking part in the scoring process in their capacity as clinical experts. Therefore, this possible conflict of interest was noted at the PCDWG and the decision taken that to retain them as members of the panel as clinical input and local clinical knowledge held by CCG Board member GPs were very important and needed to for the evaluation purposes.

3.6 Outcome of the scoring panel's assessment process

As a result of the assessment work conducted by the scoring panel which took place on 18th November 2014, option 4, 'Decommission the Walk-In Centre with a view to fully or partially reinvest in four hubs' gained a total of 1.54 points which constituted the highest score out of all four assessed

options. Option 3 “Re-tender with a new specification for service scored second highest”.

Total Scores	Weighting	Option 1	Option 2	Option 3	Option 4
Qualitative	50%	0.04	0.16	0.26	0.84
Risk	30%	0.12	0.285	0.33	0.42
Finance	20%	0.2	0.17	0.2	0.28
Total	**100%**	**0.36**	**0.615**	**0.79**	**1.54**

Thurrock CCG position

The scoring panel identified a preferred option: *Decommission the Walk-in Centre with a view to fully or partially reinvest in four hubs.*

The outcome, along with the underpinning engagement and data evidence, was presented at the CCG’s Finance and Performance Committee on 19 November.

The Thurrock CCG Governing Body met on 26 November and agreed in principle to go out to public consultation, subject to discussion by the HOSC at its meeting on 13 January 2015.

4. Reasons for Recommendation

Given the wide ranging engagement process that has been adhered to on an ongoing basis by the Thurrock CCG, the HOSC is asked to comment on the consultation process, including its duration as an eight-week consultation, under section 14Z2, Health and Social Care Act 2012, starting in February 2015,

In addition, the HOSC is asked to note the consultation plan which is to be delivered during the public consultation period.

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

Engagement has already been undertaken in developing the options for the future of the Walk-in Centre, and included the opinions sought from the following groups:

- Primary Care Development Working Group (PCDWG)
- Healthwatch
- Council for Voluntary Service - Thurrock
- Commissioning Reference Group
- Thurrock CCG Annual General Meeting
- Local Councillors briefings
- System Resilience Group

- Submissions from partners – BTUH, NELFT, SEEDs
- Clinical engagement through Clinical Engagement Group and practice visits

The views on the public consultation which is the next phase of the process are now being sought from the HOSC through the submission of this report.

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

The process of identifying options for the future of the Walk-in Centre services conducted by Thurrock CCG aligns with the Council's priority of improving health and well-being of the population.

7. Implications

7.1 **Financial**

- Implications verified by: N/A
- There are no financial implications for the public consultation.
- The costs for each of the identified options for the future of the Walk-In Centre services were considered by the scoring panel in the process of identifying its preferred option.

7.2 **Legal**

- Implications verified by: N/A
- There are no legal implications.

7.3 **Diversity and Equality**

- Implications verified by: N/A
- A separate Equality Impact Assessment will be developed for the launch of the public consultation.

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

- N/A

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

- None

9. Appendices to the report

- Public consultation plan and stakeholder framework

Report Author:
Beata Malinowska

Senior Consultant - NEL CSU on behalf of Thurrock CCG

Appendix - Consultation plan and stakeholder framework

Audience / Month	Staff	Patients and carers	Health partners	Community	Influencers	Representatives
January	**Prepare for the public consultation; develop necessary documents, collate contact details; plan and book appropriate meetings and events as per stakeholder activities in Appendix 2.**					
Proposed start of the public consultation: Monday 2nd February 2015 Uploading the public consultation document on the Thurrock CCG's website along with the feedback questionnaire						
February	*Communications and engagement activities as detailed below*					
March	*Communications and engagement activities as detailed below*					
Proposed close of the public consultation: Tuesday 24th March 2015						
April	***Purdah***					

Audience	Communication objectives	Communication activities	Timescale	Who
1. NHS staff, internal stakeholders e.g: Includes: • College Health group • Thurrock Walk-in Centre • Thurrock CCG • North East London Foundation Trust staff • SEPT staff • BUHT staff • EEAST staff • Care UK staff • GPs • GP practice managers and staff • SEEDs • Other Clinical Commissioning Groups • Community pharmacists • Other staff working at the same location • NEL CSU	• to develop NHS staff as potential ambassadors and drivers for change • to ensure awareness of the aims of the consultation • to ask staff their views in order to inform our understanding and to improve and develop the proposals • to enable staff to understand the impact of any proposals on their roles or professional groups, and what it means for them – and help allay any fears about their jobs and future careers	• Develop proposals in partnership • Draft letters/emails to keep informed • Emails and links to consultation website • Make formal proposal document available • Produce information for staff briefings and articles in stakeholders newsletters • Communicate to all following decision	Ongoing Start of consultation and throughout consultation As above As above End of consultation	Comms/ Prog office Comms Comms Comms Comms / GPs Comms/Prog office

Audience	Communication objectives	Communication activities	Timescale	Who

2. Patients/carers Includes: • patients/carers with experience of walk-in services • patients using the location to access other services (e.g. GP patients) • people with a long-term conditions • people with mental health problems or dementia • PALS and Friends • patient groups • carers of patients	• to ensure awareness of the aims of the consultation and ask people to respond to the consultation • to explain the benefits and issues around quality, equalities, travel, patient pathways • to be open and create understanding • to provide reassurance of the NHS commitment to clinical quality and patient care • to encourage informed debate • to understand the needs of patients • to help prevent ill health and improve the health of residents	• Develop proposals in partnership • Draft letters/emails to keep informed • Emails and links to consultation website • make formal proposal document available • Public drop-in event for Thurrock-based patients and carers • Media releases • Leaflet door drop • Newspaper advertising • Communicate to all following decision	Ongoing Start of consultation and throughout consultation As above As above As above As above As above As above End consultation	Comms/Prog Office Comms Comms Comms Comms / GPs and Programme office Comms /Prog office

Audience	Communication objectives	Communication activities	Timescale	Who
3. Health and related partners Includes: • Dept of Health; NHS England; other CCGs – in particular Basildon and Brentwood • Health and Wellbeing Board • Thurrock Council • London Ambulance Service • local partnerships; groups/boards • private providers • Voluntary groups – especially associated with the locations	• as section 2, plus: • to ensure any impacts on health partners are fully explored • to utilise specialist knowledge of issues and opportunities • to ensure synergy with partners' developments and announcements	• Develop proposals in partnership • Draft letters/emails to keep informed • produce information for staff briefings and articles in stakeholders newsletters • emails and links to consultation website • encourage local organisations to create and publicise a link from their website home page to website and include information in their publications • Communicate to all following decision	Ongoing Start of consultation and throughout consultation As above End consultation	Comms/Prog office Comms Comms Comms /Prog office

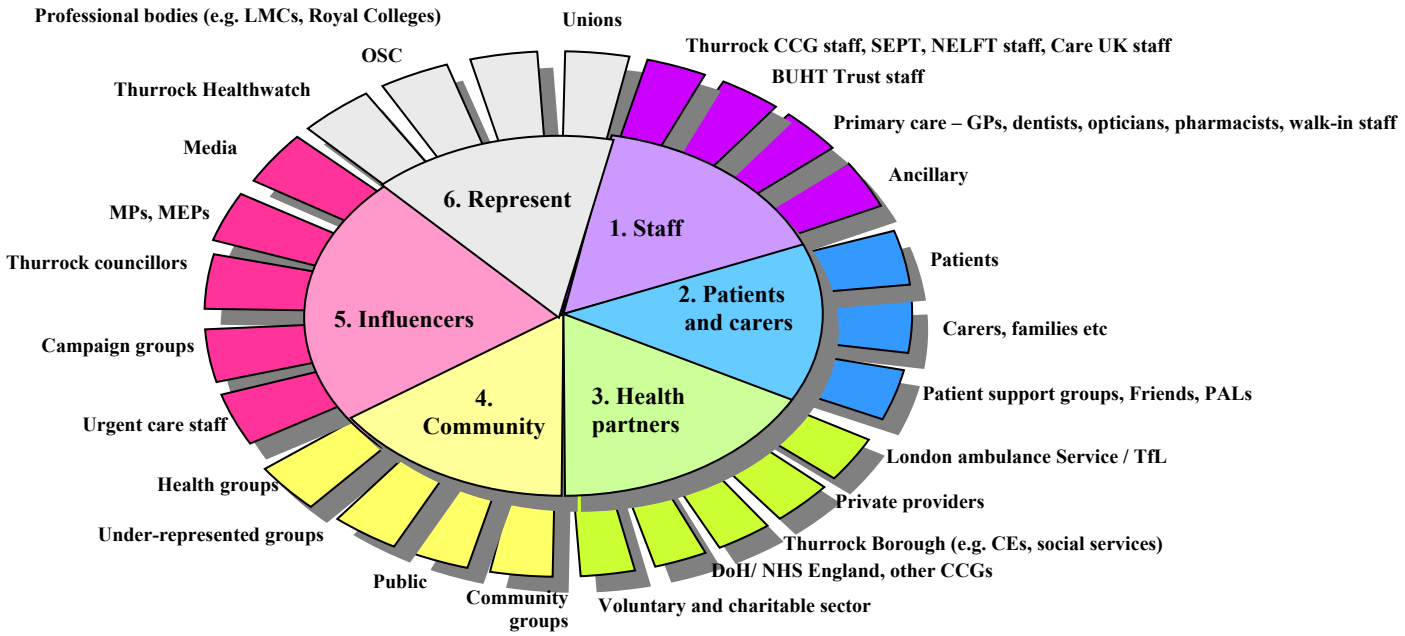
Audience	Communication objectives	Communication activities	Timescale	Who
4. Community • public • community groups e.g. schools, faith communities and leaders, residents associations, • traditionally excluded groups • health groups	• as section 2, plus: • to build trust in the Trust and the NHS as effective caretakers of the health of local population • for the community to understand how the NHS works and the services on offer • to understand the needs of residents	• develop proposals in partnership • Draft letters/emails to keep informed • emails and links to consultation website • make formal proposal document availablemedia releases • Leaflet door drop • Newspaper advertising • Communicate to all following decision	Ongoing Start of consultation and throughout consultation As above Throughout consultation Start and end of consultation End of consultation	Comms/Prog office Comms Comms Comms Comms/ GPs and Prog office Comms Comms/ Prog office

Audience	Communication objectives	Communication activities	Timescale	Who
5. Influencers • MPs • Media • Councillors	• as section 2, plus: • to listen to their views • to facilitate influencers in providing reliable information to constituents	• develop proposals in partnership • Draft letters/emails to keep informed • distribute copies of proposals, but face-to-face meetings are key for this audience: one-to-one meetings or roundtable discussions • media releases • press advertisements • Communicate to all following decision	Ongoing Start of consultation and throughout consultation Start and end of consultation Start and end of consultation End of consultation	Comms/Prog office Comms Comms Comms Comms Comms /Prog office

Audience	Communication objectives	Communication activities	Timescale	Who
6. Representatives • HOSCs • Local Medical Committees • Thurrock Healthwatch • Unions • professional bodies / royal colleges	• as section 2, plus: • to provide information as required under the NHS Act (OSCs) • receive independent endorsement for proposals and thereby reassure relevant audiences • to receive critical challenge and objective examination	• develop proposals in partnership where appropriate • distribute proposals, but face-to-face meetings are key for this audience • presentations • respond to OSC/ submission • Communicate to all following decision	Ongoing Start of consultation and throughout consultation Ongoing TBA Start and end of consultation	Comms/Prog office Comms Programme office Comms/Prog office Comms/Prog office

Stakeholder framework

This stakeholder framework details the communications and engagement responsibilities of Thurrock CCG. It is based on the understanding that staff work in collaboration to avoid duplication of effort; and to ensure the most effective use of professional resources.



13 January 2015	ITEM: 9
Health and Well-Being Overview and Scrutiny Committee	
Children's Joint Strategic Needs Assessment (JSNA) / Demography (JSNA)	
Report of: Debbie Maynard, Head of Public Health / Maria Payne, Needs Assessment Manager	
Wards and communities affected: All wards	**Key Decision:** No decision
Accountable Head of Service: Debbie Maynard – Head of Public Health	
Accountable Director: Dr Andrea Atherton – Director of Public Health,/Roger Harris, Director of Adults, Health and Commissioning,	
This report is public	
Purpose of Report: The purpose of this report is to provide the HOSC with details around two products • Children's JSNA • Demography JSNA	

EXECUTIVE SUMMARY

Every Health and Wellbeing Board has the responsibility to produce a Joint Strategic Needs Assessment for their area, which should give a comprehensive overview of the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, wellbeing and social care services. This paper aims to update the HOSC with the progress of the new JSNA process, and to request support for both of the first two JSNA's:

- Children's JSNA
- Demography JSNA

1. RECOMMENDATIONS:

The HOSC is asked to consider:

1.1 Supporting the key recommendations and priorities identified in this paper.

1.2 Commit to supporting the process required to update JSNA's for Thurrock Council.

2. INTRODUCTION AND BACKGROUND:

2.1 Since April 2013 it has been the responsibility of every Health and Wellbeing Board to produce a Joint Strategic Needs Assessment (JSNA) for their area to provide a comprehensive overview of the current health and wellbeing of their population, form an evidence base for future commissioning priorities, and inform a Health and Wellbeing Strategy. Within Thurrock, the Health and Wellbeing Board have delegated this responsibility to the Public Health team to coordinate.

2.2 The current JSNA in place for Thurrock was published in 2012, and is available here. This document provides an overarching view of the whole population for Thurrock, and is very data-focussed. A proposal for the new JSNA which was agreed by Directors Board in January 2014 was to produce separate JSNA documents for key population groups or topic areas, which together would form a comprehensive overview, but could stand alone and give more detailed information about current services and needs. The documents would also have more focus on what we are doing locally already to address needs, and move further towards an asset approach. In particular, the considerable regeneration and population growth that Thurrock has begun and will continue to experience will lead to a number of benefits, opportunities and challenges, and it is hoped that the JSNA documents will support commissioners and decision-makers in identifying and meeting future needs. A timeline was agreed to enable these documents to be produced in a staged process between 2014-2016.

2.3 Whilst each JSNA document is project-managed and collated from within the Public Health team, each document has been and will be produced with contributions from a range of internal and external partners in order to ensure the accuracy and usefulness of the information. Focussed Task and Finish groups have been established to ensure the right people are involved in producing the documents and submitting recommendations for consideration when making commissioning decisions.

2.4 As per the agreed timescales, a JSNA on the Demography of the Thurrock population was the first to be produced. The aim of this document is to give an overview of the characteristics of the local population, including where there might be differences within the borough, in order to underpin the other JSNA documents which will focus on key groups. (See Appendix 1)

2.5 The second JSNA document to be produced has focussed solely on the needs of Children and Young People in Thurrock. The Task and Finish group agreed that it should follow the structure determined by Every Child Matters, in order to fully cover the needs of our child population.

2.6 The plan is for JSNAs on the Wider Determinants of Health, Adults and Older People, and Assets to be produced in 2015.

2.7 It is recognised that it will require a large amount of capacity and resource to maintain and produce JSNA documents to constantly ensure we have got the most current information available. There is the potential to include the JSNA as part of the work of the Thurrock Digital Board in order for future JSNAs to be more accessible and easier to maintain. Work is in process to explore this opportunity in time for the updates to all documents.

2.8 Our aim is not to produce updated JSNA's annually but to keep the Thurrock JSNA live with the latest information reflected. As key data is received within the council, we are proposing to update the JSNA to reflect the latest position; this will ensure

that the document remains live and updated so that commissioners, members and officers refer to the JSNA for decision making within the council. An audit trail will be kept and key directorates will work with the public health team to reflect all amendments and agree to updates within the JSNA. Whilst this process could be coordinated within the Public Health team, support would be required from others to ensure that the latest data is provided to keep each section up to date.

3 NEXT STEPS

3.1 These reports will be approved by the Health and Wellbeing Board and the Children's Partnership Board. The Children's Partnership Board meets on 12th January 2015 and the Health and Wellbeing Board meets on 12th March, with a view for the documents to be published on the Thurrock Council website as soon as possible afterwards.

4. REASONS FOR RECOMMENDATION:

4.1 The HOSC is asked to consider:
2 Supporting the key recommendations and priorities identified in this paper.
3 Commit to supporting the process required to update JSNA's for Thurrock Council

5. IMPLICATIONS

5.1 **Financial**

Implications verified by: **Mike Jones**

There are no implications currently – But in the future the JSNA could have future financial implications to commissioners both in health and social care

5.2 **Legal**

Implications verified **Dawn Pelle**

There are no legal implications

5.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**

The JSNA captures robust up-to-date details around diversity and equality and should inform commissioners and members of the current position locally

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

NONE

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

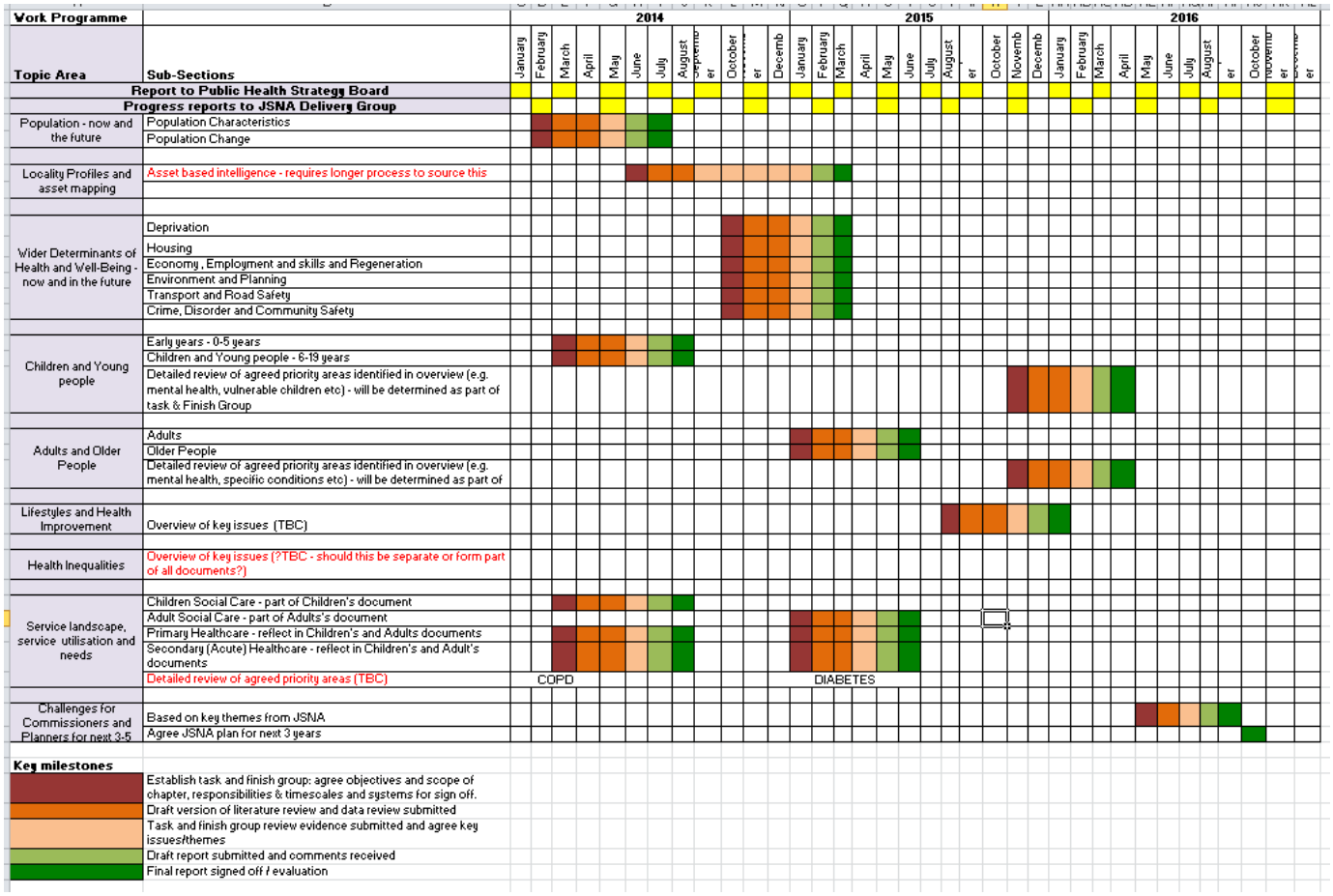
- Demography JSNA
- Children's JSNA

APPENDICES TO THIS REPORT:

- Gantt Chart for producing JSNA

Report Author Contact Details:

Name: Debbie Maynard / Maria Payne
Telephone: 01375 652510 / 01375 652626
E-mail: dmaynard@thurrock.gov.uk / mpayne@thurrock.gov.uk



13 January 2015	ITEM: 10
Health and Well being Overview and Scrutiny Committee	
Budget 2015/16 – Proposed Fees And Charges	
Wards and communities affected: All	**Key Decision:** Key
Report of: Councillor John Kent, Leader of the Council	
Accountable Head of Service: Sean Clark, Head of Corporate Finance	
Accountable Director: Graham Farrant, Chief Executive	
This report is Public	

Executive Summary

As part of the budget process each year, the Council needs to review its fees and charges. The future development of the Medium Term Financial Strategy will also need to take account of changes in fees and charges in broad terms over the period of the strategy. Directors and Heads of Service have reviewed the fees and charges for 2015/16 within their remit.

1. Recommendation(s)

That the Committee;

1.1 Note the fees and charges in appendix 1

1.2 Comment on the fees and charge for consideration at Council in February 2015 relevant to Health and Well being

2. Introduction and Background

2.1 As part of the budget process each year, the Council needs to review its fees and charges. The future development of the Medium Term Financial Strategy will also need to take account of changes in fees and charges in broad terms over the period of the strategy

2.2 Directors have reviewed the fees and charges for 2015/16 within their remit

2.3 The scope to increase fees and charges is determined by a number of factors, of which the most important are:

- Strategic desirability;
- Government direction;
- Elasticity of demand for services; and
- And impact on service users.

2.4 Directors and Portfolio Holders have been given a general guidance by the Section 151 Officer to consider increases in fees and charges by a minimum 3% in line with the assumptions set out in the Medium Term Financial Strategy (MTFS).

Where proposed increases are markedly different from the guidance, or indeed where it is proposed not to increase charges at all, explanations have been sought from the relevant service manager to ensure that the charge for 2015/16 can be justified through benchmarking with other organisations and/or the appropriate equality impact assessment stress tests.

2.5 If all discretionary charges were to be increased by 3% this would generate an additional £0.100m per annum in 2015/16 as compared to 2014/15, and this is the working assumption contained in the draft MTFS considered elsewhere on tonight's agenda.

2.6 This guideline also takes into account that some fees and charges are set by statute and other national or local policies.

3. Issues, Options and Analysis of Options

3.1 Appendix 1 to the report shows the detailed proposals for fees and charges for 2015/16. The Appendix shows information as follows:

- Charges that are set by statute or other policy are marked S, (those have not been amended as the figures for 2015/16 are not yet known);
- Charges that can be set at the Council's discretion are marked D;
- The current (2014/15) charge (where this is Nil and there is a charge for 2015/16 this represents a new charge);
- The proposed 2015/16 charge;
- Any concessions available to groups or individuals in the community; and
- The effective date of implementation of the new fees and charges.

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

4.1 Directors and Heads of Service will ensure any statutory consultations about increases in fees and charges and this has been built into the anticipated implementation date.

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

Key Points

Net income maximisation to the Council should be the aim of charging to recover the full cost of providing the service. Any deviations (e.g., discounts/concessions) should be justified. It is for Council to agree the overall charging policy and the criteria for concessions and any other discretionary reductions in fees.

Directors/Heads of Service must ensure that where charges are subsidised the full cost of the subsidy is made clear. ·

Differential charging should be considered for income maximisation purposes or as a policy instrument. Charges should be benchmarked where possible (for like-for-like services) however caution should be applied since policy and quality issues may differ between local authorities. Income generated from charging should adequately reflect the value of capital invested in generating the income. Directors/Heads of Service should consider ways of benefit take up to reduce subsidy.

5.1 Circumstances where it is acceptable to set charges below income maximisation levels are where:

The subsidy represents a conscious decision on the part of the Council reflected in the Director/Head of Service's service delivery policy, with identified budget provision. Examples include:

- Use of the service by individuals that benefits the whole community;
- A nominal charge is set to avoid frivolous demands for a service;
- Consideration has been given to ways of increasing service take-up to generate additional net income, through reducing rather than increasing charges;
- Charging full cost would have a detrimental effect on the Council as a whole;
- Setting a fee deliberately to recover more than the cost of the service; and
- Income thresholds for charging users are set.

The proposed levels of Fees & Charges for 2015/16 are consistent with the policy. In particular, consideration has been given to the wider equalities implications which may be involved affecting accessibility of all groups to Council services. They also reflect the possible adverse impact of full cost recovery or commercial charging policy could have on other Council services.

5.2 **Charges may be set above income maximisation levels where:**

- The level serves to discourage abuse of a service;
- Setting charges at a 'penal' level would satisfy other policy objectives e.g. to promote 'green' policies;

- Take up of an alternative service is being encouraged;
- Charges must be simple to understand and administer;
- Service users should understand the charges and methods of payment before becoming liable for payment; and
- Methods of payment should be flexible and convenient and take into account those on low incomes.

5.3 Reviewing Charges

The general presumption is that fees and charges should rise in line with forecast inflation and in any event must be reviewed against the Council's corporate policy every three years. In addition:

- The proposed level of charge must support the Council's wider aims and objectives;
- The impact of proposed charges must be identified (e.g. equalities, demand, and access to services);
- Reasons not to charge for full cost recovery must be identified and quantified;
- Methods of collection must be stated;
- Impact on other service areas should be identified in terms of increased/reduced demand;
- Anticipated costs of any new or amended charges must be identified;
- Estimated net income must be identified;
- Comparative information should be provided;
- Alternatives to charging should be considered e.g. cost cutting; and
- Where appropriate there should be consultation with existing and potential users.

6. IMPLICATIONS

6.1 **Financial**

Implications verified by: **Mike Jones**
Finance Officer

The increase in fees and charges set out in the report have been built in the overall 2015/16 budget that will be considered by Council on 25 February 2015.

6.2 **Legal**

Implications verified by: **David Lawson**
Deputy Head of Legal Services

Fees and charges generally fall into 3 categories - Statutory, Regulatory and Discretionary. Statutory charges are set in statute and cannot be altered by

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

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

Discretionary charges relate to services which the Council can provide if they choose to do so. This is a local policy decision. The Local Government Act 2003 gives the Council power to charge for discretionary services, with some limited exceptions. This may include charges for new and innovative services utilising the power to promote environmental, social and economic well-being under section 2 of the Local Government Act 2000. The income from charges, taking one financial year with another, must not exceed the costs 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 the Cabinet, where they are key decisions. Some fees are set by full Council.

6.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**
Communities and Diversity Manager

The Council has a statutory duty under the Race Relations Act 2000 (Amendment), the Disability Discrimination Act 2005 and Sex Discrimination Act 1975 (Amendment) to promote equality of opportunity in the provision of services and employment. Decisions on setting charges and fees are subject to the Council's decision-making structures. It should be noted that any increase in charges have been identified where the fees have not increased for 2 to 3 years and a recent benchmarking exercise revealed that the charges were below the national average. Concessions should be available to groups or individuals in the community, where the increase may result in them being excluded from particular activities

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

APPENDICES TO THIS REPORT:

- Appendix 1 – Schedule of Proposed Fees and Charges 2015/16.

Report Author Contact Details:

Name: Mike Jones
Telephone: 01375 652772
E-mail: mxjones@thurrock.gov.uk

ADULT SERVICES - STRATEGIC COMMISSIONING and RESOURCES	STATUTORY OR DISCRETIONARY	BASIC CHARGE 2014/15	VAT GROUP	2015-16 PROPOSED BASIC CHARGE	2015-16 PROPOSED CHARGE INCLUDING [illegible]
		£		£	£
MEALS ON WHEELS Service not applicable 2015-16					
Per meal served at home	D	4.00	O	4.00	4.00
Per meal served at Luncheon Club	D	4.00	O	4.00	4.00
Per meal for services at day centres					
- mid day meal	D	4.00	O	4.00	4.00
- breakfast only	D	1.00	O	1.00	1.00
- tea only	D	1.00	O	1.00	1.00
DOMICILIARY CARE					
The charge for home care per hour is Charge made in line with "Fairer Charging" guidance with protection for people on Income Support plus 25% buffer. Service users in receipt of double handed care will be charged double	D	13.00	O	13.00	13.00
RESIDENTIAL ACCOMMODATION CHARGES					
Maximum weekly charge for residents to other local authorities Residential Accommodation is outside the scope of VAT when supplied to/for people who were Thurrock residents but exempt when supplied to/for non Thurrock residents or other local authorities					
Homes for Older people (per week)	D	600.00	O	600.00	600.00
Charges to Other Local Authorities/Organisations are at rates shown above.					
Community Day Care Service					
The scale of charges outlined below relate to the charges per day made to other Local Authorities where Non-Thurrock residents attend the Centre Adult Community Services - Fees are based on individual needs and circumstances.					
CHARGE FOR ATTENDANCE AT DAY CENTRE					
Per attendance	D	9.70	O	9.70	9.70
TRANSPORT					
Per Journey these charges are for Thurrock Residents	D	1.00	O	1.00	1.00
RESPITE CARE FOR ADULTS WITH DISABILITIES					
The charge outlined below relates to the use of Thurrock Council's own Short Break Service					
Charge per night per service user	D	20.00	O	20.00	20.00
BLUE BADGES					
Application Fee	D	10.00	O	10.00	10.00

This page is intentionally left blank

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

Report Name	Lead Officer	Meeting Date
Adult Social Care Local Account	Rhodri Rowlands	17 February 2015
Regeneration, Air Quality and Health	Debbie Maynard/ Andrea Atherton	17 February 2015
		31 March 2015

Items to be Scheduled:

- The Quality of Walk-in Centres
- Piggs corner/ Kynoch Court Budget Update

This page is intentionally left blank