

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 **1 December 2015**

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

Membership:

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

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

Substitutes:

Councillors Leslie Gamester, Martin Kerin and Andrew Roast

Agenda

Open to Public and Press

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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 13 October 2015.	
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. Learning Disability Health Checks	17 - 26
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Queries regarding this Agenda or notification of apologies:

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Agenda published on: **23 November 2015**

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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.

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

Pecuniary

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

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

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

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

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

Non- pecuniary

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



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

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

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

1. Create a great place for learning and opportunity

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

2. Encourage and promote job creation and economic prosperity

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

3. Build pride, responsibility and respect

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

4. Improve health and well-being

- Ensure people stay healthy longer, adding years to life and life to years
- Reduce inequalities in health and well-being and safeguard the most vulnerable people with timely intervention and care accessed closer to home
- Enhance quality of life through improved housing, employment and opportunity

5. Promote and protect our clean and green environment

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

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 13 October 2015 at 7.00 pm

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

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

In attendance: Councillor Barbara Rice, Cabinet Member for Adult Social Care & Health
Ruth Ashmore, NHS England
Jane Hubert, NHS England
Jessamy Kinghorn, NHS England Specialised Services (Midlands and East of England)
Dr Wai-Lup Wong, NHS England
Mandy Ansell, (Acting) Interim Accountable Officer, Thurrock NHS Clinical Commissioning Group
Dr Anand Deshpande, Chair of Thurrock NHS CCG Board
Roger Harris, Director of Adults, Health and Commissioning
Ian Wake, Director of Public Health
Harminster Dhillon, Statutory Complaints & Engagement Manager
Maria Payne, Health Needs Assessment Manager, Public Health
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.

12. Minutes

The Minutes of the Health and Wellbeing Overview and Scrutiny Committee, held on 23 July 2015, were approved as a correct record.

Councillor Halden requested confirmation that the Estate Strategy referred to in the Primary Care section of the minutes would be ready for the borough and not just Tilbury. The Officers confirmed that this was the case.

13. Urgent Items

An item of urgent business was raised by NHS England regarding the change of contract in the Positron Emission Tomography – Computed Tomography (PET-CT) service and how services in South Essex have been identified to benefit from the increased capacity and improved facilities.

The Chair introduced Dr Wong, Ruth Ashmore, Jane Hubert and Jess Kinghorn from NHS England and thanked them for attending the committee.

At 7.27 pm Councillor Gupta arrived at the meeting.

Ruth Ashmore and Jane Hubert from NHS England explained the procurement and recommendations resulting from an exercise undertaken by NHS England in February 2015 where a new provider was awarded a 10 year national contract for the provision of a PET-CT scanning. As part of the contract the PET-CT services in South Essex had been identified to benefit from the increased investment to install new scanners and improve the current infrastructure and increase the access to the services available.

There were two options that emerged from this consultation; one is to site the unit at Basildon and Thurrock University Hospitals or site the unit at Southend University Hospitals NHS Foundation Trust (SUH).

Currently a unit is sited at Basildon and Thurrock University Hospital as a mobile unit operating for two days a week. The recommendation is that this unit be moved to Southend University Hospital as a fixed facility which will function five days per week.

Dr Wong, Consultant Radiologist, gave a background to his career. Dr Wong main point was to ensure that service is excellent for the residents of South Essex. Over the next five years there will be an increased use of PET-CT service and stated that siting of the PET-CT scanner should be at Southend so that it can work alongside the radiotherapy services.

Mandy Ansell from CCG was only aware of this item having recently read an article about the proposed change and invited Dr Deshpande and Dr Raja to comment on the report.

Dr Deshpande stated that journey times and the logistics of cancer patients attending appointments should be the most important element of this consultation but the report does not cover this. Patients should not be expected to travel to different hospitals for services which were already in place and working well.

The Chair asked Dr Raja, a GP from a doctor's surgery in Horndon on the Hill to speak. Dr Raja commented that only 20% of patients live in Southend on Sea and the remaining 80% live in different locations and that some areas such as Harlow were not even part of the consultation process. Dr Raja went on to explain that the current service had been functioning for eight years and was a fantastic service there were no logical reasons to move the service to Southend. At the moment the greatest use of this scanner is for lung cancer patients. All images were already being scanned and sent to Southend with no problem, scans can be sent anywhere in the world and do not need to be in the same building as the radiotherapy services.

Ian Wake concurred with the comments made by Dr Deshpande and Dr Raja and stated that he had concerns on the accuracy of some of the facts within the paper. Ian referred the members to the population access and patient experience section of the report and stated that patient breakdown and that the explanation of the equal number of patients were not accurate and that logistics of the service should be a major consideration.

Ian Wake also commented that the biggest issue with Thurrock patients is the fragmentation of pathways across different hospital sites. Appointments not being held at the same hospital were causing the system to break down.

Kim James from HealthWatch commented that unless CCG had notified HealthWatch they would not have been aware of this item. Kim James also commented that on the engagement of patients and patient's groups within the recommendation 30 day period of consultation would not be feasible in this short time and that only one group from Thurrock had been contacted and that the voice of all should be heard.

Councillor Ojetola commented with the interest of both sides of the experts in the room his main concern was on behalf of residents of Thurrock. Councillor Ojetola's concern was that this was the first time he had heard about the report and had concerns with the consultation plan.

Councillor Halden had concerns that if Dr Deshpande, Mandy Ansell and Ian Wake had no confidence in the report and that the proposed change in service would not improve cancer patient pathways he would support the Chair's recommendation to refuse.

Councillor Key echoed Councillor Ojetola and Councillor Halden's comments and agreed that cancer patients need as little stress as possible when attending hospital appointments and pathways were dictated by hospitals, therefore having to go to two different hospitals for separate services would not work.

The Chair invited a member of the audience to speak. Dr Qaiser Malik, Lead Clinician and Consultant Radiologist at Basildon were asked to join the table and gave a background to his career. Dr Malik confirmed that the PET-CT scanner had been at Basildon Hospital for eight years operating twice a week. Recently this has increased to three to four days per week.

Dr Malik stated that a static building to house the PET-CT could be available within three months with its own entrance into the main department building. Consideration of patients should be a first priority and limit travel times between appointments and it made sense to leave the service in Basildon.

Councillor Key thanked Dr Malik and asked for clarification on how long do patients currently have to wait for a PET-CT and was the service meeting the demand. Dr Malik stated that the waiting time for a PET-CT scan at Basildon was two weeks and demand was being met. Councillor Key then asked why we were proposing this change when we were already meeting demands.

Councillor Barbara Rice made an observation that it was disrespectful of NHS England to submit such late papers to members of HOSC and then expect members to make such a decision on the recommendation was unfair to Thurrock.

Ruth Ashmore thanked the committee for the comments made and apologised for the lateness of the report. Ruth explained that the first step was to explain to the committee the timings and secondly to engage with the community and then report back to Thurrock HOSC to brief Members.

The Chair concluded that the report was a recommendation to move the PET-CT scan to Southend and that NHS England have attended the Thurrock HOSC to seek approval. It is the decision of the Thurrock HOSC not to accept this proposal and recommend that this is refused. The reasons for this being refused is due to the short notice of the report, the statistics in the report being incorrect and not substantial enough with no evidence of there being any improved service to Thurrock Residents by moving the PET-CT service from Basildon to Southend.

It was agreed as a cross-party decision of members to refuse this recommendation.

The Chair thanked Dr Wong, Ruth Ashmore, Jane Hubert and Jess Kinghorn for attending.

RESOLVED:

- 1. That the recommendation to move the location of the PET-CT Service from Basildon to Southend be refused.**

Mandy Ansell, Dr Deshpande, Dr Wong, Ruth Ashmore, Jane Hubert and Jess Kinghorn left the committee at 20.05.

14. Declarations of Interests

There were no declarations of interest.

15. Items Raised by HealthWatch

Kim James, the HealthWatch co-opted member, provided the committee with an update on Coach House, a health funded nursing home in Thurrock where the providers, Family Mosaic, have served notice to the CCG.

Discussions between Family Mosaic and CCG were still on going after a meeting was undertaken between CCG, Family Mosaic, Councillor Kent and Councillor Barbara Rice and chaired by Roger Harris, Director of Adults, Health and Commissioning.

A decision made at this meeting was that Family Mosaic will try and source another possible new provider and look at any change of monies requested. The assessments undertaken have identified three residents who could not be found alternative, suitable placements locally and so would need to be placed some way outside of the borough ie. Nottinghamshire for one of the residents.

The next meeting has been scheduled for 28 October 2015 where discussions will continue.

Councillor Gupta thanked HealthWatch for all their hard work in relation to Coach House.

RESOLVED:

- 1. That an update on Coach House be included on the work programme for December 2015.**

Councillor Halden left the committee at 20.10.

16. 2014/15 Annual Complaints and Representations Report

Roger Harris, Director of Adults, introduced Harminder Dhillon, Statutory Complaints and Engagement Manager for Thurrock as the Officer presenting this report to Members.

The Officer introduced the report which provided the members with an update on the operation of the Adult Social Care Complaints Procedure. The report covered the period 1 April 2014 to 31 March 2015. The Officer stated that it was a statutory requirement to produce an annual complaints report on adult social care complaints.

The adult social care complaints procedure is operated in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The Chair thanked the Officer and stated the report was good and very thorough. The Chair asked that if domiciliary care was the main reason for the complaints. The Officer stated that this was not the case but stated there were changes within domiciliary care, especially the costs and the recruitment of carers.

Councillor Ojetola thanked the Officer for the good quality of the report but was concerned that the Complaint Outcome figures and the Ombudsman Enquiry given at the Standards and Audit Committee were different to those in the report presented tonight.

Roger Harris explained that it was probably an element of timing as to when the reports were prepared. The Officer works closely with the Corporate Complaints team and will coordinate with them and prepare an up to date Complaint Outcomes figures.

Councillor Ojetola asked why there was a push for 20 days. The Officer confirmed that the target had been set at 20 working days to resolve a complaint, to ensure that each complaint was looked at thoroughly and not rushed. Although complaints may not always be resolved within that time, it was normal for complaints to be dealt within 10 working days.

The Chair agreed that all statistics should be uniform to ensure better reading and understanding by the public and councillors. There should be a cut off time to ensure consistency for all data reports.

Councillor Gupta stated that it was encouraging to see the number of compliments. Councillor Gupta asked the Officer who makes the decision that the complaint is a complaint and not a concern. The Officer confirmed that there is no separate procedure for complaints or concerns. Concerns were resolved on the spot, if it cannot it will be classed as a complaint.

Roger Harris was asked about "Looking Forward" and confirmed that it was very hard to predict but an area of most concern was domiciliary care.

Harminder Dhillon stated that all providers have their own complaints procedure and they cannot force people to complain.

RESOLVED:

- 1. That the contents of the report to consider and comment on the annual complaints report for 2014/15 were noted.**
- 2. That the number of compliments received is noted.**
- 3. That the most up to date Complaint Outcomes figures will be issued to all members.**

Harminder Dhillon left the committee at 20.30.

17. Consultation on proposed changes to the way Social Care is provided in Thurrock

The Director of Adults, Health and Commissioning presented the report that provided further details on the proposed changes to the way social care is provided in Thurrock. The report outlined the arrangements for consulting on the proposals through a range of channels.

The council launched a consultation on these proposals to make savings in the Adult Social Care budget for the next financial year. The consultation went live on the consultation portal on Monday 14 September asking for the views of local people and service users about the proposals. With two months left on the consultation process, there have already been 109 comments received.

A further report on the consultation and the responses received, together with recommendations for any changes to the provision of social care, will be made in early 2016. It is likely that, subject to the views of the Committee and the decision of Cabinet, any changes could be introduced from April 2016.

It was agreed by all councillors that the report and consultation were very thorough and that the views of Thurrock residents were important.

RESOLVED:

- 1. That the Committee note the arrangements for the consultation.**
- 2. That the item on the consultation on proposed changes to the way Social Care is provided in Thurrock be added to the work programme for January 2016.**

18. Meals on Wheels Update

Roger Harris, Director of Adults, Health and Commissioning, presented the report which stated that a decision to further extend the contract with the current provider Royal Voluntary Service (RVS) until April 2017. This will allow time to develop the market and also explore working more closely with the local community and voluntary sector to grow a wider range of providers. This will be done at the same time as the review of the Domiciliary Care contract. The Officer confirmed that all service users that have the meals on wheels service will receive a re-assessment.

The current provider has agreed in principle to a further year's extension until the end of March 2017. However, this rests on a review and agreement of the current unit price to take into account the introduction of the National Living Wage which comes into force April 2016.

Councillor Liddiard asked if schools in the local community could assist with providing hot meals. The Officer confirmed that it was Havering who were approached but could no longer commit to this arrangement.

Councillor Ojetola thanked the Officer for the well-presented report and agreed that it should not be just a microwave meal option where social contact is lost with residents. Councillor Ojetola further explained the charities in Chafford Hundred who provide lunch time meals for children when not at school and it is those types of charities that could help to support those requiring the hot meal service in the future.

Councillor Ojetola asked for clarification between the Recommendations and the Options of the report. The Officer confirmed that the Recommendation is what is being proposed now and the Option is if the hot meal service were to stop.

Councillor Key stated that the numbers were likely to drop in the future and although thorough discussions have already taken place he agrees that having the options open is a good thing.

The Officer stated that with 39,000 meals delivered last year there is no guarantee that numbers will decrease and that the price of meals will probably increase. All Members agreed that options should be kept open to give Officers the time to engage with charities and local communities.

RESOLVED:

- 1. That the committee support the extension of the contract with RVS for a further year.**
- 2. That the future of the service will be considered as part of the wider review of domiciliary care.**

19. Annual Public Health Report 2014

Ian Wake, Director of Public Health, presented the report which focused on the Thurrock Annual Public Health Report key issue "Health and Wellbeing of Older People". This report was prepared by his predecessor Andrea Atherton.

It was confirmed that the numbers of older people in Thurrock were set to increase substantially over the next 20 years, with the greatest increase in those aged 85 years and over. There were significant implications for health and social care services associated with managing issues arising from an ageing population.

Ian Wake stated that to ensure the wellbeing of the growing number of older people there needed to be greater focus on health promotion and disease prevention in older age. The evidence suggested that making healthy lifestyle choices and behaviour at the age of 40-60 year can have an impact on health in later years.

The Annual Public Health Report, Summary of Recommendation, had 24 recommendations listed and had received positive feedback.

The Chair stated that the report was well presented and contained mostly good news as most of the recommendations were already taken place in Thurrock. The Chair praised the Officers and the Portfolio Holder for improving the health of residents in the borough.

Councillor Ojetola asked that in the next report could performance indicators be shown against each recommendation. This will help local residents understand the report fully.

Ian Wake confirmed that 75% of the progress report was complete with performance indicators. Once this was completed Ian would issue to all Members.

Councillor Barbara Rice thanked Ian Wake for his pro-active approach and how refreshing it was to have him on board at Thurrock.

Councillor Barbara Rice stated that as a fact many older residents were seeing themselves as a burden to others and that more thought should be used when using the word burden.

Ian Wake confirmed working with the community is the right road ahead and without carers the system would fall over.

Councillor Ojetola asked for clarification on what the University of Third Age was. Kim James confirmed that this was a large older person group, who undertake a good source of activities and meet regularly at Blackshots.

RESOLVED:

- 1. That the contents and recommendations of the 2014 Annual Public Health Report be noted.**
- 2. That the Officer will note performance indicators against all recommendations in future reports.**

20. Regeneration, Air Quality and Health

Ian Wake introduced Maria Payne, Health Needs Assessment Manager, Public Health, to represent the report to Members which provided an update to the report previously presented to this committee on 17 February 2015 which summarised the evidence regarding health impacts of air pollution. This report provided an update to members on the subsequent actions taken by Thurrock Council, including the commissioning of an integrated Air Quality Strategy for the borough and appointed SmallFish Strategy Consultants who were in the process of producing the Issues and Options Report.

The Officer confirmed that an Officers' Working Group had now been established with officers from:

- Planning
- Public Health
- Transport
- Environment

A discussion took place on how the air quality can impact on Thurrock residents' health with the increased traffic to the borough.

The Chair and Members agreed that the report was well present and that work is in progress.

Councillor Liddiard left the committee at 21.10.

Councillor Ojetola asked the Officer what the member's involvement would be. The Officer confirmed that further discussions would need to take place with the Health Overview & Scrutiny Committee, the Health and Wellbeing Board, Directors and Cabinet.

The Chair stated that this was a good case to be put to Government that Thurrock should be included in the low emission zone that is currently a traffic pollution scheme used in London. All Members and Officers agreed.

RESOLVED:

1. **That the progress made from the previous report in developing an integrated approach to improving air quality to mitigate health risks was noted.**
2. **That the Air Quality Officers' Working Group presents the completed Air Quality Strategy to a future meeting in 2016, together with a proposed action plan was noted.**
3. **That the item Regeneration, Air Quality and Health be added to the work programme for February 2016.**

21. Work Programme 2015/16

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

- That an update on Coach House is provided from HealthWatch be included on the work programme for December 2015.
- That an update on the consultation on proposed changes to the way Social Care is provided in Thurrock be included on the work programme for January 2016.
- That an update on Regeneration, Air Quality and Health be included on the work programme for February 2016.

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

RESOLVED:

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

The meeting finished at 9.13 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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1 December 2015		ITEM: 6
Health & Well-Being Overview and Scrutiny Committee		
Learning Disability Health Checks		
Wards and communities affected: All wards	Key Decision: Not applicable	
Report of: Alison Cowie, Head of Commissioning, NHS England Midlands and East (East)		
Accountable Head of Service: Alison Cowie, Head of Commissioning, NHS England Midlands and East (East)		
Accountable Director: Alastair McIntyre, Locality Director, NHS England Midlands and East (East)		
This report is public		

Executive Summary

This report details arrangements in respect of the enhanced service agreement with GP practices in Thurrock, issues and delivery in respect of this agreement and an action plan to improve delivery.

1. Recommendation(s)

1.1 The Health Overview and Scrutiny Committee are asked to note the progress with LD Health Checks by Thurrock GP Practices and plans to improve activity.

2. Introduction and Background

2.1 There is good evidence that patients with learning disabilities (LD) have more health problems and die at a younger age than the rest of the population. The government is committed to reducing the incidence of co-morbidities and premature deaths for people with LD and supports the recommendations from the Confidential Inquiry into premature deaths for people with learning disabilities (CIPOLD).

2.2 Each year, as part of a nationally agreed contract, Primary Medical Care providers are offered the opportunity to sign up to an enhanced service (ES) for LD Health Checks. This ES is designed to encourage practices:

- to identify all patients aged 14 and over with learning disabilities,
- to maintain a learning disabilities 'health check' register and

- offer patients with LD an annual health check, which will include producing a health action plan.
- 2.3 Practices are issued ES for a range of services by the end of April each year and have until the end of June of that year to decide whether or not to sign up to them. Sign-up sheets are issued and returned to NHS England and practices are also required to indicate on the Calculating Quality Reporting Service (CQRS), the means by which they get paid for ES's, that they have signed up.
- 2.4 Data relating to the levels of activity are extracted from GP systems on a quarterly basis and payment is made by CQRS. It is on this basis only that performance against this ES will be monitored.
- 2.5 This report details the current state of play in respect of update and delivery of the ES in Thurrock and details actions that are being taken to improve uptake.

3. Issues, Options and Analysis of Options

- 3.1 Uptake of LD Health Checks is unacceptably poor within Thurrock. Last year, according to the data extracted from CQRS, only 17% of possible LD Health Checks were carried out and completed in line with the ES. It should be remembered that the ES requires practices to offer and carry out a health check. It is not possible to identify from the payment return we get from CQRS how many practices offered patients a health check that were not taken up. It should be noted that NHS England has asked the Health and Social Care Information Centre to provide a briefing on the management data set from practices in relation to this ES. The briefing will be available in December 2015.
- 3.2 In 2015/16, three practices have decided not to take up the offer of the ES. Activity extracted from CQRS as at 16 November 2015 is detailed within Appendix 2. It should be noted that for some practices, annual LD health checks are carried out in Quarters 3 and 4.
- 3.3 Despite the majority of practices signing up to deliver this ES, a high percentage of them do not undertake any activity. Practices get paid £116 for each health check that is undertaken. When practices sign up to the ES, NHS England within its financial planning allocates budget against the practice which is spent when CQRS indicates activity. It is therefore difficult to reallocate resource whilst anticipating activity within General Practice.
- 3.4 Should a practice not deliver in a year, legislation surrounding the GP Contract and ES commissioning does not allow NHS England to exclude that practice from being offered the opportunity to sign up to the ES the following year.
- 3.5 Performance against this ES is unacceptable and NHS England has undertaken a review in the first instance of a number of process arrangements across all of Essex and developed an action plan. Due to a number of

Primary Medical Care service contracts in the Thurrock area unexpectedly coming to an end, this review has taken longer than expected because the team at NHS England needed to prioritise procurements and ensure continuity of access to primary care services. The action plan is ongoing in development and detailed within Appendix 3.

- 3.6 A review against the ES in the East Anglia part of Midlands and East (East) has highlighted that the ES in place in Essex may be too confusing and does not clearly state the READ codes that practices should be using. This clarification could have a positive impact on the quality of the data being extracted through CQRS. It is therefore proposed that the ES be reissued with practices in December 2015.
- 3.7 In previous years, additional capacity has been commissioned to support LD patients of practices who have not signed up to the ES. The provider of this additional capacity was approached after the end of June 2015 when it became known that three practices had not signed up to the ES. This provider initially said it would be interested in providing the capacity again but indicated a couple of months later that it was no longer able to support. Another provider of LD Health Checks within Essex was approached but they were unable to accommodate the activity. A third provider has been approached and contract arrangements are being finalised. It is hoped to give a verbal update on this at the HOSC meeting.
- 3.8 Ahead of the 2016/17 contracting round, NHS England Midlands and East (East) has indicated to providers within its annual Commissioning Intentions Letter that *Where GP practices choose not to sign up to provide a directed enhanced service, NHS England Midlands and East (East) will consider procuring this service from an alternative provider to ensure equity of access for all patients. A particular priority for such procurement will be the Learning Disability Health Check DES.*

4. Reasons for Recommendation

- 4.1 This paper is for information only, therefore no recommendations are made.

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

- 5.1 Not applicable.

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

- 6.1 Not applicable as NHS England commissioned service.

7. Implications

7.1 Financial

Not applicable as NHS England commissioned service.

7.2 Legal

Not applicable as NHS England commissioned service.

7.3 Diversity and Equality

Not applicable as NHS England commissioned service.

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

Not applicable.

8. Background papers used in preparing the report

None.

9. Appendices to the report

Appendix 1 – 2014/15 Activity

Appendix 2 – 2015/16 Activity as at 16 November 2015

Appendix 3 – Action Plan

Report Author:

Alison Cowie

Head of Commissioning

NHS England, Midlands and East (East)

APPENDIX 1 – 2014-15 ACTIVITY

F Code	Service Provider Name	Signed - up for ES 14-15	Registered LD patient List 14-15 QoF	Q1 activity 30.06.14 (CQRS)	Q2 activity 30.09.14 (CQRS)	Q3 activity 31.12.14 (CQRS)	Q4 activity 31.03.15 (CQRS)	Total activity on CQRS	% undertaken
F81632	HEALTH CENTRE DARENTH LANE	Yes	23			18	4	22	96%
F81088	DR M ROY & PARTNERS	Yes	14				13	13	93%
F81708	DR PATEL PJ PRACTICE	Yes	6			5		5	83%
F81082	DRS JONES & BYRNE	Yes	26			7	8	15	58%
F81644	CHEUNG K K	Yes	7				4	4	57%
F81669	OKOI H & PARTNER	Yes	29			15	1	16	55%
F81153	HASSENGATE MEDICAL CENTRE	Yes	30			16		16	53%
F81134	PEARTREE W HORNDON SURGERIES	Yes	57	12	5		9	26	46%
F81691	ETC MEDICAL SERVICES	Yes	43		10			10	23%
F81113	ABELA T & PARTNERS	Yes	41		5			5	12%
F81192	STIFFORD CLAYS SURGERY	Yes	41		1		2	3	7%
F81742	ACORNS MEDICAL CENTRE	Yes	18						0%
F81652	APPLEDORE AND MEDIC HOUSE	Yes	11						0%
F81010	AVELEY MEDICAL CENTRE	Yes	85						0%
F81155	BALFOUR MEDICAL CENTRE	No	37						0%
F81197	BELLWORTHY S V	Yes	13						0%
F81084	CHADWELL MEDICAL CENTRE	Yes	22						0%
F81219	DELL MEDICAL CENTRE	Yes	10						0%
F81177	DESHPANDE A M & PARTNER	Yes	14						0%
F81697	DEVARAJA V C & PARTNER	Yes	11						0%
F81698	DILIP SABNIS MEDICAL CENTRE	Yes	11						0%
F81211	EAST THURROCK MEDICAL	Yes	37						0%
F81198	HORNDON-ON-THE-HILL SURGERY	Yes	4						0%
F81218	JOSEPH L & PARTNER	Yes	7						0%
F81623	KADIM PRIMECARE MEDICAL CENTRE	Yes	12						0%

F Code	Service Provider Name	Signed - up for ES 14-15	Registered LD patient List 14-15 QoF	Q1 activity 30.06.14 (CQRS)	Q2 activity 30.09.14 (CQRS)	Q3 activity 31.12.14 (CQRS)	Q4 activity 31.03.15 (CQRS)	Total activity on CQRS	% undertaken
F81641	KK MASSON AND DR H MASSON	No	12						0%
F81719	MUKHOPADHYAY SURGERY	Yes	8						0%
F81137	ORSETT SURGERY	Yes	23						0%
Y00033	PURFLEET CARE CENTRE	Yes	13						0%
F81206	SHEHADEH MEDICAL CENTRE	Yes	43						0%
Y00999	ST CLEMENTS HEALTH CENTRE	Yes	31						0%
F81110	SUNTHARALINGAM R	Yes	8						0%
Y02807	THURROCK HEALTH CENTRE	No	27						0%
	TOTAL – THURROCK CCG AREA	30	774					135	17%

APPENDIX 2 – 2015/16 ACTIVITY AS AT 16 NOVEMBER 2015

F Code	Service Provider Name	Signed - up for ES 14-15	% undertaken 14-15 on CQRS	Signed - up for ES 15-16	Registered LD patient List 15-16 QOF	Q1 activity 30.06.15 (CQRS)	Q2 activity 30.09.15 (CQRS)	Q3 activity 31.12.15 (CQRS)	Q4 activity 31.03.16 (CQRS)	Total activity on CQRS	% undertaken as at 16.11.15
F81632	HEALTH CENTRE DARENTH LANE	Yes	96%	Yes	23		11			11	48%
F81113	ABELA T & PARTNERS	Yes	12%	Yes	41		4			4	10%
F81211	EAST THURROCK MEDICAL	Yes	0%	Yes	36		2			2	6%
F81134	PEARTREE W HORNDON SURGERIES	Yes	46%	Yes	57	3				3	5%
F81742	ACORNS MEDICAL CENTRE	Yes	0%	Yes	18						0%
F81652	APPLEDORE AND MEDIC HOUSE	Yes	0%	Yes	11						0%
F81010	AVELEY MEDICAL CENTRE	Yes	0%	Yes	86						0%
F81155	BALFOUR MEDICAL CENTRE	No	0%	Yes	36						0%
F81197	BELLWORTHY S V	Yes	0%	Yes	12						0%
F81084	CHADWELL MEDICAL CENTRE	Yes	0%	Yes	22						0%
F81644	CHEUNG K K	Yes	57%	Yes	7						0%
F81219	DELL MEDICAL CENTRE	Yes	0%	Yes	10						0%
F81177	DESHPANDE A M & PARTNER	Yes	0%	Yes	14						0%
F81697	DEVARAJA V C & PARTNER	Yes	0%	Yes	12						0%
F81698	DILIP SABNIS MEDICAL CENTRE	Yes	0%	Yes	11						0%
F81088	DR M ROY & PARTNERS	Yes	93%	Yes	14						0%
F81708	DR PATEL PJ PRACTICE	Yes	83%	Yes	6						0%
F81082	DRS JONES & BYRNE	Yes	58%	Yes	25						0%
F81691	ETC MEDICAL SERVICES	Yes	23%	Yes	42						0%
F81153	HASSENGATE MEDICAL CENTRE	Yes	53%	Yes	30						0%
F81198	HORNDON-ON-THE-HILL SURGERY	Yes	0%	Yes	4						0%
F81218	JOSEPH L & PARTNER	Yes	0%	Yes	6						0%
F81623	KADIM PRIMECARE MEDICAL CENTRE	Yes	0%	Yes	11						0%
F81641	KK MASSON AND DR H MASSON	No	0%	Yes	11						0%

F Code	Service Provider Name	Signed - up for ES 14-15	% undertaken 14-15 on CQRS	Signed - up for ES 15-16	Registered LD patient List 15-16 QOF	Q1 activity 30.06.15 (CQRS)	Q2 activity 30.09.15 (CQRS)	Q3 activity 31.12.15 (CQRS)	Q4 activity 31.03.16 (CQRS)	Total activity on CQRS	% undertaken as at 16.11.15
F81669	OKOI H & PARTNER	Yes	55%	Yes	29						0%
F81137	ORSETT SURGERY	Yes	0%	No	23						0%
Y00033	PURFLEET CARE CENTRE	Yes	0%	Yes	12						0%
F81206	SHEHADEH MEDICAL CENTRE	Yes	0%	Yes	44						0%
Y00999	ST CLEMENTS HEALTH CENTRE	Yes	0%	Yes	31						0%
F81192	STIFFORD CLAYS SURGERY	Yes	7%	Yes	40						0%
F81110	TILBURY MEDICAL CENTRE	Yes	0%	No	9						0%
Y02807	THURROCK HEALTH CENTRE	No	0%	No	26						0%
			17%		759	3	17	0	0	20	3%

APPENDIX 3 – ACTION PLAN – THURROCK CCG AREA

No.	Action	Owner	Timescale
1	Revise Enhanced Service to clarify READ codes and requirements and share intentions with Essex LMC before issuing to practices.	NHS England Primary Care Contracting Teams	End November 2015
2	Reissue Enhanced Service with GP practices across Essex.	NHS England Primary Care Contracting Teams	On 1 December 2015
3	Phone calls to all GP practices in Thurrock to: <ul style="list-style-type: none"> • reconfirm commitment to delivery of ES; • confirm arrangements with additional provider (if no sign up or commitment); • check activity against reports from CQRS; • discuss issues with delivery and problem solve; • estimate end of year performance; • suggest means of capturing offers that are not taken up by LD patients. 	NHS England South & West Locality Primary Care Contracting Team	By 11 December 2015
4	Explore with Thurrock CCG peer support amongst GP practices, additional provider requirements and other models of delivery.	Alison Cowie, NHS England	End December 2015
5	Confirm arrangements with additional provider and ensure activity delivered between January and March 2015.	Alison Cowie, NHS England	Ongoing and finalise after outcome of telephone calls but by end December 2015
6	Develop long term commissioning strategy for LD Health Checks across Midlands and East (East) that gives options for patients during 2016/17.	NHS England/ Thurrock CCG/ Key Thurrock stakeholders	End March 2016

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1 December 2015		ITEM: 7
Health & Wellbeing Overview & Scrutiny Committee		
NHS Thurrock CCG Primary Care Update		
Wards and communities affected: All	Key Decision: Not applicable	
Report of: Rahul Chaudhari, Head of Primary Care and Acute Commissioning		
Accountable Head of Service: Mandy Ansell, (Acting) Interim Accountable Officer		
Accountable Director: Mandy Ansell, (Acting) Interim Accountable Officer		
This report is Public		

Executive Summary

To provide a summary of key issues with regards to primary care in Thurrock, and to provide an overview of steps being taken to address primary care provision in Tilbury.

1. Recommendation(s)

1.1 The committee is asked to note the contents of the report.

2. Introduction and Background

2.1 Following the challenges through the summer experienced particularly in the provision of primary care services in Tilbury, this paper builds on the paper presented to HOSC by NHS England in order to set out a road to recovery. Central to this work is stakeholder involvement in the view to develop facilities and innovative models of care. Each work stream is set out below.

2.2 Tilbury

Following the changes to 2 surgeries in East Tilbury and Tilbury, College Health Limited has been delivering primary care services across two locations in the locality from 1 September 2015 for a period of 12 months. This gives NHS England time to fully engage with patients to find a longer term solution whilst ensuring the patients receive a high quality and safe service following CQC assessments.

As previously presented to HOSC, NHS England and Thurrock CCG have been working closely together to review primary care services in Tilbury to identify potential alternative options for primary care, including GPs, services

in the area. As part of this, a public meeting was organised last month in Tilbury and local residents and stakeholders were invited to this event. The aim of the event was to engage with the service users and take their views to help shape future service provision in the region. The meeting, chaired by Councillor Worrell, was very well attended, and gave local residents an opportunity to share concerns about recent primary care issues in the area.

The CCG is also a key partner in the Tilbury Regeneration work to ensure that there is synergy between the wider development plans for the locality work and with the health plans.

2.3 Tilbury Premises Development

The CCG continues to work closely with the council and all the relevant stakeholders and exploring different options around developing a suitable site within Tilbury for a new purpose-built, integrated health and social care facility.

An options appraisal paper is due to be presented by the council at the January cabinet meeting. This facility will help to address the current lack of suitable, fit-for-purpose primary care estates in Tilbury as well as the recommendations of the primary care needs assessment review that has recently been completed by the Public Health team. The needs assessment will recommend creation of a multi-purpose integrated healthy living centre as part of the Tilbury regeneration programme. This will include an expanded primary care facility collocated with additional diagnostics, a minor injuries clinic, community and mental health services, healthy living programmes and flexible space for the community and voluntary sector.

CCGs nationally have been tasked with reviewing all primary care estate in their CCG and TCCG will be presenting a first draft to NHSE at the end of December but it is acknowledged that the final version will not be complete until the end on March 2016.

2.4 SEEDS

Following the closure of SEEDS on 30th November 2015, IC24 (Integrated Care 24) will be providing Out Of Hours (OOH) service from 1st December 2015. Members of NHS England and the CCGs for Thurrock and Basildon/Brentwood attend the fortnightly SEEDS closure board meetings, as observers to ensure that there is compliance with safe governance arrangements for the safe transfer of service provision to IC24.

2.5 Locality Based Primary Care Weekend Hubs

All four locality Primary Care Weekend Health Hubs are currently up and running. They are based in Corringham, Tilbury, Grays and South Ockendon. The CCG continues to publicise the health hubs and are keen to offer additional ways of booking an appointment. The contract lead for the health hubs is working with the Commissioning Support Unit to further develop and

implement a robust IT platform to enable NHS111 directly bookable appointments.

The clinical leads are reviewing opening hours during the winter months especially over Christmas and New Year and are also exploring various options around providing additional services through the hubs.

2.6 **General Issues**

Recruitment of GPs and practice nurses remain fundamental issues for the CCG and NHSE in the provision of services however the CCG is working closely with council colleagues and provider organisations to look at innovative alternatives with the single objective to keep care closer to home and ensure quality and safety. Key to this is the involvement of the patients and carers and local stakeholders.

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

N/A

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

4.1 It is envisaged that the above approaches will not have an adverse impact on the current service provision.

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

N/A

6. **Impact on Corporate Policies, Priorities, Performance and Community Impact**

N/A

7. **Implications**

N/A

7.1 **Financial**

N/A

7.2 **Legal**

N/A

7.3 **Diversity and Equality**

N/A

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

N/A

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

N/A

9. **Appendices to the report**

N/A

Report Author:

Rahul Chaudhari

Head of Primary Care Development

NHS Thurrock Clinical Commissioning Group

1 December 2015		ITEM: 8
Health & Well-Being Overview and Scrutiny Committee		
Essex Success Regime		
Wards and communities affected: All	Key Decision: For Noting	
Report of: Mandy Ansell (Acting) Interim Accountable Officer NHS Thurrock Clinical Commissioning Group		
Accountable Head of Service: Mandy Ansell (Acting) Interim Accountable Officer NHS Thurrock Clinical Commissioning Group		
Accountable Director: Mandy Ansell (Acting) Interim Accountable Officer NHS Thurrock Clinical Commissioning Group		
This report is Public		

Executive Summary

In June 2015, The Secretary of State for Health, Jeremy Hunt, announced that three challenged health economies in England would be given the status of “Success Regime” areas in order to develop solutions for the challenges faced. These areas are:

1. Essex
2. Devon, and
3. Cumbria

Between 29 September and 2 November 2015 work was carried out by the Boston Consulting Group to determine the “what” the Essex Success Regime (ESR) should focus on but NOT “how” to deliver.

This report sets out the outcome of work with 40 stakeholders including patient representatives as well as a detailed review of CCG and provider plans and data analysis.

The aim of the ESR is:

to improve healthcare services for patients in local health, as well as care systems that are struggling with financial or quality problems, or sometimes both.

To achieve this, NHS England, Monitor and the NHS Trust Development Agency (TDA) are working on a joined-up approach to providing challenge and support to

enable both short term improvements in performance and longer term strategic transformation.

It should be noted that Essex's health economy faces quality, financial and operational challenges which put the sustainability of health and care services at risk. However it should be possible to help fix these problems by looking at them across the wider health and care system and working together at that level.

1. Recommendation(s)

1.1 The Committee is asked to note the progress so far of the Essex Success Regime

2. Introduction and Background

2.1 As the diagnostic work progressed a number of overarching themes emerged these being:

Long standing *"Many of the issues on patch today were here 15 years ago – although are now getting worse"*

System-wide *"The debt may sit mostly in the acutes, but the issues are system- wide and not caused by any single organisation"*

Collaboration gap *"What we've failed to do – and need to do – is get organised above the level of any single organisation"*

No perfect answer *"There are many options – and arguments for each – what we need is a decision we can live with and stick to"*

2.2 And these themes have been distilled into a number of recognizable key challenges:

Clinically and economically disadvantaged acute footprint

Five small hospitals, with higher proportion of non-elective work, with most services provided at most sites and lower volume of elective and specialised work; estate challenges on many sites.

Workforce and talent gaps

Gaps in many clinical rotas, especially A&E, difficulty attracting talent into leadership roles, capacity issue in primary care coupled with aging GP population, challenges recruiting in social and community care.

Complicated commissioning landscape

Seven CCGs, three upper tier local authorities, >500 contracts, consumes significant management time yet risks *"more heat than light"*.

Limited data usage and data sharing

Commissioning plans not always rooted in data driven needs assessments; data gaps on outcomes, and social care expenditure by CCG population.

Time and effort spent on decision-making can be protracted, with decisions often re- opened

Particularly around strategic service line changes

Senior managerial and clinical leader capacity focused on operational imperatives

Hard for leaders to create the time to design and lead major change

- 2.3 The diagnostic then goes on to evaluate the root causes of the challenges articulated:

Urban social geography of Essex

All five acute hospitals serve towns of <180k in population with incomes <£300m: a size associated with higher, and increasing, financial challenges
London acts as a magnet for all job types; in health there is the addition of London weighting

No natural academic 'hub': Essex looks north to Addenbrookes, south / west to London

National and local trends

Aging population: over 75 year olds grew 4.3% vs. national average 3.8% between 2012-14.

National guidelines on safe care and 7 day working driving greater staff needs and higher costs.

London job market has outperformed Essex: 14% vs. 2% growth in all jobs over last five years.

Distance between actual and target funding for Essex

Patch has been below target funding – under a range of formulae – for over a decade.

Now heading towards target.

Rising demand in health and social care

Particularly non-elective, creating challenges in A&E performance and across acute pathways.

Resulting operational challenges *"take senior time and impacts staff morale and recruitment"*.

Few coterminous boundaries

Conurbations, acute catchment populations, health and LA commissioners are rarely coterminous; requires larger number of stakeholders to be involved in decision-making.

No overall Essex plan and few 'givens' around acute footprint

Broad alignment on the need to concentrate clinical services and run hub and spoke models to help create more robust clinical rotas / reduce agency needs and drive better outcomes.....but strategy and legacy investments result in *"every hospital has a reason to do everything"*

2.4 However there is some good news and much positive work is being undertaken including:

- Acute Care Collaboration.
- Established EoE UEC network.
- Specialised services review, e.g. urology.
- Intelligent ambulance conveyancing.
- West Essex ACO new care model.
- Essex Mental Health Strategic Review.
- MDTs integrated with social care.
- GP hubs with care-coordinators.
- Rehab and reablement.
- CAMHs procurement Essex wide.

3. Issues, Options and Analysis of Options

- 3.1 NHS England, Monitor and the TDA have assessed the evidence presented and recommended that the ESR should focus on part of Essex and not the whole. The reasons cited are:

Too large, potentially unmanageable

- Essex is 2x Devon and 3.5x Cumbria Success Regimes.
- Travel time Basildon to Colchester >1hr.

Significant patient flows across county boundary

- Particularly in the West: only 61% of PAH activity is from WE CCG patients, and only 58% of WE CCG acute activity remains in Essex NHS trusts.

Risks not being sufficiently tailored

- Different strategies and priorities to build off across Essex.
- Specific issues may need different support and governance to manage.

- 3.2 It has therefore been agreed by NHSE, Monitor and the TDA that the ESR will focus on Mid Essex and South Essex including the two unitary authorities of Southend and Thurrock.

- 3.3 A number of next steps are being described these are:

- working to identify what needs to be done in Mid and South Essex to address the issues it faces in delivering high quality care for its patients. The national bodies are seeking additional external support to help complete this work and they will announce the outcome of this in November.
- Programme support is a key part of this as the recruitment process for the Essex Programme Director was unsuccessful. There is recognition of the need for a senior leader and the three bodies are identifying how to fulfil this role in the coming weeks.
- The Essex Success Regime is looking at how to deliver sustainable health and care services for residents in Mid and South Essex. Alongside this programme, local and national health partners continue to work closely together to ensure the system can address operational pressures over winter and deliver high quality care for patients.

4. Reasons for Recommendation

- 4.1 The Committee is asked to note the contents of the report as it describes the progress of the Essex Success Regime to date and note the role both the

CCG and the Council and associated stakeholders including patients and HealthWatch, are playing in the process.

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

5.1 N/A

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

6.1 The work is focusing on the delivery of health and social care to the residents of Thurrock.

7. Implications

7.1 Financial

N/A

7.2 Legal

N/A

7.3 Diversity and Equality

All changes in services proposed will have a full quality impact assessment.

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

None identified at present.

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

None

9. Appendices to the report

Appendix 1 - Recommend Success Regime focus on Mid and South Essex With different types of support provided to West and North East Essex.

Appendix 2 - Mid and South Essex – Rationale for ESR Focus.

Report Author:

Mandy Ansell

(Acting) Interim Accountable Officer

NHS Thurrock CCG

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1 December 2015		ITEM: 9
Health & Well-Being Overview and Scrutiny Committee		
Adult Social Care Local Account 2015		
Wards and communities affected: All	Key Decision: No	
Report of: Roger Harris – Director of Adults, Health and Commissioning		
Accountable Head of Service: Les Billingham – Head of Adult Social Care		
Accountable Director: Roger Harris – Director of Adults, Health and Commissioning		
This report is Public		

Executive Summary

The 2015 adult social care local account is our third such report. The report is aimed at the local community and describes how adult social care is performing in delivering our key priorities and the progress we have made on the actions we said we would take in our 2014 local account.

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

A summary of Thurrock's performance on the performance indicators in the national adult social care outcomes framework is also provided.

1. Recommendation(s)

1.1 That Scrutiny Committee consider and note the report

2. Introduction and Background

2.1 Since 2011 and the abolition of the Care Quality Commission (CQC) Annual Performance Assessment, there have been a number of changes made to the performance framework for adult social care. The key elements of the approach to assessing and reporting on adult social care performance are set

out in the Department of Health publication: 'Transparency in Outcomes: A Framework for Quality in Adult Social Care' (March 2011).

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

3. Issues, Options and Analysis of Options

- 3.1 This report is Thurrock Council's third local account, with previous reports being published in March 2013 and February 2015. The principles we used to produce the local account were for it to be:
 - Aimed at the general public and service users and be as short as possible
 - Focussed on outcomes rather than outputs or excessive data
 - Focussed on our vision for the transformation of adult social care services
 - Based around our 10 key priorities agreed in last year's report
- 3.2 The local account aims to tell people how we help adults who may require care and support in Thurrock. The report describes:
 - How we spent our money
 - Our achievements and the things we need to improve
 - Our future plans and priorities
 - How the public can be involved and give their views

4. Reasons for Recommendation

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

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

- 5.1 This report has been consulted on and agreed with the adult social care senior management team. The local account includes examples that demonstrate how adult social care has engaged with and worked in partnership with, other partners and stakeholders.
- 5.2 The local account will be published on the Council's corporate website and there will be an opportunity for the general public and/or service users to feedback comments and suggestions.

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

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

7. Implications

7.1 Financial

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

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

7.2 Legal

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

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

7.3 Diversity and Equality

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

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

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

None

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

- None

9. Appendices to the report

Appendix 1 - Adult Social Care Local Account 2015

Report Author:

Ann Laing

Contract Compliance Intelligence Officer

Adults, Health & Commissioning

Adult Social Care in Thurrock

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



2015

Introduction

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

In this report we will tell you about:

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

In our previous reports we talked about the unprecedented financial savings we need to make which are on a scale we have never seen before and will continue for a number of years. With increasing populations in the Borough of vulnerable people with complex needs, frail elderly and those with dementia, and children transitioning into adulthood with autism, we have an ever increasing demand on our services for care and support with less and less money with which to meet those needs.

In addition the Care Act 2014 has introduced new legal duties and requirements for Adult Social Care and support, for example increased rights for carers, developing more preventative services, integrated working with other colleagues such as health and housing, and providing information and advice.


In the past councils have provided the same traditional types of services such as residential care, and care has typically only been arranged for people once they have reached crisis point. This is no longer viable anymore. We need to be radical in thinking about how we can change our approach to support those in need but also to introduce new ways of delivering a person's outcomes that are more efficient and effective, and that keep people independent in the community for longer. This includes a range of non-service solutions that focus on strengths and move away from a focus solely on meeting need.

But we can't do it on our own. We all need to take responsibility for the health and wellbeing of the people in our community, particularly the elderly and the vulnerable. We need to all work together - from the Council, our partner organisations and service providers, to the community charities and groups, and to the individual – to make our communities strong, resilient and full of resources that people can use to remain independent and active.

This work has already started and we have seen a lot of good achievements and positive changes over the last couple of years. This report aims to update you on what we have been doing, how we have progressed with our priorities and vision, and most importantly, how you can help us and get involved.



Councillor Barbara Rice
Portfolio Holder for Adult Social Care and Health



Roger Harris
Director for Adults, Health & Commissioning

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Our Vision

**'Resourceful and resilient people
in resourceful and resilient communities'**

Our vision for health and well-being is 'resourceful and resilient people in resourceful and resilient communities'. In adult social care we want people living in Thurrock to enjoy independent, rewarding and healthy lives in communities that are welcoming, inclusive, connected and safe. Unfortunately, we know that this is not the case for everyone - particularly for older adults and vulnerable people who require care and support.

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

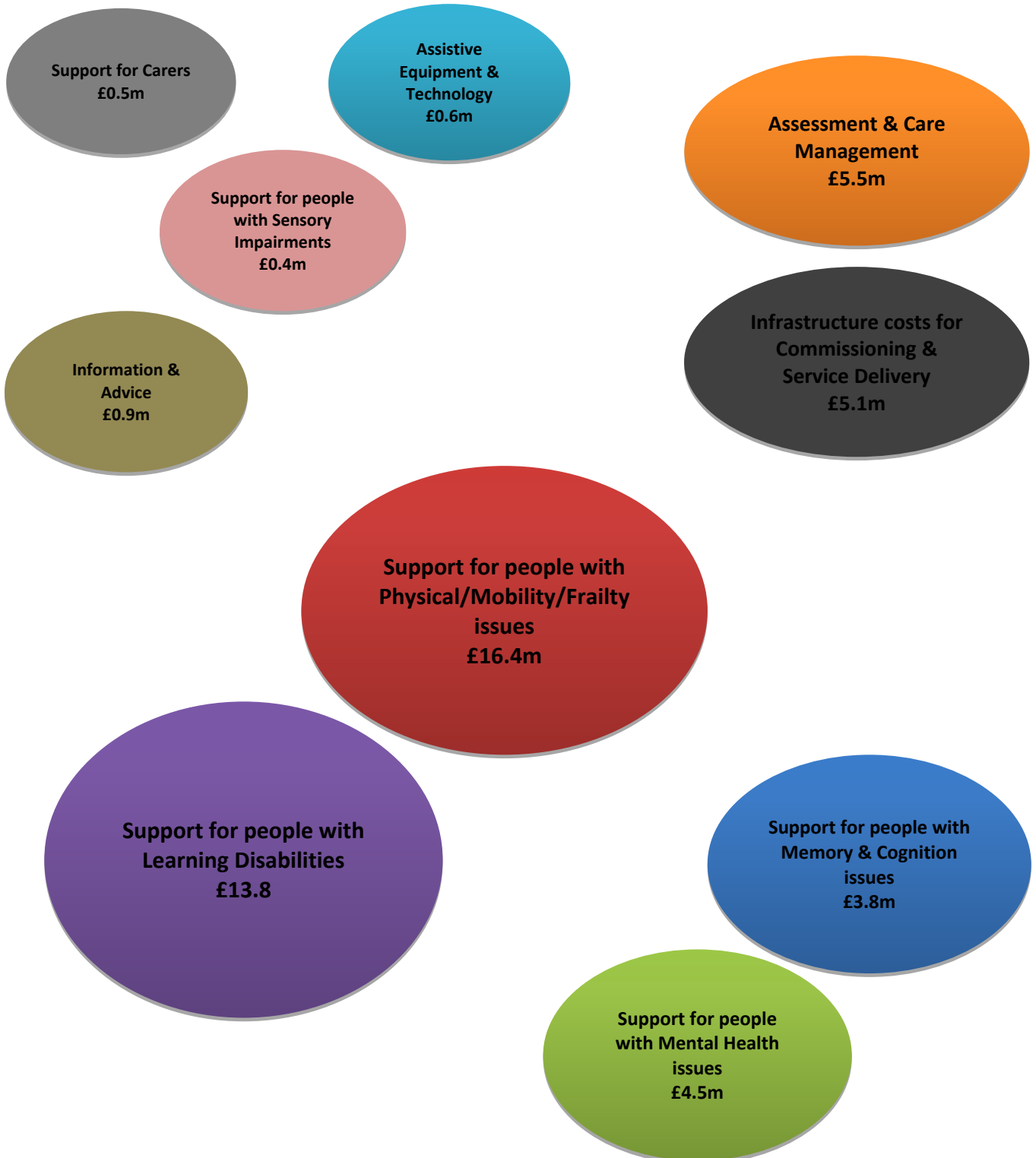
Because of the scale of the challenges ahead, we recognise that there is no single solution and that what is needed is a 'whole-system' approach. This means working in partnership with communities, services, partner organisations and the private sector to shift resources towards preventative well-being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

Building Positive Futures is our programme to deliver these aims:



Our Budget

We spent £51.6 million on adult social care services in 2014/15. The chart below shows how our spending is split across key areas:



* Gross expenditure

Our Challenges

Thurrock Council faces cuts on a scale that has not been seen in the Borough before. The Council has to reduce its spending by around £32 million over the next three years, with further savings likely beyond that. This means a 25% cut in our total budget as a Council.

We have already had to make significant savings over the last few years. Until now we have managed to make most of these savings through cuts and increased efficiency in back office functions; however it is becoming increasingly difficult to find ways of making savings that don't impact on front line services.

In addition to the budget pressures, Thurrock's population of older people is growing and the complexities of people's needs are increasing. For example, data shows that:

- Our older person's population (65+) in Thurrock is predicted to increase by 49% by 2030, with a predicted 118% increase of people aged 90 or over
- The numbers of people aged 65 and over who have dementia is predicted to increase by 68% by 2030 with a 52% increase in those with a limiting long-term illness
- More older people will be carers; a predicted 44% increase by 2030;

We are also predicted to see an increase in the number of people aged 18-64 with a learning disability (6% increase by 2030), and physical disability (7% increase by 2030). 7% more people aged 18-64 will have an autistic spectrum disorder and 11% more people aged 30-64 will have early onset dementia.

Furthermore, there are 57 young people aged 14-17 who will be transitioning from children's social care services to adult social care over the next 4 years. This will put added pressure on the budget. 54% of these young people are also on the autism spectrum and as we have no specialised services for people with autism currently, we will need to look at how we can meet these needs in the future.

It is recognised nationally that there is a crisis in home care and there is no difference in Thurrock. Providers of home care services are struggling to recruit and retain staff within the current financial climate. This is something that we are constantly monitoring, however the situation continues to be a significant risk and stabilising the home care market is a key priority going forward.

Recruitment and retention of qualified staff and care staff continues to challenge both the Council and all our health partners. Social Work and Occupational Therapist recruitment has been difficult for us, however due to different ways of approaching this we have been successful in retaining and recruiting social workers for this year.

Our 10 Key Priorities for 2015



Implementing the new duties and requirements in the Care Act 2014



Developing more joint health and care services designed to support people to stay strong, well and connected in their own communities, e.g. Personal Health Budgets



Expanding and accelerating our Building Positive Futures programme and strengths-based approaches (such as Local Area Coordination, community building and time banking) to maximise independence and make services more local and personalised



More joint working with schools, health and education to keep disabled young people transitioning into adult social care independent in their communities through volunteering and employment opportunities



Launching a new and improved information and advice website so that people have easy access to information and advice and have confidence in planning their own support



Making it easier for people to access social care by developing online self-assessments and the ordering of basic equipment online



Making sure that where eligible, people receive support through a personal budget and wherever possible a cash payment that offers the most choice and control



Developing a greater range of small-scale services to enhance choice and control, driven by our Market Position Statement e.g. micro-care enterprises



Ensuring that we have the right plans and strategies in place to ensure the best possible support for conditions including autism



Continuing to implement Thurrock's dementia-friendly communities initiative, helping to support people with dementia in their own communities

Priority 1 – Care Act 2014

Implementing the new duties and requirements in the Care Act 2014

The Care Act 2014 is the most significant piece of legislative change affecting adult social care since the introduction of the National Assistance Act in 1947. Part 1 of the Act became operational in April 2015 and introduced a number of new duties and requirements for councils and their partners including a general duty of wellbeing, a duty to prevent, reduce and delay the need for care and support, and the duty to provide information and advice. Part 2 of the Act was supposed to be introduced from April 2016 and would have introduced a cap on the cost of care and an extension to the means test. The Government recently announced that part 2 of the Act would be delayed until 2020.

Duty to Provide or Arrange Services that Prevent, Delay or Reduce the Need for Care & Support

In Thurrock, we already have a huge emphasis on services that prevent, delay or reduce people's need for care and support services. This is the basis of our vision for adult social care – Building Positive Futures (BPF). Our BPF programme is focussed around strengths-based approaches such as Local Area Coordination to maximise the independence of the individual in the community. Please see **priority 3** on page 14 for further information about our progress with this programme.

In addition to the Building Positive Futures Programme, we also have a range of other preventative services such as the Rapid Response Assessment Service (RRAS), which aims to prevent unnecessary hospital admissions or admissions to long term care by responding to people in or at the point of crisis. Our Joint Reablement Team (JRT) also provides support to people to regain skills or mobility after a period of illness or hospital admission. Our Interim Beds run out of our Council-run residential care home can provide support to enable people to regain their independence after illness or hospital admission so that they are able to return home. We also provide a wide range of telecare equipment to enable people to remain safely in their homes without the need for intrusive, higher level support, and also have a range of supported housing services to establish or maintain people's independence in the community.

Our Community Solutions Team, which is the single point of access for adult social care signpost individuals to preventative services and these services are considered before more intensive services are put in place.

In addition, we are working closely with our partners to prevent, reduce and delay the need for care and support. This includes work with Housing colleagues to provide specialised housing for older people and also for people with Autism. We are also working with planning colleagues and the NHS to ensure that future developments in Thurrock have a positive impact on health and wellbeing and that health infrastructure can focus on prevention as well as ill-health.

Duty to Promote Integrated Care and Support with Health Services

We continue to work with our health colleagues to provide integrated services where it makes sense to do so. In 2013 the Government announced the introduction of a Better Care Fund (BCF) across the NHS and Adult Social Care. The BCF consists of a pooled fund made up of NHS (Clinical Commissioning Group) and Adult Social Care funds to be used to promote integrated working with the aim of reducing the number of unplanned admissions to hospital. All local areas had to submit a plan detailing how the fund would be spent during 2015/16.

We already have some excellent examples of joint working with health which will continue to be funded through the Better Care Fund:

- Our Rapid Response Assessment Service (RRAS) and Joint Reablement Team (JRT) as described above are both services provided jointly by social care and health to ensure individuals have a holistic service that meets both their health and social care needs.
- We also have a social care team based at Basildon Hospital that works very closely with Basildon Hospital to plan timely discharges of patients, ensuring the right care is in place to appropriately support individuals as they leave.

We have also recently agreed a joint post with our health partners for an Integrated Care Director for Thurrock. This post will be focussing on how to integrate more health and social care services. One of the first things to be considered will be a joint single point of access for social care and health services.

For more information on these initiatives, please see **priority 2** on page 10.

Duty to Provide Information and Advice

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

Our Local Area Coordinators (LAC's), who work in specific areas across Thurrock, are vastly knowledgeable on the local resources available in the community and one of their key functions is to provide advice on what is available that can meet individuals specific needs.

We also have a range of advice and information available in our Community Hubs, which brings local resources together in one place. We currently have Hubs in South Ockendon, Chadwell St Mary and Stifford Clays/Blackshots but we have plans in place for more.

Our Carers Advice and Information Service (Cariads) is provided by three voluntary sector organisations, Thurrock Mind, Thurrock Lifestyle Solutions and Thurrock Centre for Independent Living and has been running for over a year. In 2014/15, the service had contact with 506 new carers who had not received any support from Cariads in the past.

Market Shaping

The Care Act gives the Council the duty services to ensure there is a diverse range of high quality services available.

Over this year we have developed a Market Position Statement which sets out how we will be developing the market over the next few years and helps existing and new providers of services identify what Thurrock's requirements are. Please see **priority 8** on page 24 for more information.

Duty to Undertake Assessments for Care & Support

Assessments have shifted to be outcome and wellbeing focussed rather than needs based. This means that a far broader range of options should be considered when looking at how the individual can meet the outcomes they have identified as being most important to them.

Carers rights are far stronger under the Act, and they now have the same legal right to an assessment as those they are caring for regardless of the level of need the person they are caring for has.

The Act also introduced a new national minimum eligibility threshold that all council's must use to determine whether people are eligible to access council support. The new eligibility criteria is outcome-focussed and looks to what the individual can rather than cannot do, and focuses on the need for

councils to provide a range of options to meet outcomes, moving away from traditional service responses.

We have introduced a new assessment form that is compliant with and embodies the ethos of the Care Act and use this on all assessments we carry out.

Entitlement to a Personal Budget

Individuals will have a legal entitlement to a Personal Budget, which is a statement on the costs of their care. We are already providing Personal Budgets to some services users but this will need to be expanded to all service users.

This year we have developed a Resource Allocation System (RAS); a web-based programme which provides an indicative personal budget based on an individual's needs. Currently this is being piloted by staff and is not yet 'live' for the public to use. This will continue to be developed.

Please see **priority 6 and 7** on pages 22 and 23 for more information.

Duty to have an Adult Safeguarding Board

Thurrock Council has had an Adult Safeguarding Board in place for several years and we welcomed the opportunity for the Board to be put on a legal footing comparable with Children's Safeguarding arrangements. Our Adult Safeguarding Board has ensured that it is compliant with the Care Act.

Funding Reforms

Part 2 of the Care Act introduced significant funding reforms including a cap on care costs so individuals will not have to pay towards their care costs once this cap is reached, and an extension to the means test, which means that more individuals will qualify for financial assistance.

Originally due to be introduced in April 2016, the Government announced during 2015 that the part 2 changes would be deferred until 2020.

Priority 2 – Joint Health & Care Services

Developing more joint health and care services designed to support people to stay strong, well and connected in their own communities e.g. Personal Health Budgets

In 2013 the Government introduced the Better Care Fund (BCF). The Fund consists of pooled money shared between local authorities (Adult Social Care) and the NHS (Clinical Commissioning Groups) to support the integration of social care and health where appropriate, with an overriding aim of reducing the number of unplanned emergency admissions to hospital. The Fund is entirely made up of existing money funding streams. There is a mandated amount that councils and Clinical Commissioning Groups (CCG's) must add to the pooled fund, but there is local discretion to add more to the Fund.

Together with our health colleagues in the Thurrock NHS Clinical Commissioning Group, we produced a Better Care Fund Plan which focuses on reducing hospital and residential care admissions for older people aged 65 and over. Our Plan was approved nationally in February 2015 and can be found here: [Better Care Fund Plan](#)

Since this time we have established a group called the Integrated Commissioning Executive (ICE). Made up of senior colleagues from both health and social care, the ICE will be responsible for overseeing and monitoring the delivery of the BCF Plan. A full implementation plan was agreed in June 2015

The Plan has 4 main work streams:

Scheme No	Scheme Name
Scheme 1	Local Service Integration
Scheme 2	Frailty Model
Scheme 3	Intermediate Care
Scheme 4	Prevention & Early Intervention

Scheme 1 – Local Service Integration

The aim of this scheme is to integrate services in Thurrock around four Community Hubs which will align with four GP clusters. This is so that we can offer services to the people of Thurrock based on an understanding of the needs of each local community. Services will include community health services, mental health services, housing, adult social care and primary health care. The services will target people with long term conditions who are most at risk of admission to hospital or a care home.

The new Integrated Director for Care will be ensuring a single point of access for people that provides information about health, social care and wellbeing.

Scheme 2 – Frailty Model

This scheme aims to provide enhanced services to older people who have complex needs including frailty and dementia who are at the most risk of their health deteriorating. The model will provide support to individuals in the community to promote self-care and independence and to prevent crisis, deterioration, hospital admissions and residential care admissions.

There are already many services in place to support frail elderly people; however these often operate in isolation of one another. This scheme aims to bring them together into integrated services.

Our Rapid Response Assessment Service (RRAS), which is already an integrated service with social care and health, has already been very successful in supporting people in crisis. In 2014/15, the RRAS

had 3,404 referrals (an average of 284 per month). 87% of referrals were for people aged 65+. Of those who were visited and assessed, only 3.2% resulted in an immediate admission to hospital. This is a 1.5% reduction from 2013/14 and is well under our target of 7%. The Frailty Model will see a greater expansion of this service to a 24 hour service.

We already have good end of life care for those individuals in the final year of their life. We maintain a coordinated care register for individuals at end of life to ensure advanced care planning takes place that is in-keeping with the service users' wishes. Currently 100% of all patients on the coordinated care register have an advanced care plan within 3 months. The end of life care service will be further enhanced by being included in the single frailty pathway.

We have been using Telecare and Telehealth devices for some time to provide discreet solutions to support individuals with long term conditions to live safely in the community and maintain their independence. In 2014/15 there was a 99% service user satisfaction rate with the telecare services provided by a contracted organisation, Red Alert. The continued use of telecare and telehealth will form a part of the frailty model.

Our Older People Mental Health Team is already very well established and this will be further strengthened by introducing a single point of access for GP's which is currently not in place, particularly for people with dementia.

We have introduced Multi-Disciplinary Meetings (joint meetings incorporating social care and health colleagues) in our care homes through the Community Geriatrician which reviews all patients residing in the care homes and identifies those most at risk of hospital admission. Plans are then put in place to minimise the risks. We have also employed a dedicated Community Psychiatric Nurse to work with care homes to ensure mental health needs are identified. The Frailty Model will further integrate and develop this approach and will see the Community Geriatrician role integrated into the Frailty Model positioned at the initial point of access into services to ensure individuals with complex needs are identified at the point of referral to ensure they get the right care quicker.

We have also maintained our attendance at all GP Multi-Disciplinary Meetings which has resulted in improved joint working across health and social care.

We will also continue to work with the Ambulance Service to ensure they understand the different range of support available that may be better suited to meet needs rather than a hospital admission.

Scheme 3 – Intermediate Care

We already have Intermediate Care services in place which are services providing reablement and rehabilitation after illness or crisis to enable people to gain/re-gain the skills necessary to live independently. These services are used to ensure people who have been admitted to hospital do not stay in hospital for longer than necessary and they can help people to return home with reduced need for ongoing care, preventing further hospital admissions. In addition, they can provide an alternative safe place for people in crisis to prevent hospital admission occurring in the first place.

This scheme aims to further extend the availability of intermediate care services available and develop an enhanced home care service that will enable people, where appropriate, to be discharged from hospital back to their own home where an assessment will be carried out focussing on how that person can best be supported to remain at home.

The Council has in place a Hospital Social Work Team based at Basildon Hospital. This is a team made up of social workers who work jointly with health to plan patients' discharges from hospital to ensure this is both timely (i.e. they are not left in hospital for longer than necessary) and that appropriate services are in place prior to discharge to support patients rehabilitation.

We also have in place a Joint Reablement Team (JRT) which is a fully integrated service between health and social care to provide reablement/rehabilitation to individuals in their own home and is working very successfully. In 2014/15, 576 individuals completed a period of reablement, an 8.5% increase from 2013/14, and of these, 65% resulted in having a reduction in care package or no care package at all (2% increase from 2013/14). 94.1% of people using the service who completed a survey in 2014/15 reported that the quality of their day to day life had completely or mostly improved following support; and 87.5% stated that the service had helped them to be more independent to stay in their own home. 85% of older people (aged 65 and over) who were discharged from hospital in 2014/15 into a reablement or rehabilitation service were still living independently at home 91 days later.

We have a number of Interim Beds available at Collins House, our council-run residential care home in Corringham, which operates as both a step-down service from hospital whereby reablement/rehabilitation can be provided to help individuals to regain their independence as much as possible, and also a step-up service to people in crisis to prevent hospital admission. In many cases the beds are used as a safe place for a full assessment of an individuals' long term needs to be established outside of a hospital environment, thus not delaying discharges. Due to funding restrictions the beds have been reduced to 12. Demand now outweighs capacity and we are looking to increase these in the future.

In 2014/15 there were 83 referrals to the Interim Beds and of these, 66% were from the hospital team to facilitate timely discharge, assess long term needs and where appropriate, provide rehabilitation. In addition 29% of referrals were to avoid admission to hospital. There were 83 departures from the service in the year and the table below shows the destinations of these individuals:

Destination	Number/% of Service Users
Returned to the Community/Home	44.6% (37)
Moved to Extra Care	4.8% (4)
Moved to Residential Care	36.1% (30)
Admitted to Hospital	12.0% (10)
Deceased	2.4% (2)

Scheme 4 – Prevention & Early Intervention

Prevention and early intervention is a key element of the new Care Act, and is the main focus of our Building Positive Futures Programme. Prevention and early intervention is also the key focus of whole system transformation – ensuring that where possible, people avoid ill-health and can better manage poor health when it arises. The aim of the scheme is to further develop and embed our prevention solutions.

We already have many initiatives and services that aim to prevent the need for more intensive services and to avoid hospital admissions, but our main approach is Local Area Coordination (LAC), which is jointly funded by social care, public health and the fire service.

Local Area Coordination (LAC) was implemented in July 2013 beginning with three Local Area Coordinators (LAC's) working in specific local communities. The LAC's work with individuals focussing on their strengths rather than their needs and help them to find their own solutions within community resources to better their lives. The service aims to help people stay independent and active in their communities without the need for more intrusive services. Following the success of the initial pilot, a further three LAC's were recruited and as part of this scheme in the Better Care Fund Plan, another three LAC's have now been recruited, providing full coverage of all the local communities in Thurrock. Initial studies have demonstrated the importance of the scheme in helping people to avoid requiring a service or spiralling towards crisis point and more expensive health and care interventions.

The work of the LAC programme is discussed in more detail in **priority 3** on page 14.

We have also reviewed and developed our falls prevention programme that targets people most at risk of, or who are experiencing, falls and supports individuals to minimise these risks. A high proportion of older people entering hospital as an unplanned admission do so as the result of an avoidable fall. This part of the scheme is being funded by Public Health, who will also be leading on a review to identify individuals with high numbers of admissions to hospital with the aim of being able to use this knowledge to plan support that can prevent admissions.

As discussed in scheme 2 above, the Council already provides a range of telecare and equipment to improve people's independence. However, this can only be provided to individuals who meet our eligibility criteria. For people whose needs are not substantive enough to meet our criteria but who have low needs that could get worse with time, equipment can still be an effective way of preventing those individuals from deteriorating. As such, part of this scheme will also be to improve both the knowledge of the public, and their access to equipment that they can purchase privately.

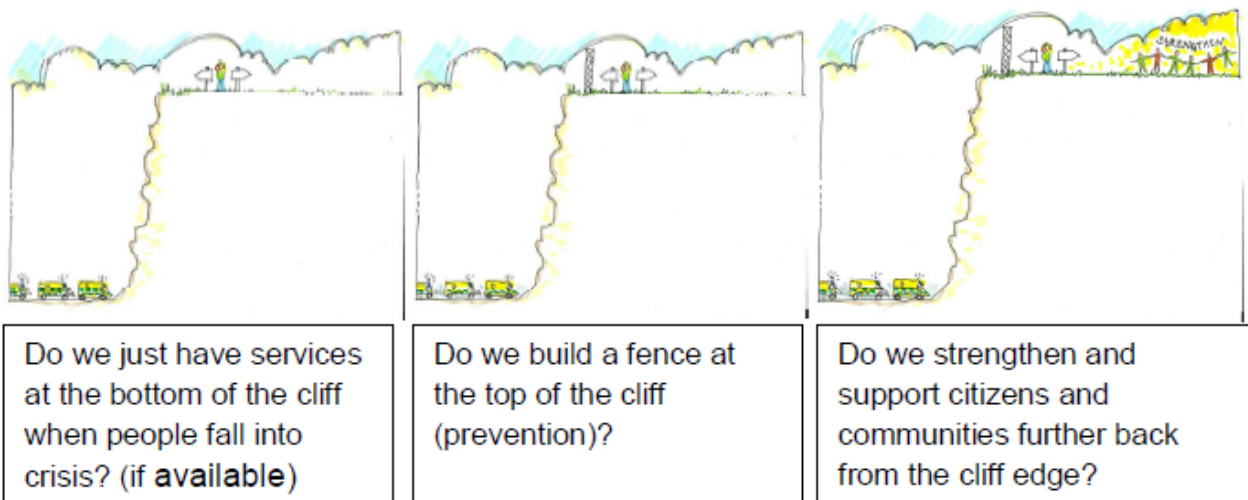
Priority 3 – Building Positive Futures

Expanding and accelerating our Building Positive Futures programme and strengths-based approaches (such as Local Area Coordination, community building and time banking) to maximise independence and make services more local and personalised

As mentioned in the 'Our Vision' section at the beginning of this report, Building Positive Futures is the Council's main programme to deliver our vision of 'resourceful and resilient people in resourceful and resilient communities'. We want to move away from assessing people only in terms of what they need and what they can't do, and start finding out what people can do, what their strengths are and how these can be built on. This is called an asset-based approach.

The Building Positive Futures programme also looks at how the assets and resources of local communities can be built on, supported and strengthened to make them inclusive for all people, safe and full of community resources that individuals can draw on when they need help rather than having to turn to the Council for support.

Our vision is in keeping with the Care Act 2014 as it focusses on preventative services.



The next few sections give some examples of the work being carried out as part of this programme and you can find out more at the following website: www.strongertogether.org.uk

Local Area Coordination (LAC)

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

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

The programme has seen great success in working in partnership with other organisations; for example one of the LAC's is part funded by the Fire & Rescue Service and has been able to help a number of individuals minimise the risk of fire in their homes, particularly hoarders. Three of the posts are funded

by Public Health who have recognised the value of the programme in helping people's health and wellbeing. The remaining posts are being funded through the Better Care Fund (see **priority 2**).

In November 2014 a 14-month evaluation of Local Area Coordination took place; at this time there had been over 300 people introduced to LAC. Support provided has been varied, examples include:

- helping people overcome social isolation by helping people to access local community groups and clubs;
- linking individuals together for mutual benefit such as gardening, laptop tuition and providing transport to appointments;
- helping individuals to find volunteering opportunities where they can give back to their community;
- supporting people to access benefits and deal with housing issues including preventing eviction;
- supporting individuals to lead more active and healthy lifestyles, including reducing smoking and/or alcohol intake, jointing exercise groups etc.

Community Builders

Two Community Builders were appointed in July 2014 to work in the Stifford Clays/Blackshots and South Ockendon areas. Their aim was to build up the connections, goodwill and neighbourliness of the people in their communities, linking people together and identifying Local Connectors – people who have a passion for their neighbourhood and who are willing to give their time to help build more welcoming, friendly neighbourhoods that are inclusive. As part of their work Nurture Development has commissioned a report that showcases some of the great work, or stories, that they have been a part of. This report is viewable at: [Nurture Development](#)

Following the success of these two community building projects, the Stronger Together partnership are looking at approaches to extend asset based community development by identifying Local Connectors. In October 2015 we have identified 25 volunteers that are interested in becoming a part of this project, although their main role will be to connect people they will also begin creating an asset map for Thurrock.

New Flats for Older People

In the last report we explained that we had secured funding to build 28 one-bedroom flats for older adults in South Ockendon. These flats are now in the process of being built and are designed to be 'care ready' so that occupants will be able to remain independent for as long as possible and will not be required to move if their care needs increase. They will include attractive balconies overlooking communal gardens, communal areas for socialising, well-proportioned rooms, and space for wheelchairs etc.

Further funding has also been secured for similar housing comprising 38 new flats to be built in Tilbury. This scheme is due to go on site shortly.

The Council, in partnership with Family Mosaic, has put in a bid to secure funding for 8 units of housing specially designed for people with autism.

Small Sparks

We have set up a fund called 'Small Sparks' to provide one-off small amounts of money to community projects to enable communities to start building assets and resources. To date many people have applied for this funding and below are a few examples of what it has been spent on:

- Equipment to create a community garden comprising 3 planters and a safe area for children to play

- Lockable storage cabinet for storing park equipment to help keep a local park clean and litter free
- Multi-cultural street party which was free attendance and enabled members of the community to come together and build relationships
- New equipment for a picnic area in a local park for children
- Start-up costs for a new friendship club for elderly gentlemen
- Funding to enable a school to open on Christmas Day to provide a Christmas Dinner and social activities for people without families.
- Table Tennis Table for a club that has been running for over 8 years primarily for older adults providing fitness and social engagement
- Tools and supplies for a knitting club providing clothing for babies residing in a neonatal unit.

Timebanking

Timebanking is a volunteer scheme where members of the scheme offer and receive services without any exchange of money. People offer their services which other members can receive and by doing so they build up hours, which they can then redeem by choosing to accept services that other members are offering.

Services offered can include anything and all time is equal so an hour spent giving a service to someone else equals an hour banked that you can use to get a service from someone else. An example of this is someone spending an hour doing gardening for a neighbour who is not able to, and in exchange receives tutoring in computers from another member.

Our Timebanking scheme was officially launched in February 2015 and now has 167 members who have exchanged around 6000 hours.

Animate

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

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

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

Shared Lives Scheme

Over the coming year a key area of focus within our Building Positive Futures programme is to develop a Shared Lives scheme in Thurrock.

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

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

Shared Lives can be used to support short breaks (respite care), day support, home from hospital care, emergency support, a stepping stone towards independence or a long term home for people. Shared Lives carers and those they care for are matched for compatibility and then often develop excellent relationships with the carer acting as extended family.

With the introduction of the Care Act, it is anticipated that an increasing number of carers will be identified, many of whom will benefit from 'replacement care' services, such as Shared Lives.

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

The community work we have already focussed upon in Thurrock, including the development of the Community Hubs and the Local Area Co-ordinators, means that we are in a good position to be able to link closely with our local families.

Priority 4 – Education & Employment for People with Disabilities

More joint working with schools, health and education to keep disabled young people transitioning into adult social care independent in their communities through volunteering and employment opportunities

For young people who have a Statement of Special Educational Needs (SEN) and/or a disability or complex long term health condition, support is provided through our Children's Social Care Department. However, when those young people reach adulthood they are transitioned into Adult Social Care.

This can be a very daunting process as Adult Social Care has different funding and thresholds for services compared to Children's Social Care and so some young people may find that they are not eligible for the same services they used to receive.

Therefore, it is important for Children's Social Care and Adult Social Care teams to work together with our young people to make this transition as smooth as possible. We must also work with our partners in schools, health and education. This process of transition takes place over a long period from when the young people are aged 14 up to them turning 25.

Thurrock Transition Strategy

Our Transition Strategy was produced in 2013 and spans three years up to 2016. In this strategy, our vision is:

'Our vision is to help young people take their journey into adulthood with confidence, enabling them to achieve and reach their full potential, living lives they want to lead'

The strategy sets out an action plan to ensure young people have:

- Choice and control over their support and services when they transition into adulthood
- Control over the assessment process which is person-centred
- Confidence that our staff are skilled and trained to a high standard with an understanding of the barriers our young people may face as well as knowledge of the support available
- Confidence that information about young people is shared appropriately with the person's knowledge so that support can be seamless between children and adult services
- The correct advice and information on what support is available in the community and from health and social care

We have in place the Thurrock Transition Support Group (TTSG) to ensure we deliver the actions in the strategy. You can read the full strategy here: [Transition Strategy](#)

Supported Internship Programme

Thurrock Council is working with partners Thurrock Lifestyle Solutions and Thurrock Adult Community College to deliver the Supported Internship Programme; a programme aimed at young people aged 16-24 who have a statement of special educational needs, a Learning Difficulty Assessment, or an EHC plan, who want to move into employment and need extra support to do so.

Participants gain accredited qualifications and work experience with the aim of this leading to paid employment. With the help of a job coach and support which is tailored to each individual's needs, participants will develop the skills that employer's value, enabling them to demonstrate their value in the workplace and develop confidence in their own abilities to perform successfully at work.

To date a small number of pilot programmes have supported 9 young people into paid employment, others into voluntary work or further education, and some continue to receive support securing further work experiences or paid employment. The Pilot programmes helped us develop a new year long programme and in July a further 15 students started work with their Job Coaches. They spent a few hours a week getting to know each other, enabling the Job Coaches to build a picture of interests and support needs, and in September the students started college where they develop and learn skills that they will need in the workplace. Work placements will soon commence and the feedback from students and job coaches is that they are already learning new skills and enjoying themselves too.

Work with South Essex College

South Essex College has this year launched two new programmes; the Learner Pathways Programme and the Pathways to Independence Programme.

The Learner Pathways Programme is aimed at students who may not have had a good experience in school or who had difficulty engaging in school. This programme helps students decide the next steps to adulthood, students will gain accredited qualifications and experience in a number of different vocational areas with progression to a L1 vocational programme of their choice or apprenticeship/employment.

The Pathways to Independence Programme (Physical & Sensory Disability and Employability Programme) is designed for students who have a Learning Disabilities Assessment (LDA) or Education & Health Care Plan (ECHP). The Physical & Sensory Disability Programme covers a range of independence skills including working with others, money management & healthy living. Students will participate in work related workshops; take part in employer related community projects, work experience/voluntary placements with a view to progressing to the Employability Programme which further develops the skills needed in the workplace. Thurrock has over 40 students participating in these programmes and feedback is again very positive. We have a greater number of students who have complex needs and require High Needs Support attending college this year and the feedback from students and parents about the courses and the support provided is very positive.

In addition we have a number of learners with learning difficulties and or disabilities attending various mainstream programmes at Palmers, SEEVIC, Barking and Dagenham and Havering Colleges.

World of Work Service

One of the main priorities of young people when they reach adulthood is to gain employment. Our World of Work service is provided by Thurrock Centre for Independent Living (TCIL) and is designed to support people with learning disabilities to prepare for, and obtain, employment. This will enable individuals to gain more independence in the community, increase their confidence and improve their social isolation.

Key activities of the service include:

- Skills development
- Preparation for work training
- Support to access training and education opportunities
- Support to access work experience placements
- Support to obtain paid or voluntary employment

In 2014/15 the service supported on average 64 individuals at any one time. Approximately 31% of service users were young people aged 16-25 years old and a further 26% were aged 26-35 years old.

Outcomes in 2014/15 were as follows:

- 93% of service users participated in skills development
- 86% in preparation for work activities
- 68% participated in training and education
- 48% participated in a work experience placement
- 13% obtained paid work
- 57% obtained voluntary work

There was a 91% average satisfaction rate of service users with the service.

Day Opportunities Service

Another service we have in place is a Day Opportunities Service for adults with learning and/or physical disabilities. This is provided by Thurrock Lifestyle Solutions (TLS). This service provides a range of day services and activities, but one of their focus areas is on employment, education and training opportunities.

Key aims of the service are:

- To provide support and day activities for people with learning and physical disabilities that live independently
- To provide a transition service that prepares people to become independent

The philosophy of the service is to encourage and motivate service users to greater independence and towards supported employment.

In 2014/15 the service supported on average 167 service users at any one time. Approximately 26% of service users were aged 16-25 years old and a further 20% were aged 26-35 years old.

Outcomes in 2014/15 were as follows:

- 100% of service users reviewed in the year stated that their outcomes had been met
- 16% participated in paid work
- 15% participated in voluntary work
- 5% participated in training/education

Priority 5 – Information & Advice Website

Launching a new and improved information and advice website so that people have easy access to information and advice and have confidence in planning their own support

One of the new legal responsibilities in the Care Act 2014 is having comprehensive and up to date information and advice available for service users and prospective service users to be able to understand what is available in the community, what they are eligible for, and how they can access services. This is so that individuals have the right information at the right time to help them plan for their care needs and can exercise real choice and control over their lives.

Corporate Website Redesign

Our section of the Council website was completely redesigned and re-launched in 2014 which makes finding information and advice far easier and more straight-forward. Old information has been removed and the website is now up to date and more user-friendly.

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

Advice & Information

Alongside this we have also launched a new specific information and advice website at <https://mycare.thurrock.gov.uk/> where the public can find information about services provided by the Council as well as local community groups, services and resources.

The website is very user-friendly and provides over 300 pages of information and advice on different options and services available for people requiring support. We will be keeping it under review to make sure it remains up to date with relevant information.

The screenshot shows the website interface for 'thurrock.gov.uk'. At the top, there is a navigation bar with the text 'Home > Adult care and health' and a search bar with a magnifying glass icon and a 'back' button. Below the navigation bar, the main heading reads 'I would like to find out about...' followed by the instruction 'Click on image to select...'. There are ten interactive tiles arranged in two rows of five. Each tile has a title and a corresponding image: 'living at home' (pink background, image of hands holding a pink bunny), 'getting out and about' (blue background, image of two people walking in a park), 'care homes and housing options' (white background, image of two elderly women talking), 'autism, disabilities and sensory loss' (green background, image of a family), 'health, recovery and wellbeing' (yellow background, image of an elderly couple), 'being a carer' (blue background, image of a woman and a child), 'keeping people safe' (purple background, image of two people from behind), 'getting in touch or getting involved' (white background, image of a woman on a phone), and 'information, legal and financial issues' (yellow background, image of two women smiling). At the bottom left, there is a copyright notice '© Quickheart 2015' and at the bottom right, the text 'Tell us what you think'.

Priority 6 – Online Self-Assessments

Making it easier for people to access social care by developing online self-assessments and the ordering of basic equipment online

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

- Determine whether an individual is eligible for support under our criteria
- Decide what services (if eligible) would best support the individual

It is important that assessments are undertaken in partnership with the individual to ensure they are personalised to their needs and aspirations. Having an online self-assessment tool would allow prospective service users to undertake this assessment themselves, ensuring easy access to adult social care, and guaranteeing that the assessment is personalised as the individual themselves are completing it rather than a social worker.

Resource Allocation System (RAS)

The Resource Allocation System (RAS) is a tool we have developed in partnership with an organisation called Quickheart which is an online system that takes individuals through a self-assessment process. The individual can select what they need help with and explore the options of how this can be met. At the end of the assessment an indication is given as to whether they are eligible for care and support and if so an indicative personal budget is provided. The personal budget is an estimate of how much money the individual may be entitled to based on their needs.

A social worker can then check this assessment and estimated budget against our eligibility criteria and make any necessary adjustments. Once completed, the individual can decide how that budget is spent, i.e. through a cash payment that they can then use to buy their own services, or the Council can put services in place on behalf of the individual and pay the service provider directly.

We are currently testing the RAS tool so it is not yet available online for the public to use; however it is hoped that this will be available soon.

Ordering Basic Equipment Online

Unfortunately we have not been able to develop an online system for people to order basic equipment. However, we have developed a range of self-assessment forms for basic equipment which are available online for people to complete and send in to the Council. These self-assessments cover the following:

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

The self-assessments make it much easier and quicker for individuals to get the basic equipment that they need as it often means that they do not need a visit and home assessment, which can have a waiting list. A full self-assessment form is also online for individuals to complete if they have more complex needs. In this case a home visit may still be required. You can find the self-assessment forms here: [Basic Equipment Self-Assessment Forms](#)

Priority 7 – Personal Budgets & Direct Payments

Making sure that where eligible, people receive support through a personal budget and wherever possible a cash payment that offers the most choice and control

A few years ago the Government announced the introduction of Personal Budgets. This is a statement of what a person's care costs based on an assessment of their needs.

This is then taken a step further in that individuals can exercise more choice and control over their lives by deciding how they want that budget to be spent to meet their needs. This can still be through a service the Council provides, or the individual could choose to take a cash payment (called a direct payment) and arrange their care themselves in any way that they choose.

Under the new Care Act legislation, individuals will now have a legal entitlement to receive a personal budget and to choose to have a direct payment if they want it.

Personal Budgets

We have been promoting the use of personal budgets for the past few years. For example, all people who were receiving a home care service were given a statement of their personal budget. They were then offered the choice of receiving this money through a direct payment (whereby they could arrange and pay for their care directly or the Council continuing to manage this on their behalf (therefore becoming a Council Managed Personal Budget).

We are currently testing a new online self-assessment process called the Resource Allocation System (RAS) which will immediately give individuals an indication of their personal budget based on the individual selecting what they require support with. This will provide a quick and on the spot idea of what people can expect to receive, although it is subject to change as we would need to check the assessment and ensure individuals are eligible for support.

The RAS is currently being tested by staff and will be available online to the public in the near future.

Direct Payments

Direct payments have also been promoted in Thurrock over the last couple of years. In 2014/15 31% of the people who use adult social care chose to have a direct payment rather than the Council arranging their care on their behalf.

We also have a service in place to help people with their direct payments. The service is run by Essex Coalition for Disabled People (ECDP) and provides independent information and advice to help people decide whether they want to have a direct payment, and also gives ongoing support to those that do take up a direct payment.

The service can help service users to source individuals (called Personal Assistants) or organisations to provide their care, and also provide payroll services.

In 2014/15, ECDP received 87 new referrals and supported an average of 290 individuals with their direct payments.

Going forward we will be undertaking a project to look at how direct payments and personal budgets can be further rolled out and made available, and how we can shape the market of service providers to ensure they are able to directly contract with individuals using direct payments rather than the Council.

Priority 8 – Market Development

Developing a greater range of small scale services to enhance choice and control, driven by our Market Position Statement e.g. micro-care enterprises

Over the last year we have undertaken extensive consultation events on what our Market Position Statement should look like, including holding events with current and prospective service providers and a Meet the Commissioner event.

Our Market Position Statement was completed and formally approved on the 16th July 2015 by our Health & Wellbeing Board.

The document sets out the current needs of the residents in Thurrock, potential future demand, and how we expect to change and develop the services in Thurrock over the next three years to meet those needs. You can find a full copy of the report here: [Market Position Statement](#)

Key Priorities for Market Development

- Encourage providers to be geared up to directly contract with service users rather than the Local Authority as direct payments become mainstream.
- Support to voluntary and community groups with initiatives that strengthen the community
- Support the development of micro and social enterprises, including an increase in PA's available for people requiring support in their own home.
- Support the development of a Shared Lives Scheme as an alternative to residential care (see page 16 for more information)
- Possible development of a high quality small dementia/challenging behaviour nursing home or unit
- Development of a step up/step down service for people with mental ill-health
- Possible development of a small extra care service for older people and people with dementia in the west of the borough (as there is currently no provision there)
- Possible development of a small extra care service for people with learning disabilities
- Development of autism services
- Increased range of organisations providing day services for people with learning disabilities
- Stabilise the home care market and review the model of service provision.

We also aim to change the way we buy and contract services. As we will be promoting greater use of direct payments; more individuals will be organising their own services and will not need the Council to do this for them. However, we still want good quality services that we can recommend to individuals. As such, there will be some services where we aim to use Framework Agreements; this is an agreement that organisations sign up to where they agree to meet specific criteria such as quality standards. The service user can then choose to have their service from one of our recommended providers from the agreement using their direct payment.

As the Market Position Statement has only recently been developed, many of the key actions are currently being scoped and planned for further development. For example, day services for people with learning disabilities will be advertised in the near future for potential organisations wanting to deliver this type of service to apply for. A property is currently being looked at to potentially be used as a step up/step down service for people with mental ill-health. Options for the Shared Lives Scheme are currently being explored.

Priority 9 – Strategies for Specific Conditions

Ensuring that we have the right plans and strategies in place to ensure the best possible support for conditions including autism

We have a number of strategies in place for specific client groups/conditions with actions plans in how we will develop support in the future:

Autism Strategy

The exact number of people with an autism spectrum condition (ASC) in Thurrock is not known however nationally it is around 1% of the population. This would mean approximately 1,000 people in Thurrock. Approximately half of those individuals with autism will also have a learning disability. There will also be a number of adults who have not received a diagnosis.

In Thurrock, the population of people with autism is expected to rise considerably, with a predicted 11% increase by 2030. Furthermore, there is a specialist school in Thurrock that works with children with autism. This has meant that more families with autistic children are moving to the area to gain a place at the school. Figures from our Children's Social Care Department indicates that there are 57 children aged 14-17 years old who will be moving into Adult Social Care services over the next few years, 54% of which will have autism and will require support.

Support is provided through several different teams across Adult Social Care and Health, mainly through mental health or learning disability teams, neither of which can always fully meet these individuals' specific needs. Locally there are no specialised residential care homes or supported housing services for people with autism, often resulting in individuals having to move long distances away from the area.

The increasing numbers of people with autism and the lack of specialised services for this client group make this a priority for us and will be developed as part of the Market Position Statement.

Thurrock's Adult Autism Strategy 2014-2018 was formally approved by the Health & Wellbeing Board on the 16th July 2015 after an extensive consultation.

Our vision is based on the national core areas of activity:

- Increasing awareness and understanding of autism among frontline professionals
- Developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment
- Improving access to the services and support which adults with autism need to live independently within the community
- Helping adults into work
- Enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities

An action plan has been developed as part of the strategy which we will be working on over the next couple of years; some of the actions that we have already completed are:

- We have completed an autism self-assessment which looks at where we are at currently and this will be updated annually. The self-assessment is available on our website (see link below).

- The Council's Housing Strategy has been updated and includes the housing needs of people with autism. .
- Autism training is now available for all Council staff and social workers are more equipped with the right knowledge to ensure care planning reflects people with autism's needs.
- We have set up an Autism Action Group (AAG), which is a mandatory requirement. The AAG is made up of representatives from social care and adults with autism and their carers and oversees some of the actions from the strategy. Representatives from other areas are invited to discuss specific areas of work as appropriate, for example representatives from health, education, housing and the criminal justice system.

Some of the main actions outstanding include:

- Ensuring there are low level community preventative services available for people with autism who do not meet the adult social care eligibility criteria for support
- Health colleagues to lead on the development of a local diagnostic pathway for people with autism to ensure individuals get the right diagnosis and that this leads to a community care assessment
- Health colleagues to develop a programme in GP surgeries to give health checks to people with autism
- To become an Autism Friendly Council
- Explore options for apprenticeship schemes, internships, work experience and volunteering opportunities for people with autism

You can read the full strategy, action plan and self-assessment here: [Adult Autism Strategy](#)

Mental Health Strategy

The South Essex Joint Mental Health Strategy has been in operation since 2013 and spans five years up to 2018. It was developed in partnership with Essex County Council, Southend Borough Council, and the corresponding Clinical Commissioning Groups (CCG's) who are our health partners.

The strategy has the vision that the services we have will support the following outcomes:

- People will have good mental health
- People with mental health problems will recover
- People with mental health problems will have good physical health and people with physical health problems will have good mental health
- People with mental health problems will have the best possible quality of life

The strategy is already being implemented and covers activities such as:

- Developing a new gateway into mental health services
- Developing a new IAPT Plus service (Improved Access to Psychological Therapies)
- Reviewing and developing specialist care for people who have complex needs and are at significant risk
- Redesigning the pathway of care for those in crisis

Our Thurrock Carers Strategy was written in 2012 but spans five years up to 2017. Over 3 in 5 people in the UK will become carers at some point in their lives. This is around 1.4 million carers nationally and saves the Government up to £119 billion per year.

We realise that carers are a crucial partner in delivering social care and we strongly believe that we need to support carers in their caring roles and in their own health and well-being so they can continue to support us in caring for the vulnerable people in our communities.

In Thurrock, carers have always been entitled to and encouraged to have a carer's assessment to ensure the carers needs and aspirations are taken into account. The Care Act 2014 has now put carers on an equal legal footing as service users as they now have the right to an assessment.

Services typically provided to enable carers to take a break from their caring role include day care, respite services and outreach services which include sitting services for the people they are caring for. However going forward we are promoting direct payments for carers so they have more choice and control in how they are supported.

Our Carers Advice and Information Service (Cariads) has been operating for over a year which provides invaluable support, advice and information to carers and potential carers. In 2014/15, this service had contact with 506 new carers who had not received any support in the past. Support available includes counselling and support groups.

You can read the full strategy and action plan here: [Thurrock Carers Strategy](#)

Priority 10 – Dementia Support

Continuing to implement Thurrock's dementia-friendly communities' initiative, helping to support people with dementia in their own communities

Our vision of having 'resourceful and resilient people in resourceful and resilient communities' means that everyone, regardless of their age, vulnerability or disability, should be able to live full, active, independent lives in their communities. Neighbourhoods should be welcoming and inclusive, and no-one should feel left out or at a disadvantage.

For people living with dementia, this can be a difficult thing from them to achieve. That's why we are committed to Thurrock becoming a dementia-friendly place to live.

In 2013 there were an estimated 1,469 people in Thurrock with dementia; however many people can go a long time without having their dementia diagnosed. The diagnosis rate in Thurrock in 2013 was 41.9%.

Dementia Friends Training

Our dementia-friendly communities' programme set up and delivered in partnership with the Alzheimer's Society has been ongoing for some time. All staff have been encouraged to become dementia friends, and even the Councillor's in the borough have received training. We also have a number of Dementia Friends Champions within the Council who can deliver training to others to become dementia friends.

We have carried out a significant number of events in local communities around the borough that the public attended to receive the training, and we have also carried out training with staff in other local businesses, for example the bus service.

We have visited our local residential and nursing care homes and given advice and assistance on how to make these homes more dementia-friendly.

Other Services for People with Dementia

The Alzheimer's Society in Thurrock offer a range of service for people with dementia, for example a Memory Group, information and advice, awareness raising, one to one support and support groups.

We also contract with an organisation called POhWER to provide advocacy services for people in Thurrock, including those with dementia. POhWER also deliver Independent Mental Capacity Assessments (IMCA's). They hold regular drop in sessions around the Borough. In 2014/15 the advocacy service received 488 service users, 4% of which were people with dementia (20 individuals).

Our 10 Key Priorities for 2016



Join up health and social care services to support people better



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



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



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



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



Allow more self service using the internet



Change our home care services to improve choice and quality



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



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



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

Feedback – Tell Us What You Think

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

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

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

Email: ascfeedback@thurrock.gov.uk

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

Telephone Number: 01375 652643

Appendix One – Adult Social Care Key Performance Indicators 2014/15

	Thurrock 2011/12	Thurrock 2012/13	Thurrock 2013/14	Thurrock 2014/15	Direction of Travel	England 2014/15	Thurrock Compared to England
1A - Social care-related quality of life	18.4	18.7	18.5	19.6	↑	19.1	In Line
1B - % of people who use services who have control over their daily life	74.0	76.5	72.7	74.2	↑	77.3	Worse
1C(1a) - % of people using social care who receive self-directed support	41.1	58.8	70.7	70.3	↔	83.7	Worse
1C(1b) - % of carers who receive self-directed support	-	-	-	8.9	-	77.4	Worse
1C(2a) - % of people using social care who receive direct payments	10.5	19.2	26.6	31.6	↑	26.3	Better
1C(2b) - % of carers who receive direct payments	-	-	-	8.9	-	66.9	Worse
1D – Carer-reported quality of life score	-	8.7	-	7.9	↓	7.9	In Line
1E - % of adults with learning disabilities in paid employment	3.6	5.8	6.1	7.3	↑	6.0	Better
1F - % of adults in contact with secondary mental health services in paid employment	7.3	9.0	8.5	8.9	↔	6.8	Better
1G - % of adults with learning disabilities who live in their own home or with their family	49.0	63.3	71.2	83.1	↑	73.3	Better
1H - % of adults in contact with secondary mental health services who live independently, with or without support	51.5	72.2	72.2	75.4	↑	59.7	Better
1I(1) - % of people who use services who reported that they had as much social contact as they would like	-	-	42.3	49.2	↑	44.8	Better
1I(2) - % of carers who reported that they had as much social contact as they like	-	-	-	45.1	-	38.5	Better
2A(1) - Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population	51.2	8.0	12.0	16.9	↑	14.2	Better
2A(2) - Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	558.3	858.2	623.4	438.5	↓	668.8	Better
2B(1) - % of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	92.0	89.3	89.9	86.0	↓	82.1	Better
2B(2) - % of older people (65 and over) who were offered reablement services following discharge from hospital	3.2	3.0	5.0	5.7	↑	3.1	Better

2C(1) - Delayed transfers of care from hospital per 100,000 population	5.4	5.9	7.3	7.4	↔	11.1	Better
2C(2) - Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	1.0	0.9	1.8	1.3	↓	3.7	Better
2D - % of new clients who received a short-term service during the year where the sequel to service was either no ongoing support or support of a lower level	-	-	-	49.4	-	74.6	Worse
3A - Overall satisfaction of people who use services with their care and support	60.9	59.6	62.4	64.5	↑	64.7	In Line
3B – Overall satisfaction of carers with social services	-	45.4	-	42.9	↓	41.2	Better
3C - % of carers who report that they have been included or consulted in discussion about the person they care for	-	79.9	-	71.6	↓	72.3	Worse
3D(1) - % of people who use services who find it easy to find information about support	76.3	73.8	77.5	75.5	↓	74.5	Better
3D(2) - % of carers who find it easy to find information about support	-	-	-	68.2	-	65.5	Better
4A - % of people who use services who feel safe	60.3	58.2	64.2	71.7	↑	68.5	Better
4B - % of people who use services who say that those services have made them feel safe and secure	82.5	64.2	66.5	91.5	↑	84.5	Better

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

Dates of Meetings: 23 July 2015, ~~4 September 2015~~, ~~13 October 2015~~, 1 December 2015, 12 January 2016, 16 February 2016

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

Last Updated: 16 October 2015

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