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 **16 November 2017**

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

Membership:

Councillors Graham Snell (Chair), Victoria Holloway (Vice-Chair), Gary Collins, Clifford Holloway, Joycelyn Redsell and Angela Sheridan

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

Substitutes:

Councillors Tim Aker, Oliver Gerrish, Jane Pothecary and David Potter

Agenda

Open to Public and Press

Page

1. Apologies for Absence

2. Minutes **5 - 12**

To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on the 7 September 2017.

3. Items of Urgent Business

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**	
6.	**Basildon Hospital - Issues raised by HealthWatch** Presentation will be made on the night.	
7.	**Cancer - 62 Days Wait Standard** Presentation will be made on the night.	
8.	**Update on Mid and South Essex STP**	**13 - 18**
9.	**Fees & Charges Pricing Strategy 2018/19**	**19 - 28**
10.	**Developing a new model of residential care for older people in Thurrock, fit for the 21st Century**	**29 - 50**
11.	**New Model of Care for Tilbury and Chadwell**	**51 - 56**
12.	**Work Programme**	**57 - 60**

Queries regarding this Agenda or notification of apologies:

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

Agenda published on: **8 November 2017**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

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

Helpful Reminders for Members

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

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

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

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Does the business to be transacted at the meeting

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

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

Disclosable Pecuniary Interests shall include your interests or those of:

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

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

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

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

Pecuniary

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

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

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

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

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

Non- pecuniary

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

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

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 7 September 2017 at 7.00 pm

Present:	Councillors Graham Snell (Chair), Victoria Holloway (Vice-Chair), Gary Collins, Clifford Holloway, Joycelyn Redsell (arrived 7.02pm) and Angela Sheridan Ian Evans, Thurrock Coalition Kim James, HealthWatch
In attendance:	Roger Harris, Corporate Director of Adults, Housing and Health Ian Wake, Director of Public Health Mandy Ansell, Accountable Officer, Thurrock NHS Clinical Commissioning Group Jeanette Hucey, Director of Transformation, Thurrock NHS Clinical Commissioning Group Monica Scrobotovici, Healthcare Public Health Improvement Manager Sarah Turner, Commissioning Officer - Older People Jenny Shade, Senior Democratic Services Officer Wendy Le, 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 the 3 July 2017 were approved as a correct record.

Kim James updated Members on the previous concerns expressed by HealthWatch on the increased number of complaints received on the services being delivered by Basildon Hospital. That HealthWatch had been working closely with Basildon Hospital and that staff and volunteers had been invited to Basildon Hospital to ask questions and seek some reassurances. All incidents reported had been investigated and all complainants had received support by advocates and outcomes had been reached. Kim James informed Members that HealthWatch had continued to be heavily involved with Basildon Hospital and would continue to support residents.

Councillor Snell thanked Kim James for the update and stated that it was good that complaints had been addressed. A full report from Basildon and Thurrock University Hospital would be presented to the November Health and Wellbeing Overview and Scrutiny Committee.

13. Urgent Items

There were no items of urgent business.

14. Declarations of Interests

No interests were declared.

15. Items raised by HealthWatch

No items were raised by HealthWatch.

16. Carers Support, Information and Advice Service

Sarah Turner presented the report that updated Members on the procurement of the Carers Support, Information and Advice Service. The procurement would provide the opportunity to improve the services and reach out to carers over the age of 18 and ensure that the Council was fully compliant with the Local Authority responsibilities outlined within the Care Act 2014. The current services would be expanded to include the introduction of a low level assessments and a Carers emergency scheme.

Councillor Snell thanked the Officer for the report.

RESOLVED

1. **That the Health and Wellbeing Overview and Scrutiny Committee commented on the draft specification for the provision of the Carers Support, Information and Advice Service.**

2. **That the Health and Wellbeing Overview and Scrutiny Committee noted that the procurement will commence on the 18 September 2017**.

17. Long Term Conditions Profile Card - Update

Monica Scrobotovici, Healthcare Public Health Improvement Manager, presented the report that updated Members on the Long Term Condition Profile Card that had been created by the Healthcare Public Health Improvement Team to respond to the high levels of variation within primary care across Thurrock in regards to individual needs, available resources and overall quality of services. A presentation of the tool was given that identified a visual overview of each practice that focused on the Long Term Condition case finding and management whilst also included some of the potential drivers and secondary care outcomes. General Practices were currently being visited by the Healthcare Public Health Improvement Managers and it was hoped that that all surgeries would be complete by the end of October 2017.

Councillor V Holloway stated that the Profile Card was an excellent tool and thanked Officers for the amount of work undertaken. Councillor V Holloway asked how many Practice Managers had been seen and whether action plans were in place. Monica Scrobotovici stated that 15 out of the 32 Thurrock

practices had received visits from a Healthcare Public Health Improvement Manager to discuss the Profile Card and had received a good response with 14 out of the 15 practices having action plans created.

Councillor C Holloway thanked Officers for the report and asked for any benchmarking examples. Monica Scrobotovici stated that there are no exact examples to give but stated that there were two practices from Thurrock in the same group and that all practices would be seen.

Councillor Redsell questioned whether it was only the Practice Manager that could see the information on the Profile Card. Monica Scrobotovici stated that yes either the Practice Manager or the Lead General Practitioner could view the Profile Card. Monica Scrobotovici stated that work was being undertaken closely with patient participation groups and would be taking versions of the Profile Card to these events.

Councillor Redsell stated that the comment box appeared very small and how could feedback from patients be recorded in such a small space. Monica Scrobotovici stated that further comments would generate an Action Step which would include further information to be provided in consultation with the Practice Manager.

Ian Evans questioned the frequency of site visits. Monica Scrobotovici stated that these were carried out quarterly but was dependent on the availability of Practice Managers.

Councillor Collins questioned whether the Profile Card had any impact of the number of patients attending accident and emergency. Mandy Ansell stated that the evidence so far was interesting and that new contracts delivered extended hours that would hopefully keep people away from accident and emergency, although it was stated that general practitioners in the borough offered a variety of different appointment slots.

Councillor Snell stated that this was a fantastic and a very important tool to help general practitioner surgeries to provide better service for patients and thanked Officer for the hard work. Councillor Snell questioned whether this tool was unique. Ian Wake stated that the Long Term Conditions Profile Card was seen as a model of best practice and would be shared nationally.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee noted the progress that had been made by the Healthcare Public Health Improvement Team in delivering the Long Term Conditions profile card and commented on the programme of work.

18. 2016/17 Annual Complaints and Representations Report

Roger Harris, Corporate Director of Adults, Housing and Health, presented the annual report on the operation of the Adult Social Care Complaints

Procedure covering the period 1 April 2016 to the 31 March 2017 and explained that this was a statutory requirement and that the procedure was operated in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Roger Harris directed Members to the representations received during 2016/17 and stated that although the number of complaints had risen the category "Concerns" had been removed for this period and that been reflected in the complaints category. Members were referred to the number of compliments received and to the case studies detailed in the report.

Councillor Redsell questioned what "partial upheld" meant. Roger Harris stated that a complaint could be made up of a many number of parts and only part of a complaint may have been upheld.

Councillor Redsell asked whether the number of complaints may go down next year. Roger Harris stated it was unwise to say definitely at this point as the service was under a lot of challenges but lessons had been learnt from the representations received.

Councillor Redsell stated that the complaints procedure should be made easier especially for the elderly residents of the borough.

Councillor Snell thanked Roger Harris for the report and stated that complaints could lead to a better service and lessons can be learnt to ensure that the service improved year on year.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee noted the contents of the report.

19. National Health Service, Thurrock Clinical Commissioning Groups Primary Care Update

Mandy Ansell, Accountable Officer Thurrock NHS Clinical Commissioning Group, presented the report that provided Members with a summary of key developments in the Primary Care in Thurrock and provided an overview of the development of the Integrated Medical Centres. Mandy Ansell stated that a lot of resource would be required to improve Primary Care and that the Integrated Medical Centres would bring general practitioner surgeries together. That the mixture of skills would be presented to patients as part of the Patient Medicine Review and would include the use of a pharmacy partners. Mandy Ansell stated that the continued success of the Hubs offering evening and weekend appointments had been based on patient feedback. Mandy Ansell and Rahul Chaudhari, Head of Primary Care, would be presenting the work achieved so far at the National Conference in Manchester.

Councillor Collins thanked Officers for the good work and appreciated the hard work undertaken.

Kim James stated that the work so far had been challenging but was now evident that it was working with other ways of delivering care now in place. Kim James stated work would continue with residents to help better understand that the need to see a general practitioner could be addressed by visiting pharmacists or calling out paramedics.

Ian Evans questioned how the good work was being publicised. Mandy Ansell stated that the Clinical Commissioning Group had an active communications lead and worked creatively with HealthWatch. It was vital to reiterate this good message out to the community.

Councillor Redsell stated that good things were happening in Thurrock with good general practitioners going out on home visits to the elderly residents.

Councillor V Holloway echoed the positive comments made and asked Officers to explain the high resource put into primary care. Mandy Ansell stated that Thurrock Clinical Commissioning Group was the smallest in Essex and that the budget was based on population. With five staff focused on primary care alongside two members from the Public Health Team. The aspirations of the team were to get general practice surgeries to outstanding.

Councillor V Holloway stated that the successes were fantastic based on the resources available.

Councillor Snell stated that huge changes had taken place in the short space of time and that this had been achieved by working together and having achievable goals. Councillor Snell thanked Officers for their hard work.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee noted the contents of the report.

20. Joint Committee across STP Footprint - Implications for Scrutiny Committee - Briefing Note

Mandy Ansell, Accountable Officer Thurrock NHS Clinical Commissioning Group, updated Members on the Joint Committee across the Sustainability and Transformation Plan Footprint and implications that may affect the Health and Wellbeing Overview and Scrutiny Committee. Mandy Ansell stated that the Clinical Commissioning Group had been instructed to work in a certain way and under a legal direction to form this Joint Committee. The third committee meeting would be held on Friday 8 September and encouraged Members to attend as part of the public gallery.

Councillor V Holloway questioned whether there were any other implications apart from the Health and Wellbeing Overview and Scrutiny Committee. Mandy Ansell stated that there were no lay representatives and no local partnership representatives on the Joint Committee but felt that they should

be. Councillor V Holloway asked how, as the voice of the patient, this could be changed. Mandy Ansell stated that the Health and Wellbeing Overview and Scrutiny Chair could write to the Joint Committee Chair to encourage these representations. Councillor V Holloway further commented that similar colleagues should also be encouraged to write letters.

Roger Harris stated that he had concerns about any further development of this Joint Committee and that the risk of undermining local arrangements to take on extra powers. Roger Harris stated that some good work had already been undertaken at a local level and a fantastic relationship with the Clinical Commissioning Group was already in place. Roger Harris stated that he was nervous that the Joint Committee might take on too much responsibility and that a line should be drawn under the current list of services and no more should be added.

Councillors Snell and Collins both echoed Roger Harris comments.

Councillor C Holloway stated that caution must be taken going forward and asked what reassurances could be given going forward. Mandy Ansell stated that general practitioners would continue to fall under the Clinical Commissioning Group and that budgets still remained under her control and at this point in time these budgets were still fine.

Ian Wake stated that he, Councillor Halden and Roger Harris had plans to meet with the Regional Director, Dr Paul Watson, to discuss their concerns.

Mandy Ansell summed up and stated that a structure would be put in place that would include Public Health input.

Councillor Snell stated that there were concerns from Members that all representatives should be involved with the Joint Committee and proposed as Chair he would write to the Chair of the Joint Committee to encourage inclusion of patient groups and public health representatives into the Joint Committee.

RESOLVED

That the Chair of the Health and Wellbeing Overview and Scrutiny Committee would write to the Chair of the Joint Committee to encourage inclusion of patient groups and public health representatives.

21. Essex, Southend and Thurrock Joint Health Scrutiny Committee on the Sustainability and Transformation Plan/Success Regime for Mid and South Essex

Roger Harris, Corporate Director of Adults, Housing and Health, presented the report and explained that the Thurrock Health and Wellbeing Overview and Scrutiny Committee had been approached by Essex and Southend Councils to look at the possibility of forming a single joint Health and

Wellbeing Overview and Scrutiny Committee to look at the Mid and South Essex Sustainability and Transformation Plan and the Success Regime.

Roger Harris stated that this single joint Health and Wellbeing Overview and Scrutiny Committee could strengthen the voice of the local authority and have the opportunity to scrutinise the Sustainability and Transformation Plan footprint but recommended that it was not the right time to join up to this proposal at this stage. This was based on the risks that could undermine the work currently undertaken by the Thurrock Health and Wellbeing Overview Scrutiny Committee and other ways should be explored on working together with Essex and Southend Councils.

Councillor Redsell stated that this recommendation would undermine the work of the local authority which had a very good Health and Wellbeing Overview and Scrutiny Committee who had achieved a lot over the past few years and would not be supporting the proposal.

Councillor Collins echoed Councillor Redsell concerns and would not be supporting this recommendation.

Councillor V Holloway stated that work should be undertaken to explore ways of continuing to work with Essex and Southend but that the recommendation should be changed to reflect this.

Councillor Snell stated that there would be no benefit to having a further Health and Wellbeing Overview and Scrutiny Committee above the current Thurrock Committee and proposed that the words “without resorting to a Joint Health and Wellbeing Overview and Scrutiny Committee” be added to the recommendation.

All members agreed to the additional proposed wording.

RESOLVED

That Officers would continue to explore the most appropriate way for Essex, Southend and Thurrock to co-ordinate their approach to the Sustainability and Transformation Plan without resorting to a Joint Health and Wellbeing Overview and Scrutiny Committee and report back to Members in due course.

22. Work Programme

The Chair asked Members if there were any further items to be added or discussed for the work programme for the 2017-18 municipal year.

Members agreed to add a report on Cancer – 62 Days Wait Standard to the 16 November 2017 Committee.

Members agreed to merge the Fees and Charges Pricing Strategy 2018/19 (Adult) report with the Non-Residential Care Strategy report.

Members agreed to merge the Tilbury Accountable Care Partnership report with the Business Case for Tilbury Integrated Medical Centre report.

RESOLVED

1. **That the item Cancer – 62 Days Wait Standard will be added to the work programme for the 16 November 2017 Committee.**

2. **That the item Fees and Charges Pricing Strategy 2018/19 (Adult) will be merged with the Non-Residential Care Strategy for the 16 November 2017 Committee.**

3. **That the item Tilbury Accountable Care Partnership will be merged with the Business Case for Tilbury Integrated Medical Centre for the 18 January 2018 Committee.**

The meeting finished at 8.35 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

16 November 2017	ITEM: 8
Health and Wellbeing Overview and Scrutiny Committee	
Update on Mid and South Essex STP	
Wards and communities affected: All	**Key Decision:** For information and discussion
Report of: Andy Vowles, Programme Director, Mid and South Essex Success Regime	
Accountable Assistant Director: Not applicable	
Accountable Director: Chief Executive	
This report is public	

Executive Summary

This paper provides an update on the progress of the Mid and South Essex Sustainability and Transformation Partnership (STP). It follows previous reports to the Health and Wellbeing Board (HWB).

The STP is currently progressing through a rigorous national assurance process to finalise a pre-consultation business case (PCBC) and prepare for public consultation. As reported in the last update for the Health and Wellbeing Board, the consultation process would start once the national assurance process is complete.

To date NHS England and other national regulators involved have been supportive of the work done thus far, but have suggested some further work on details of the proposed clinical model and the associated activity, capacity and financial plans. This means that the earliest likely start for consultation will be mid to late November.

In the meantime, we will continue to work with local authority partners and others to prepare the materials and process for consultation. This includes sharing draft documents for comment.

This update provides a summary of the process so far and highlights of the plan for consultation.

1. Recommendation(s)

1.1 The Health and Wellbeing Overview and Scrutiny Committee are asked to note the update.

2. Introduction and background

2.1 In the last update for the Health and Wellbeing Board, we gave a recap of the process by which we have arrived at current proposals for a potential hospital reconfiguration, including a modification of the proposed clinical model for access to specialised emergency care. The change in thinking that was published in July meant that all three hospital A&E departments would be able to continue to receive "blue light" ambulances and that most patients would be diagnosed, stabilised and would receive the start of their treatment at the nearest local A&E, rather than all "blue light" ambulances transporting people direct to a specialised emergency centre in Basildon.

2.2 Having modified our thinking in terms of access to specialised emergency care, we are still proposing to improve some specialised hospital services by bringing them together in one place; and to protect planned operations for complex orthopaedics by separating these from emergency medical care. The forthcoming consultation document will explain proposals for:

- Enhancing A&E at all three hospitals
- Specialised stroke services
- Specialised vascular services
- Specialised cardiac services
- Specialised respiratory services
- Specialised gynaecological surgery
- Specialised urological surgery
- Specialised renal services
- Trauma and orthopaedics surgery

The consultation document will also include proposals for transferring some outpatient services from Orsett Hospital to new centres in Thurrock, Basildon, Brentwood and Billericay, which the Board has discussed previously. Subject to discussion with partners in Thurrock Council and the CCG, this is likely to involve a dedicated consultation document in addition to the main document.

2.3 We also reported in the last update to the Health and Wellbeing Board that the consultation document would cover the overall strategic context for changes in health and care. This will include some examples of what is happening in each CCG area, including examples of:

- Locality based joined up health and care services to extend the range of expertise and care in the community, including a shift from hospital to community where possible.

- Integrated services to provide support at the earliest possible stage to reduce the risk of serious illness, with priority development in complex care, frailty and end of life.

- Development of urgent and emergency care pathways, including integrated 111, out of hours and ambulance services.

- Integration and development of mental health services with primary, community and acute hospital care.

3. Current progress

3.1 The Joint Committee of the five CCGs considered and approved the draft pre-consultation business case for submission to the national regulators. The Joint Committee will sign off the final business case and consultation documents on behalf of the five CCGs, prior to the start of consultation. The final PCBC will be published just before the start of consultation.

3.2 The STP has presented the draft pre-consultation business case to:

- A regional panel
- The national oversight group for service change and reconfiguration
- The national Investment Committee

There will be a final national review of follow-up actions in early November.

3.3 Details of the specific clinical models for proposed hospital changes have been reviewed independently by the East of England Clinical Senate, which has given broad support with some recommendations for further development. The reports of the Clinical Senate will be published at the start of consultation.

3.4 We are continuing discussions with the Health and Wellbeing Overview and Scrutiny Committee, HealthWatch Thurrock, CCG and trust service user representatives, and voluntary sector partners to shape the content of the consultation document and support materials. A high level briefing on the consultation plan is due to be considered at the next HWOSC meeting in November.

3.5 Current milestones:

Action	Dates
Continued engagement/discussion with key stakeholders	On-going
NHSE Investment Committee	Early November 2017
Joint Committee decision on final pre-consultation business case, consultation document and plan	Mid-November
Consultation launch (subject to approval by Joint Committee)	Mid to late November
Consultation and engagement activities	14 weeks from start of consultation
Post consultation outcomes analysis	Feb-Mar 2018
Decision-making process	April-May 2018

4. Reasons for Recommendation

4.1 The Health and Wellbeing Board is a key partner in the STP. The Board oversees improvement in the health and wellbeing of the people of Thurrock. It is important that the work of the STP aligns with Thurrock's Health and Wellbeing Strategy and that the partnership across mid and south Essex is to the greater benefit of all residents.

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

5.1 The STP programme team is also in discussion with the Thurrock Health and Wellbeing Overview and Scrutiny. We have already reported to the Committee with an overview of the consultation plan and are due to attend the next meeting to receive a view from the Committee.

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

6.1 The STP programme will contribute to the delivery of the community priority 'Improve Health and Wellbeing'.

7. Implications

7.1 Financial

One of the objectives of the STP is to respond to the current NHS funding gap across the Mid and South Essex geographical 'footprint'. A number of work streams have been established as part of the STP to drive forward necessary savings and to improve quality of care provided to users of services. As a system-wide issue, partners from across the health and care system are involved in the work of the STP. This will help to ensure that any unintended financial consequences on any partners of what is planned as part of the STP are identified at the earliest opportunity and mitigated. Further implications will be identified as the work of the STP continues and these will be reported to the Health and Wellbeing Board as part of on-going updates.

Thurrock has a finance representative involved in the STP and any financial implications, when known, will be reflected in the MTFS.

7.2 Legal

Legal implications associated with the work of the STP will be identified as individual work streams progress. The CCGs and trusts will continue to be responsible for meeting the requirements of NHS statutory duties, including the Duty to Involve and Public Sector Equality Duty. Implications will be reported to the Board as part of on-going updates.

7.3 Diversity and Equality

Within the STP, we will undertake actions that take full consideration of equality issues as guided by the Equality Act 2010.

During consultation, we will make use of the Essex Equality Delivery System that was first established in 2011/12. This includes details and guidelines for involving minority and protected groups, based on inputs from and agreements with local advocates.

We will incorporate discussions with such groups, as part of service user engagement within individual workstreams, to test equality issues and use the feedback to inform an equality impact assessment to be included in the pre-consultation business case and decision-making business case.

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

None identified

Report Author:

Wendy Smith

Interim Communications Lead

Mid and South Essex STP

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16 November 2016	ITEM: 9
Health and Wellbeing Overview & Scrutiny Committee	
Fees & Charges Pricing Strategy 2018/19	
Wards and communities affected: All	**Key Decision:** Key
Accountable Assistant Directors: Les Billingham – Assistant Director of Adult Social Care	
Accountable Directors: Roger Harris - Corporate Director Adults, Housing, Health	
Portfolio Holder: Cllr Sue Little - Cabinet Member for Adult Social Care	
This report is public	

Executive Summary

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

This report specifically sets out the charges in relation to services within the remit of Health and Wellbeing Overview and Scrutiny Committee. Any new charges will take effect from the 1 April 2018 subject to cabinet approval unless otherwise stated. In preparing the proposed fees and charges, Directorates have worked within the charging framework and commercial principles set out in the report.

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

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

1 Recommendations

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

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

2 Background

2.1 The paper describes the fees and charges approach for the services within the Health and Wellbeing Overview and Scrutiny Committee remit for 2018/19 and will set a platform for certain pricing principles moving forward into future financial years.

2.2 Over the course of next year adult social care will be undertaking a review of current charges with a primary focus on Domiciliary Care and the current procurement exercise; however, it will also cover a number of other areas highlighted where the current charges may require review.

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

- Residential and nursing care
- Domiciliary care
- Supported accommodation

2.4 The fees & charges that are proposed are underpinned in some instances by a detailed sales and marketing plans for each area. This will ensure delivery of the income targets for 2018/19, for ease these are summarised below for Adult Services covering all fees and charges income codes.

2.5 Individual Service Streams:

Service	Last Year Outturn 16/17	Revised Budget 17/18	Forecast Outturn 17/18	Proposed Budget 18/19
Court Protection	(21,685)	(30,397)	(30,397)	(30,701)
Blue Badges	(28,260)	(28,708)	(24,240)	(28,995)
Day Care Services (incl. transport)	(35,555)	(44,716)	(44,716)	(45,163)
Domiciliary Care	(948,930)	(1,089,144)	(1,091,755)	(1,089,144)
Extra Care Housing	(81,320)	(84,071)	(84,071)	(84,912)
Meals on Wheels	(141,233)	(121,418)	(162,392)	(122,632)
Respite Care for Adults with Disabilities	(2,088)	(1,591)	(8,668)	(8,668)

Total Adult Services	**(1,259,071)**	**(1,400,045)**	**(1,446,239)**	**(1,410,215)**

3 Thurrock Charging Policy

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

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

3.3 Rather than set a blanket increase across all service lines, when considering the pricing strategy for 2018/19 some key questions were considered.

- Where can we apply a tiered/premium pricing structure
- How sensitive are customers to price (are there areas where a price freeze is relevant)
- What new charges might we want to introduce for this financial year
- How do our charges compare with neighbouring boroughs
- How can we influence channel shift
- Can we set charges to recover costs
- How sensitive is demand to price
- Statutory services may have discretionary elements that we can influence

4 Proposals and Issues

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

4.2 A council wide target of £6.835m has been proposed within the MTFS for additional income generation in respect of fees and charges income for 2018/19, this represents 4% increase from 2017/18.

4.3 For Adult Social Care this equates to a target of £321k to be secured through fees and charges in 2018/19. The fees and charges are challenging and represent our commercial ambitions as a Council. In setting this target we are mindful that Adult Social Care has a high income from externalised services which offsets the expenditure within the external purchasing budget. The budget increase is due to demographic growth not to increased charges.

4.4 To allow the Council services to better respond to changes in legal, regulatory or commercial challenges; delegated authority will be sought through Cabinet to permit the Director of the Service Area jointly with the Director of Commercial Services to vary these charges within financial year to comply with:

- legally prescribed statutory fees and charges which may be subject to prescribed variation during the year, and that it may be necessary to adjust

the relevant fees and charges during the year to reflect a change to their cost recoverability calculation; and that

- discretionary services provided on a traded basis for profit may be subject commercial operational considerations, and that it may be necessary to adjust the relevant fees and charges during the year to reflect a change to their cost recoverability calculation

4.5 As noted Adult Social Care currently externalises over 80% of its business into the commercial sector using private, community and voluntary organisations.

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

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

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

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

4.10 For 2017/18 our current fees and charges are as follows:

- **Blue Badge Application Fee** – This is a national maximum fee detailed in the Blue Badge Guidance. It is a legally set requirement to charge no more than £10 per badge and currently cannot be changed.
- **Day Care Charge** (per session) – for older people is currently charged at £20 per session (a proposed increase has been temporarily suspended due to the restructuring of the service and to assess the impact of the previous increase)
- **Concierge charges - Extra Care** - were subject to a wide consultation between April and July 2016 - these charges have now been introduced, current charge £40 per week. This charge is linked to the Elizabeth Gardens “core charge” which was agreed for the term of the current contract which will come to an end in March 2019. The charges for the concierge service in extra care will be reviewed during 2018/19.
- **Domiciliary Care** – The council has taken back several contracts due to market failure and currently charges service users a maximum of £13 an hour, subject to financial assessments of service users ability to pay. From April 2018 the service will have been re-commissioned at a higher hourly rate to the Council allowing potentially for a higher charge to service users.
- **Direct Payments – Agency Rate** - Direct Payments enable individuals to arrange and purchase care themselves. These charges mirror the charges for in-house domiciliary care and externally commissioned care to provide consistent charging and will be subject to the same consultation exercise.
- **Meals on Wheels** - The meals on wheels contract is a cost and volume contract.

- **Pendant Alarms Private Housing** - Council decision through Cabinet has been made that all assistive technology and the Call Centre response is to be provided free of charge in view of the preventative impact of the service. This decision has resulted in a reduction of £48k income that the service has absorbed through the increased funding received in 2017/18.
- **Residential Homes for Older people** - This is the declared rate for our in house residential care home for older people (Collins House); service users are financially assessed to ascertain the amount they pay per week up to £600
- **Respite Adult Disability** - The current charge of £20 per session was agreed by public consultation in 2015/16.There is an option to increase charges to be more in line with a full cost recovery model however respite provides a much needed support for informal carers and is a Care Act 2014 priority. The impact of losing support from informal carers is potentially financially catastrophic therefore a balance has to be struck between cost recovery and destabilising informal care.
- **Elizabeth Gardens - Support per household** - £40 per week is the agreed rate under the current contract which has another 2 years to run ending in 2019. The Council subsidise this rate and a consultation will be required through the tender process to ensure the rate is reviewed.
- **Transport per journey** - Currently charged £2 per journey we will review and calculate price/cost for full cost recovery however again this supports prevention and could potentially cost more money should charging impact on those attending day services. This will be reviewed
- **Deferred Payments (DPA)** – this is an administrative function charge of £144 per year charged to service users who are living in residential care and who own their own property, but who chose to wait until they pass away before paying the charges for their residential place.
- **External spot Commissioned Residential Placement – Standard Room -** This is the declared rate of £451 per week for externally commissioned residential care home placements for older people; service users are financially assessed to ascertain the amount they pay per week up to the amount against an agreed nationally set process
- **External spot Commissioned Residential Placement – Higher Needs** - This is the declared rate of £481 per week for externally commissioned residential care home for older people; service users are financially assessed to ascertain the amount they pay per week up to the amount against an agreed nationally set process.
- **External spot Commissioned Nursing Placement** - This is the declared rate of £519 per week for externally commissioned nursing home for older people; service users are financially assessed to ascertain the amount they pay per week up to the amount against an agreed nationally set process.
- **External spot Commissioned Dementia Placement** - This is the declared rate of £505 per week for externally commissioned residential care home for older people; service users are financially assessed to ascertain the amount they pay per week up to the amount.
- **Additional spot Commissioned Services - Full Cost Recovery -** Other services commissioned on a spot basis (for example Supported Living or Out of Borough Residential Care placements) will be charged up to the rate brokered; but the individual will be subject to a financial assessment to establish what they can reasonably afford to pay.

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

5 Reasons for Recommendation

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

5.2 The granting of delegated authority to vary these charges within financial year will allow the Council to better respond to the needs of the communities, legal requirements, regulatory changes and commercial challenges.

6 Consultation (including Overview and Scrutiny, if applicable)

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

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

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

8 Implications

8.1 Financial

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

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

8.2 Legal

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

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

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

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

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

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

8.3 Diversity and Equality

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

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

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

None applicable

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

None

10 Appendices to the report

Appendix A – Schedule of Proposed Fees and Charges for 2018/19

Report Author:

Andrew Austin
Commercial Manager

Name of fee or Charge Health & Well-being	Statutory/ Discretionary Charge	VAT Status 17/18	Charge excl. VAT 2017/18	VAT Amount 2017/18	Charge incl. VAT 2017/18	VAT Status 18/19	Charge excl. VAT 2018/19	VAT Amount 2018/19	Charge incl. VAT 2018/19
Blue Badges - Application Fee	S	O	£ 10.00	£ -	£ 10.00	O	£ 10.00	£ -	£ 10.00
Charge for Attendance at Day Centres - Per Session	D	O	£ 20.00	£ -	£ 20.00	O	£ 20.00	£ -	£ 20.00
Concierge Charge - Extra Care (sheltered accommodation)	D	O	£ 40.00	£ -	£ 40.00	O	£ 40.00	£ -	£ 40.00
Court Protection - Appointment to Court	D	O	£ 745.00	£ -	£ 745.00	O	£ 745.00	£ -	£ 745.00
Court Protection - Management Fee	D	O	£ 775.00	£ -	£ 775.00	O	£ 775.00	£ -	£ 775.00
Court Protection - Annual Report Fee	D	O	£ 216.00	£ -	£ 216.00	O	£ 216.00	£ -	£ 216.00
Meals on Wheels - Service not applicable 2015-16 - Per meal for services at day centres - Mid day meal	D	O	£ 4.00	£ -	£ 4.00	O	£ 4.00	£ -	£ 4.00
Meals on Wheels - Service not applicable 2015-16 - Per meal served at home	D	O	£ 4.00	£ -	£ 4.00	O	£ 4.00	£ -	£ 4.00
Meals on Wheels - Service not applicable 2015-16 - Per meal served at Luncheon Club	D	O	£ 4.00	£ -	£ 4.00	O	£ 4.00	£ -	£ 4.00
Pendant Alarms - Private Housing Tennant (Per week)	D	O	£ 0.93	£ -	£ 0.93	O	£ -	£ -	£ -
Respite Care for Adults with Disabilities - per session	D	O	£ 20.00	£ -	£ 20.00	O	£ 20.00	£ -	£ 20.00
Support service for Elizabeth Gardens per household	D	O	£ 40.00	£ -	£ 40.00	O	£ 40.00	£ -	£ 40.00
Transport - Per Journey (these charges are for Thurrock Residents)	D	O	£ 2.00	£ -	£ 2.00	O	£ 2.00	£ -	£ 2.00
Client Contributions – subject to financial assessment:									
Deferred Payments	D	O	£ 144.00	£ -	£ -	O	£ 144.00	£ -	£ 144.00
Domiciliary Care (per hour)	D	O	£ 13.00	£ -	£ 13.00	O	£ 13.00	£ -	£ 13.00
Direct Payments – Agency Rate	D	O	£ 13.00	£ -	£ 13.00	O	£ 13.00	£ -	£ 13.00
Residential Accommodation Charges - Homes for Older people (per week)	D	O	£ 600.00	£ -	£ 600.00	O	£ 600.00	£ -	£ 600.00
External spot Commissioned Residential Placement – Standard Room	D	O	£ 451.00	£ -	£ 451.00	O	£ 451.00	£ -	£ 451.00
External spot Commissioned Residential Placement – Higher Needs	D	O	£ 481.00	£ -	£ 481.00	O	£ 481.00	£ -	£ 481.00
External spot Commissioned Nursing Placement	D	O	£ 519.00	£ -	£519.00	O	£ 519.00	£ -	£ 519.00
External spot Commissioned Dementia Placement	D	O	£ 505.00	£ -	£ 505.00	O	£ 505.00	£ -	£ 505.00
Additional spot Commissioned Services - Full Cost Recovery	D	O	Full Cost	£ -	Full Cost	O	Full Cost	£ -	Full Cost

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16 November 2017	ITEM: 10
Health and Wellbeing Overview and Scrutiny Committee	
Developing a new model of residential care for older people in Thurrock, fit for the 21st Century	
Wards and communities affected: All	**Key Decision:** Key
Report of: Councillor Susan Little, Portfolio Holder for Children's and Adult's Social Care; Councillor James Halden, Portfolio Holder for Education and Health	
Accountable Head of Service: Les Billingham, Assistant Director, Adult Social Care & Community Development	
Accountable Director: Roger Harris, Corporate Director, Adults, Housing and Health	
This report is public	

Executive Summary

This report highlights the current and projected future demand for residential care in the Borough, and the impact this is having on older adults locally who require permanent residential care, or who may undergo longer waits in hospital because of the lack of availability of interim residential care.

The report proposes that detailed consideration be given to the development of a new residential facility in South Ockendon, with accommodation and services fit for the 21st Century. This could not only make a significant contribution to meeting demand but also set new standards in terms of facilities and services. A range of issues related to design, financing and delivery are outlined, and a further report following fuller analysis of those issues, together with a detailed proposal for development, is planned for 2018.

1. Recommendation(s)

1.1 That Committee notes and supports the strategy for the development of a new residential facility, fit for the 21st Century, on the Whiteacre and Dilkes Wood sites, in conjunction with Health partners;

1.2 That Committee notes that the decision on the funding proposal, together with any associated decision on the procurement for the new facility, will be referred to Cabinet in 2018.

2. Introduction and Background

2.1 The Care Quality Commission in its latest report on The State of Care[1] confirms England has an ageing population: its people are living longer, and the total number of years they can expect to live in poorer health continues to rise. Within acute hospitals, bed occupancy has remained above the recommended maximum of 85% since at least the start of 2012/13; from January to March 2017, it was the highest ever recorded at an average of 91.4%. Ambulance calls have increased by 20% from 2011/12 to 2016/17.

2.2 Delivering adult social care has also become more challenging as more and more people need care. There is evidence of growing unmet care need – estimates show that 1.2 million people are not receiving the help they need, an increase of 18% on last year. Moreover, the number of people aged 85 or over in England is set to more than double over the next two decades.

2.3 While the need for adult social care continues to rise, nationally there were almost 4,000 fewer beds in care homes in March 2017 than there were in March 2015 – a reduction of around 2%, with a decrease of up to 10% seen across Essex as a whole.

2.4 The paper attached as Appendix A - Likely contributors towards future Social Care Need, shows the projected growth in the numbers of older people accessing social care services. One projection of demand growth for residential care presented shows a need for a further 410 beds in Thurrock by 2035:

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

2.5 There is already an excess demand for residential care in Thurrock which cannot be met by the current private and voluntary market. This is evidenced by the record of available beds in homes in the Borough for the 18 month period April 2016 to September 2017 which shows 6 weeks when no beds were vacant, as well as extensive periods when only beds in shared rooms were available. Moreover, there is a benefit in the Council managing residential care beds available so that it can offer:

a) Interim stays for people who cannot live in their home at present but have no long term need for residential care;

[1] The State of Health Care and Adult Social Care in England 2016/17, Care Quality Commission, October 2017

b) Short stays for those who require re-ablement services in a residential setting;
c) Short stays to allow assessments (including Continuing Healthcare[2] - CHC assessments) to be undertaken outside an acute setting when they cannot be undertaken in the patient/service user's home.

2.6 This report concerns the proposal to develop a new 21st Century residential facility for up to 75 older users of adult social care and health care services on the Whiteacre and Dilkes Wood sites in South Ockendon (please refer to the plan at Appendix B for details of the site). The facility could provide a wing of 30 ensuite bedrooms for Interim Care and 45 small self-contained flats (around 35 square metres and comprising a bedroom with ensuite bathroom, and a living room with a kitchenette) for those needing permanent residential and nursing care services. Communal lounges, a restaurant, full catering kitchen, specialist bathrooms, treatment rooms, residents' gardens and reception, and staff facilities including offices, and meeting rooms would also be provided. The new facility would deliver the new models of care that cannot be provided at the Council's care home Collins House, which although highly regarded cannot meet the care needs of many potential residents with the result that they may have to stay in hospital for longer periods than they need.

2.7 The Whiteacre and Dilkes Wood sites are of a sufficient size to also allow the development of additional housing for rent or for sale. It is proposed that a number of care-ready retirement flats could be linked to the development, so allowing those residents to also use the care facilities if it would be beneficial for them to do so, and possibly providing greater economies of scale in the provision of care.

2.8 The estimated development cost of the residential facility (not including any retirement flats that may be added to the site) is around £7million excluding fees and VAT. A range of funding options are currently being explored for the new facility including possible grants from the Homes and Communities Agency for the self-contained flats, and prudential borrowing for the interim care bedrooms, to be serviced from savings to other parts of the local health and care system.

2.9 The potential redevelopment of the adjacent health centre is also currently being explored with NHS Thurrock Clinical Commissioning Group, and NHS Property Services. Consideration is being given to the development of additional primary care. This may further enhance the offer of health care services to local older people, and those with long term conditions, as well as better serving the expected population growth in South Ockendon. The location of other community facilities on the health centre site, including a nursery, may also be considered.

[2] This is a care package funded by the NHS which is designed to help those whose primary need relates to their health.

3. Issues, Options and Analysis of Options

3.1 The need for additional, better equipped residential beds for older adults.

3.1.1 There are currently 14 care homes for older adults in Thurrock providing 611 beds, of which 128 offer nursing care. This includes the recent addition of 18 beds at the Hollywood Rest Home in Grays.

3.1.2 The Council has one purpose built residential home, Collins House, in Springhouse Road, Corringham, Stanford-le-Hope SS17 7LE designed to the standards for residential care current in the 1970s and 1980s. It is registered to provide personal care and accommodation in single rooms for a maximum of 45 older people, some of whom may be living with dementia related needs. 5 of the 45 bedrooms are currently used to provide residential re-ablement for up to 42 days (referred to as re-ablement beds). Additionally, 12 of the 45 bedrooms are for used for short term residential care (referred to as interim beds).

3.1.3 Collins House is well regarded by residents and their families, and the Care Quality Commission gave the home an overall rating of Good in its latest inspection report dated 5 April 2016. However, it does have some limitations: the bedrooms are small and none have ensuite bathrooms. Moreover, the building places limitations on the care that can be provided: it is not possible to place in Collins House some older adults who cannot weight-bear because the size of some of the rooms prohibits the use of hoists to allow such residents to transfer from bed to chair or bath or WC.

3.1.4 The possibility of improving the facilities at Collins house has been reviewed. A Feasibility Report prepared in February 2017 by architects Pollard Thomas Edwards, in conjunction with cost consultants Calford Seaden, demonstrated that site constraints would result in any up-grade of the facilities at Collins House causing severe disruption for existing residents, bringing with it significant health issues for older people living on a building site. The development of ensuite bathrooms would also result in the loss of 6 units of accommodation and so presents poor value for money. Without decanting, demolition and rebuilding there could be little real improvement in the facilities at Collins House, and this is not felt to be an acceptable option for the frail, elderly residents who have chosen to move to the home.

3.1.5 A new residential care facility on the Whiteacre/Dilkes Wood site would not only address the limitations of the care that can be provided in Collins House but also offer additional beds to help manage the growing demand for residential care. (It should be noted that while a valuable addition to the panoply of provision for vulnerable older adults, the dedicated interim and re-ablement beds at Collins House have reduced the availability of permanent residential accommodation by 17 beds).

3.1.6 The facility at Whiteacre/Dilkes Wood would also improve the availability of out of hospital care (the urgent need for which is shown most recently by the

significant increase in delayed transfers of care), and take further the aim to provide these services within the Borough, in line with the Health and Well-Being Board's strategy "For Thurrock In Thurrock". It could allow flexing the provision for residential re-ablement, discharge to assess beds, and interim beds (where a service user does not require permanent residential care but cannot at that time return to their own home) to take account of changing patterns of need, and the numbers in need.

3.2 The case for investment and the future vision for Collins House

3.2.1 This is an investment proposal for a new residential facility in South Ockendon. Collins House will remain an important resource for Thurrock and it will be retained as a care home for use by older adults for a period of at least 5 years. The new facility proposed for South Ockendon will provide the opportunity to understand more fully how the facilities and services at Collins House could be improved, building on its existing strengths.

3.2.2 The design of Collins House reflects a time when energy efficiency was less of a consideration; there is little insulation in the walls and roof although double glazing has been added since the scheme was first built. The building components are now reaching the end of their technical life expectancy and the need for major refurbishment can be anticipated; for example the Council has recently been strongly advised to upgrade the current heating system at a potential cost in excess of £250,000. Generally running costs including heating costs are much higher than a modern facility, and both plant and fabric will require renewal in coming years.

3.2.3 A facility that is capable of meeting the current need for care, (including dementia and nursing care) will provide sizable savings to the health and care economy by reducing the number of beds required for care in acute settings. It has become clear that there is now very little spare capacity in the local care home market, and at times there has been an acute shortage of beds. As noted above the record of the available residential care beds in Thurrock since April 2016 shows an average of 2 available beds per day: this will include some beds in shared rooms and this means at times no beds may be available for those who are unwilling or unable to share a room. The record shows that in some weeks there are no vacant beds available.

3.2.4 Thurrock performs well in enabling residents to return home from hospital, especially when compared to other areas in the East of England and nationally. However,, there has recently been a significant increase in the number of delayed transfers of care (DTOC) of Thurrock residents from BTUH[3] and the Council and Health partners have recently committed to working more closely together to reduce the number below the current average of 300 days per calendar month. In July 2017 there were 378 delayed transfers of care (delayed days), which is an increase of 99

[3] The figure does not include DTOC from community health providers (NELFT and EPUT) or other hospitals outside Thurrock used by Thurrock residents

compared to the previous month (279). The cost of providing intermediate care in acute settings is reckoned to be £105,000 per bed per year. The cost of delayed transfers of care is expected to be similar. The new facility would provide a high quality, cost effective solution to delayed transfers in the medium to long term, and in so doing provide a better and more local service for Thurrock residents. It will also help address the fact that longer stays often lead to poorer health outcomes and an increased dependence on social care services.

3.2.5 At the same time the current market for social care for older adults, including residential care, is fragile and the Council needs to retain the capability and some capacity to deliver residential care in case it needs to step in following provider failure. Investing in care services and facilities in the community will enable more, older adults who are unwell to remain out of hospital where there is no clinical justification for a stay in an acute facility, and where they are unable to stay in their own home.

3.2.6 The national objective of providing integrated care, and local initiatives such as the Thurrock Better Care Fund, will enable the Council with Health partners to better direct their use of resources to commission services to maintain health and well-being and reduce admissions to acute care. The development of residential care services which meet the needs of those requiring re-ablement, assessment and interim stays will allow the Council with the CCG to demonstrate the viability of this service model for independent sector providers, so allowing them to diversify their residential offer. The proposed investment in residential care also meets the Five Year Forward View objective of enabling a shift in investment from acute to primary and community services. Finally, consultations, including 'For Thurrock in Thurrock' show strong public support for providing more health and care services in the community and in Thurrock.

3.3 Exploring the range of design, financing and development options.

3.3.1 The availability of the Whiteacre / Dilkes Wood site presents opportunities to:

- develop innovative, aspirational and care-ready homes to meet the needs of an ageing population in line with the principles of the HAPPI report [4];
- empower service users through asset based approaches to residential care that can enhance both the quality and longevity of life through focusing on the resources that promote the self-esteem and coping abilities of individuals and communities;
- provide technology enabled care such as telehealth, telecare, telemedicine, telecoaching and self-care apps that have the potential to transform the way people engage in and control their own healthcare, empowering them to manage it in a way that is right for them;

[4] Housing our Ageing Population: Panel for Innovation DCLG 2009
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/378171/happi_final_report_-_031209.pdf

- develop a range of other facilities which may complement and enhance the care on offer, including the development of a neighbourhood of retirement flats and, to create more of an intergenerational community, a nursery or similar facilities;
- see the development of enhanced primary care and (subject to further dialogue with Health partners) possibly a range of out of hospital clinical services;
- explore a range of capital and revenue, public and private financing options to secure new investment in Thurrock, and to maximise value for money.

These opportunities are explored in more detail below.

3.4 Issues to determine 1 – Design and realising development potential.

3.4.1 The current offer for older people who need intensive personal care or nursing care is usually a room in a residential care home. In recent years "extra care" housing has been developed, and while the term encompasses a range of forms and care offers, it generally refers to self-contained accommodation with personal (and sometimes nursing) care provided by an on-site team. In many cases older people find that their changing needs results in them no longer being able to manage in extra care housing, and they can then be obliged to move into a room in a care home.

3.4.2 Recent innovation in housing design standards (including the HAPPI Report referred to above), together with the development of technology enabled care, means that we can now offer a far greater range of assistance (including clinical interventions) in a self-contained domestic setting. This brings with it the potential to enable more, older people to remain in their own (specially designed) home to the end of their life if they wish to do so. It also means that older people may not have to give up their home, give up all their possessions except for those that can be accommodated in a single room, and give up the friendships and familiar support networks that have played a part in keeping them independent, at a most vulnerable time in their lives.

3.4.3 The location and scale of the Whiteacre and Dilkes Wood site will allow the development of a range of homes for older people needing care: from small easy to maintain flats designed for frail elderly people, to retirement living for those who wish to downsize to a care ready environment, including potentially a mix of one and two bedroom dwellings for rent or sale. This is an opportunity both to address the growing demand for residential care, and to invest in innovation in care, and so to set new higher standards for residential provision in the Borough.

3.5 Issues to determine 2 – Financing.

3.5.1 The potential to develop the new care facility on the lines described above brings with it new financing options for the facility which include:

- Developing more and better alternatives to care in an acute hospital for older people who are "Doctor fit" but who may need time for

convalescence or for other reasons cannot return to their home. In conjunction with Health partners, there is potential to use funding from other parts of the health system to resource the development. This may include revenue contributions as is currently the case with the interim beds at Collins House or even potentially, capital. With suitable agreements in place the revenue contributions could be used to service prudential borrowing being undertaken by the Council for the purpose of developing the facility.

- Securing grant from the Homes and Communities Agency - this was the case with Elizabeth Gardens where a capital investment of £70,000 was secured for each of the 65 extra care flats, and for Bruyns Court where £50,000 per unit was committed for the development of HAPPI housing (in which fewer facilities for the delivery of care are required) . This funding would be available if the accommodation offered is self-contained rather than a bedroom in a care home where all other facilities are shared. Rental income from the flats, or the proceeds of sales if units for shared ownership were developed, would also be available to offset development, maintenance and management costs.

3.6 Issues to determine 3 – Site assembly and the potential for a joint venture with Health partners.

3.6.1 The South Ockendon Health Centre on Darenth Lane is currently occupied by a single handed GP Practice and is also used as a branch surgery by an Aveley Practice. The building dates from the 1960s and is a very low density use from the land it occupies. Health partners have confirmed they see benefits in redeveloping the site to create a health centre which could potentially bring together other surgeries from the local area, and to equip it with a fuller range of primary care facilities. This aligns with the Council's priority of improving the quality and capacity of primary care across the Borough, and will be a key part of implementing the GP Standards Plan.

3.6.2 The Health Centre site is also large enough to accommodate a range of non-clinical community services which could address the wider determinants of health in the local area. There is therefore the added potential, as part of a joint venture with the Council, of developing a health and well-being facility for the Whiteacre / Dilkes Wood facility and for the wider community. The possibility of redevelopment needs to be explored because it could play a key role in meeting the health and well-being needs of the growing population planned for South Ockendon, including the adjacent Culver Centre site and the proposed urban extensions.

3.6.3 Any redevelopment of the South Ockendon Health Centre site could also be mutually beneficial to the Health partners and the Council in relation to the Whiteacre / Dilkes Wood site. At this stage it is not possible to state with any certainty the value of those benefits or indeed to be certain about their deliverability. However, a detailed examination of the potential to reprovision the South Ockendon Health Centre, potentially phasing it so as to align with the redevelopment of the Whiteacre / Dilkes Wood site, is clearly warranted.

3.7 Issues to determine 4 – Delivery.

3.7.1 The first question is whether to Make or Buy– will the Council be the developer or will it procure a development partner. The Council has a number of procurement options in considering how best to develop the Whiteacre / Dilkes Wood site. These include:

- With its track record of successfully delivering Bruyns Court in South Ockendon (soon to be followed by a larger HAPPI housing scheme of 36 flats with potentially some commercial elements in Calcutta Road Tilbury) the Council itself has the capacity to develop the residential elements of the proposed scheme. As a development partner of the Homes and Communities Agency it also has potential access to the capital grant funding needed for the development of housing for affordable rent and for shared ownership for older people. This development option would allow the Council to retain both the ownership and the management of the scheme.
- The Council also has a track record in the successful delivery of extra care housing in partnership with specialist housing associations such as Hanover, which led to the development of the Elizabeth Gardens. This development option would allow the Council to hand over development and management of the site while retaining the option to deliver the care itself, or through a contracted third party care provider. In the case that a disposal of an interest in the site was agreed (depending on affordability) a capital receipt may be payable to the Council.

3.7.2 The Phasing of the Proposed Development also requires consideration:

- The Whiteacre / Dilkes Wood site is large, with the potential to deliver over 100 homes. Consideration will therefore need to be given as to whether to initially develop the whole site at once, or to phase the development. This could involve the initial development of the residential facility (including the interim beds), and subsequently developing out the remainder of the site in line with strategic priorities and market conditions.
- The issue of phasing is even more crucial if the South Ockendon Health Centre is to be included in the development. In this case, in addition to the need to negotiate and agree terms for the joint development there is the issue of aligning investment cycles potentially involving, the Council, Health partners and the Homes and Communities Agency.
- The issues to be considered in addressing phased development include contract packaging, and technical building options (including getting the most from Modern Methods of Construction such as Modular Build and Cross Laminated Timber technologies), as well as how best to take the resulting units to market (for rent and/or sale). In the case of the Health Centre centre and any community uses, there are obviously a range of other logistical issues related to continuity of health service provision which would need to be dealt with. Contingency plans would also be needed to manage any delay in any element of the scheme so as not to place at risk the deliverability and viability of the scheme as a whole.

4. Reasons for Recommendation

4.1 The recommendations are intended to allow the Council to explore fully how best to respond to the projected growth in residential care, including interim care. This will involve detailed examination of the potential use of the Whiteacre and Dilkes Wood sites for a residential facility, as well as discussions with Health Partners about South Ockendon Health Centre.

4.2 Following a detailed evaluation of the various issues outlined in the report, a further report seeking approval for the various commitments that would need to be made to realise the development of the proposed 21st Century residential facility will be presented to Cabinet.

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

5.1 This proposal has been developed to address issues that were the subject of a number of recent consultations, particularly Designing a Health and Social Care system for the 21st Century, 3 April 2017 to 25 June 2017 and, in conjunction with NHS Thurrock Clinical Commissioning Group, For Thurrock in Thurrock in Spring 2016.

5.2 The proposal to develop the Whiteacre / Dilkes Wood sites will be subject to the usual requirements of the Planning Application process.

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

6.1 The following Table is taken from Form G: **BID FOR INCLUSION IN 2018-2019 CAPITAL PROGRAMME D FOR INCLUSION IN 2018-2019 CAPITAL PROGRAMME.**

POLICY LED BUDGETING SCORING FOR EACH PROPOSAL (Marks out of 25 for each section)							
Health, Safety & Condition	Create a great place for learning and opportunity	Encourage & promote job creation & economic prosperity	Build pride, responsibility and respect to create safer communities	Improve health and well-being	Protect and promote our clean and green environment	Revenue Cost / (Savings)	Equality Impact Assessment
A	B	C	D	E	F	G	H
10	15	15	15	25	15	25	25

↳	Health & Safety (Y/N)	Statutory (Y/N)	Discretional (Y/N)
	Y	Y	N

***The method of scoring is shown below*:**

Health, Safety & Condition (Column A)	
Very Low - possible future hazard	5
Low - work required but could be delayed for 1 year	10
Medium - risk of minor injury / may have some impact on service	15
High - likely to cause significant injury / impact on service	20
Very High - likely serious injury, threat to life / disruption of service	25

Organisational Priorities (Columns B – F)	
Very low contribution towards the community plan priority	5
Low contribution towards the community plan priority	10
Medium contribution towards the community plan priority	15
High contribution towards the community plan priority	20
Very High contribution towards the community plan priority	25

Revenue Costs (Column G)	
High cost (above £10,000)	5
Low cost (below 10,000)	10
No Cost	15
Low savings/Income (Under £10,000)	20
High savings/Income (Over £10,000)	25

Equality Impact Assessment (Column H)	
High Adverse Impact	5
Medium Adverse Impact	10
Low Adverse Impact	15
No Adverse Impact	20
Positive Impact	25

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**

Management Accountant – Social Care & Commissioning

At this stage in the development of these proposals there are no specific financial implications. The financial case to develop residential accommodation and potentially other facilities in conjunction with Health partners, on the Whiteacre and Dilkes Wood sites in South Ockendon will be presented in a subsequent report.

7.2 Legal

Implications verified by: **Sarah Okafor**

Barrister, Thurrock Adult Social Care

At this stage in the development of these proposals, I have read the report in full, and the HAPPI report referenced. There appear to be no specific health and adults social care related legal implications arising. The full range of legal issues, related to the development of residential accommodation and care services, and potentially other facilities in conjunction with Health partners, on the Whiteacre and Dilkes Wood sites in South Ockendon will be presented in a subsequent report.

7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**

Community Development and Equalities Manager

The aim of this proposal is to improve access to, and the quality of, residential care in the Borough. In due course an equality impact assessment that will support the development of the facilities and the service will need to be produced.

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

These have been addressed elsewhere in this report.

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):

- 2017-02-24_Stage 1 Report_Collins House_1.0
  Pollard Thomas Edwards were appointed by Thurrock Council to examine the feasibility of various development options for Collins House, Corringham. Their report explored 3 main options for redevelopment; two of which were focused on the existing site of Collins House along with a third option that examined possible relocation to the Dilkes Wood site in South Ockendon.
  Cost appraisals for all options have been provided by Calfordseaden.
  This is a very large file and so a printed copy of the report is available in the Members Library.

9. Appendices to the report

Appendix A - Likely contributors towards future Social Care Need

Report Author:

Christopher Smith, Programme Manager
Adults, Housing and Health

Author: Maria Payne, Senior Programme Manager – Health Intelligence

Likely contributors towards future Adult Social Care Need

It is expected that, without the implementation of effective preventative measures, demand for adult social care services in the future is likely to increase. Modelling work undertaken by the Personal Social Services Research Unit (PSSRU)[1] in 2015 predicted there to be significant increases in the numbers of older people accessing social care services. Their base-case scenario is shown below:

Table 1: Projected % growth in numbers of older people accessing social care services in England, 2015-2035

	% growth 2015-2035
Direct payment users	63%
Home care users	
Publicly-funded users	86%
Privately-funded users	49%
Care home residents	
Publicly-funded residents	49%
Privately-funded residents*	110%

Source: PSSRU, 2015

* The higher proportional increase in privately-funded care home residents is likely to be attributed to the growing number of older people who own their own homes, and therefore would not be eligible for local authority-funded support

The above assumptions make no allowance for changes in the prevalence of underlying health/disability, or the patterns of service use – they are mainly linked to population growth. However it is not as simple as aligning expected increased demand for adult social care with population growth. A report by Bolton (2016)[2] which considered likely factors for predicting future demand for adult social care listed a range of variables which could significantly influence this. The data below describes Thurrock's position relating to the *demographic* and *health status factors;* however the author felt that the way care is delivered (e.g. how assistive technology is used, or support for self-care embedded in assessment approaches), effective partnership working and availability of provision (e.g. extra care housing) were also important factors in estimating future need.

a) The ageing population

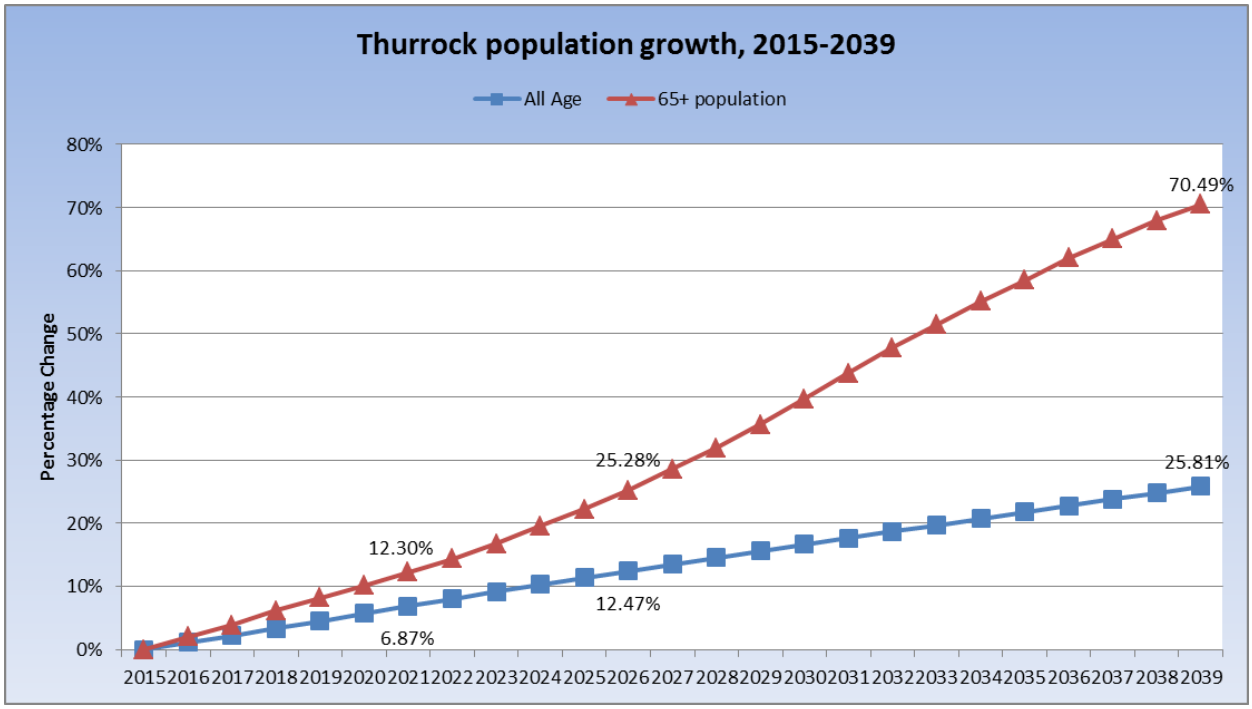
It is known that nationally the population is living longer, albeit not necessarily healthier, lives. Whilst it is expected that in Thurrock, the population might grow by 6.87% by 2021, this is almost doubled in those aged 65+ (12.3%), and this age group is expected to increase at a much higher rate for all years after this date. Quantifying this, there are an estimated 22,839 people aged 65+ in Thurrock in 2015; this is expected to increase to 25,649 by 2021 and 28,612 by 2026. *[Note that these estimates do not incorporate planned housing and regeneration development within the borough as accurate numbers and timelines are not yet known. The true rate of growth could be*

[1] Wittenberg, R. and Hu, B. (2015) *Projections of Demand for and Costs of Social Care for Older People and Younger Adults in England, 2015 to 2035*. Personal Social Services Research Unit, Discussion Paper 2900. Available from: http://www.pssru.ac.uk/pdf/DP2900.pdf [Accessed on 8th August 2017]

[2] Bolton, J. (2016) *Predicting and managing demand in social care*. Available from: https://ipc.brookes.ac.uk/docs/John_Bolton_Predicting_and_managing_demand_in_social_care-IPC_discussion_paper_April_2016.pdf [Accessed 8th August 2017]

*even higher once these are accounted for]. T*hose aged 65+ are the highest users of Adult Social Care services and are also more likely to develop multiple long term conditions, which results in increased demand for health and social care services with fewer working age people that can be taxed to pay for this increased demand.

Figure 1: Thurrock projected population increase, 2015-2039



Source: ONS Sub-National Population Projections, 2014

b) Wealth of the older population

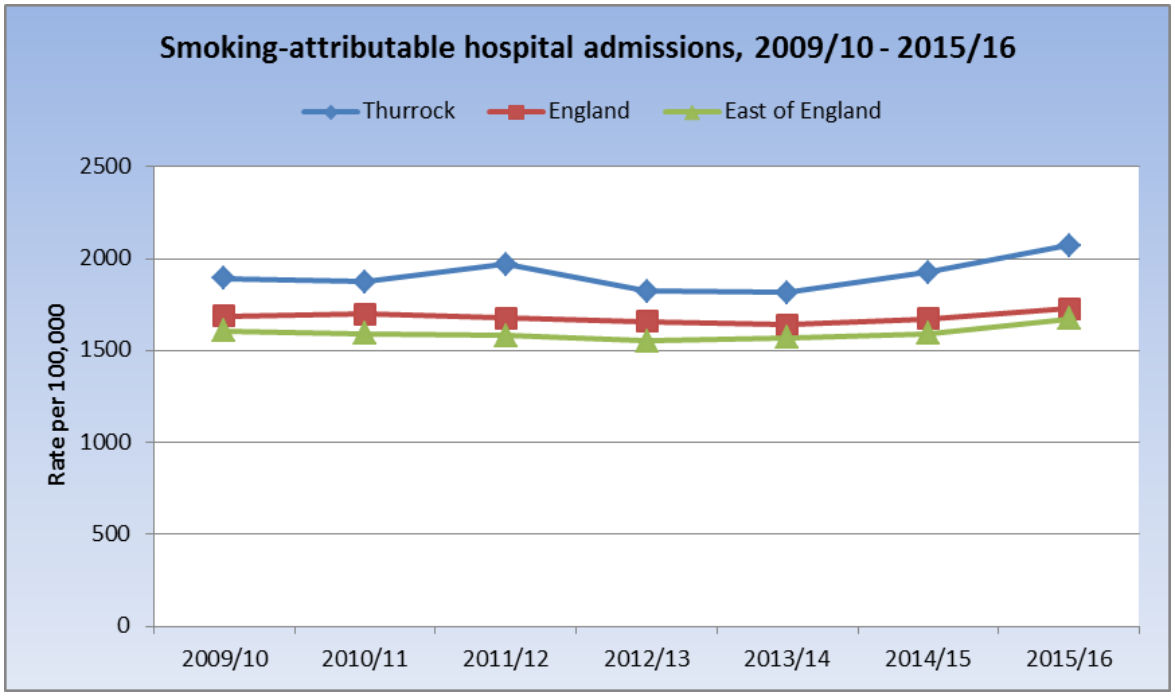
The income of the older population should be considered when looking at future demand for social care. Wealthier older people are likely to live longer with better overall health, but they are also less likely to approach the Council for help unless they run out of money to self-fund. There is generally more demand for social care services from areas of high deprivation. Looking at the 2015 data from the Income Deprivation Affecting Older People's Index (IDAOPI), Thurrock has 17.4% of its population aged 60+ years in pension credit (guarantee) households, which is above the national average of 16.2%. This however ranges within the borough, with some GP practice populations having only 9.5% of their older population in deprivation, and others having up to 29.6% of their GP practice population in deprivation.

c) Lifestyle behaviours

The health of the adult population in Thurrock is varied. Two lifestyle elements where Thurrock has particularly high numbers of people undertaking risky behaviours relate to smoking and obesity. The latest data indicates that 20.8% of adults in Thurrock are current smokers, and that 70.3% are overweight or obese. If adults are not supported to stop smoking or lose weight, there will be added demand to both health and social care services. This can already be seen with relation to hospital admissions attributable to smoking, which have been significantly higher than the national and

regional averages since 2009/10. If these smokers continued to smoke and subsequently developed a long term condition such as COPD or lung cancer, this could then have further impacts on requirements for social care packages.

Figure 2: Smoking-attributable hospital admissions



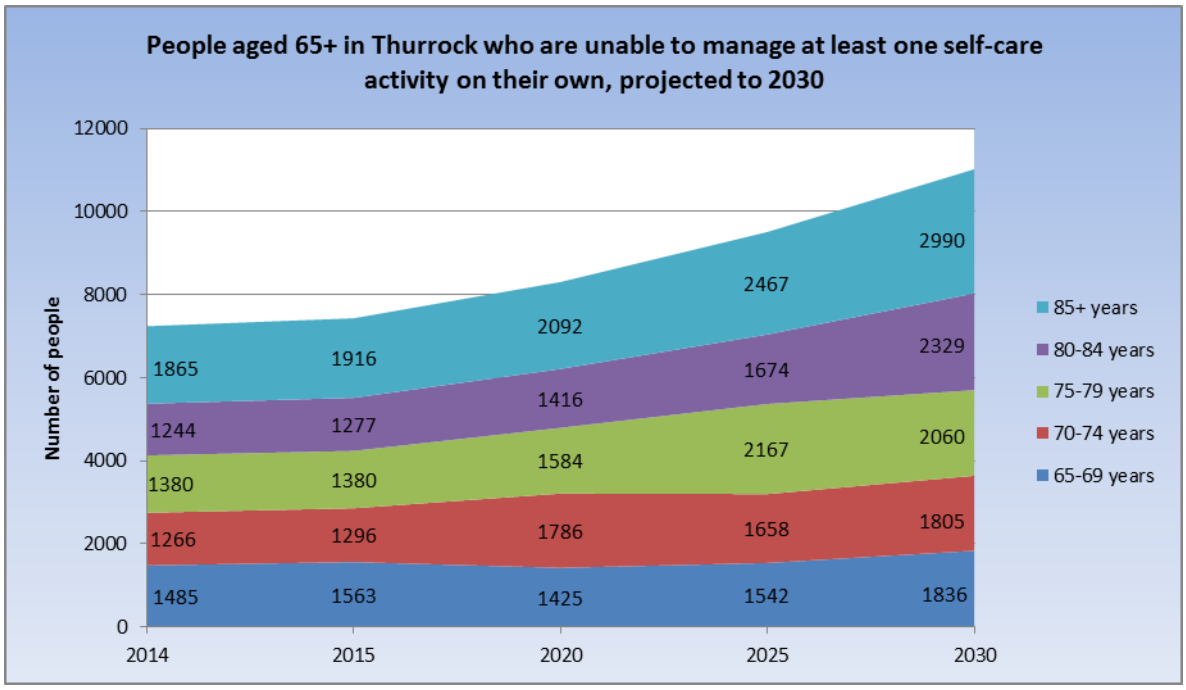
Source: Hospital Episode Statistics and Public Health England

Overweight and obesity is known to be a contributor towards development of further long term conditions such as Diabetes and also increases risk of having a Stroke. This again would also lead to increased demand on both hospital and social care resources. [Further information on this can be found in the 2016 Annual Public Health Report on System Sustainability.]

d) The impact of long term conditions on patients' ability to self-care

It is known that approximately 70% of health and social care budgets are spent on treating those with long term conditions, and that older people are more likely to develop them. These conditions can have a debilitating effect on people's ability to care for themselves, resulting in reliance on Adult Social Care support. The figure below shows the estimated increase in people over 65 years who cannot undertake even one self-care activity alone and therefore will be requiring support from Adult Social Care. Whilst the total number in 2015 was 7,432, this is projected to increase to 11,020 by 2030, which is an increase of 48.3%. The largest increase is seen in the 80-84 year age group, which sees an increase of 82.4% between 2015 and 2030. Residents in their 80s are already the largest users of residential care, so this is likely to increase demand from that age group.

Figure 3: People aged 65+ unable to undertake one self-care activity alone

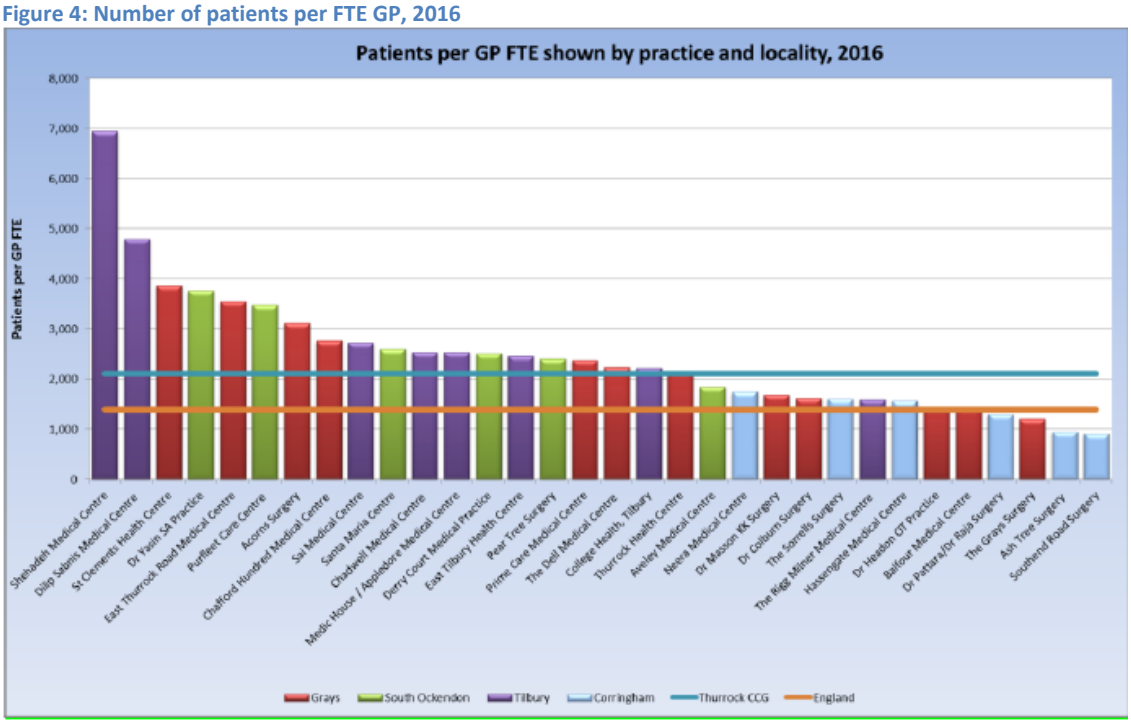


Source: Projecting Older People's Population Information (POPPI) system

e) Access and quality of healthcare being received

Thurrock is the fourth-most under-doctored CCG in the country, and all bar five practices have patient: GP ratios that are higher than the England mean. Access to good quality primary care services is paramount in keeping patients well, detecting healthcare needs early and preventing further deterioration where possible.

Figure 4: Number of patients per FTE GP, 2016



Source: NHS Digital

A similar picture can be seen when it comes to practice nursing staff – Thurrock has a chronic shortage of nurses across the borough.

In addition, there is wide variation in the quality of clinical management of long term conditions at GP practice level, with many patients not receiving good quality care. This could include processes such as standard reviews not being undertaken, ineffective blood pressure control, flu vaccinations in vulnerable patients not being undertaken, and lack of onward referrals when identified to be at risk of further deterioration. This in turn can lead to further demand on hospital and social care services.

Undiagnosed long term conditions

Modelling work by Public Health England indicates that there are a large number of patients who have long term health conditions who are not yet diagnosed and therefore not receiving any form of treatment. Diagnosis and ongoing treatment of the additional estimated undiagnosed patients would add additional pressures to the existing primary care workforce issues – for example, modelling work by the Public Health team in 2016 estimated that one in 20 untreated hypertension patients was likely to have a stroke within three years – leading to cost pressures in social care and health care services.

Table 2: Observed and estimated patients with long term conditions, 2016

Condition	Observed Prevalence	Estimated Prevalence	Additional Number of Undiagnosed Patients based on the estimated prevalence
Stroke (2016)	1.51%	3.70%	3,540*
Hypertension (2016)	14.08%	20.95%	10,983
CHD (2016)	2.78%	7.58%	7,521*
COPD (2016)	1.8%	2.22%	642*
Diabetes (2016)	6.3% (17+)	7.9% (16+)	2,109**

Source: Public Health England and QOF

Emergency hospital admissions

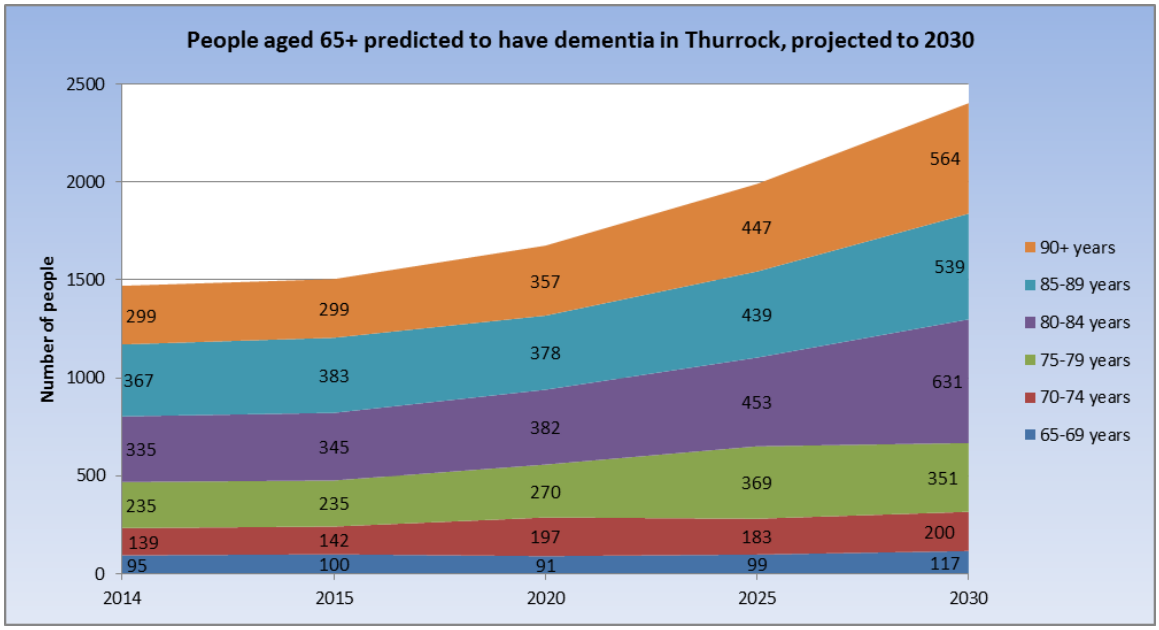
Data in the 2016 Annual Public Health Report shows there were 3,869 hospital admissions from Thurrock residents that were classified as 'ambulatory care sensitive' – i.e. conditions for which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions. Examples would include COPD, Diabetes and Heart Failure. These are an adverse outcome of the currently fragmented health and social care system in Thurrock, and are generally more prevalent in those aged 65+. These patients could then go on to require social care support.

f) Dementia

Dementia prevalence is known to increase with age. The graph below shows the estimated number of people aged 65+ with dementia could increase from 1,503 in 2015 to 2,401 in 2030 – an increase

of 59.7%. The largest proportional increases are seen in the 80-84 year olds (82.9%) and 90+ year (88.6%) age groups, which as mentioned previously, are age groups who are already high users of adult social care services. It is worth bearing in mind that the figures below will include some people with dementia who have not received a formal diagnosis, and therefore not receiving care. As with the other estimates of patients with undiagnosed long term conditions, this could mean their condition could worsen further if not diagnosed early.

Figure 5: People aged 65+ estimated to have dementia

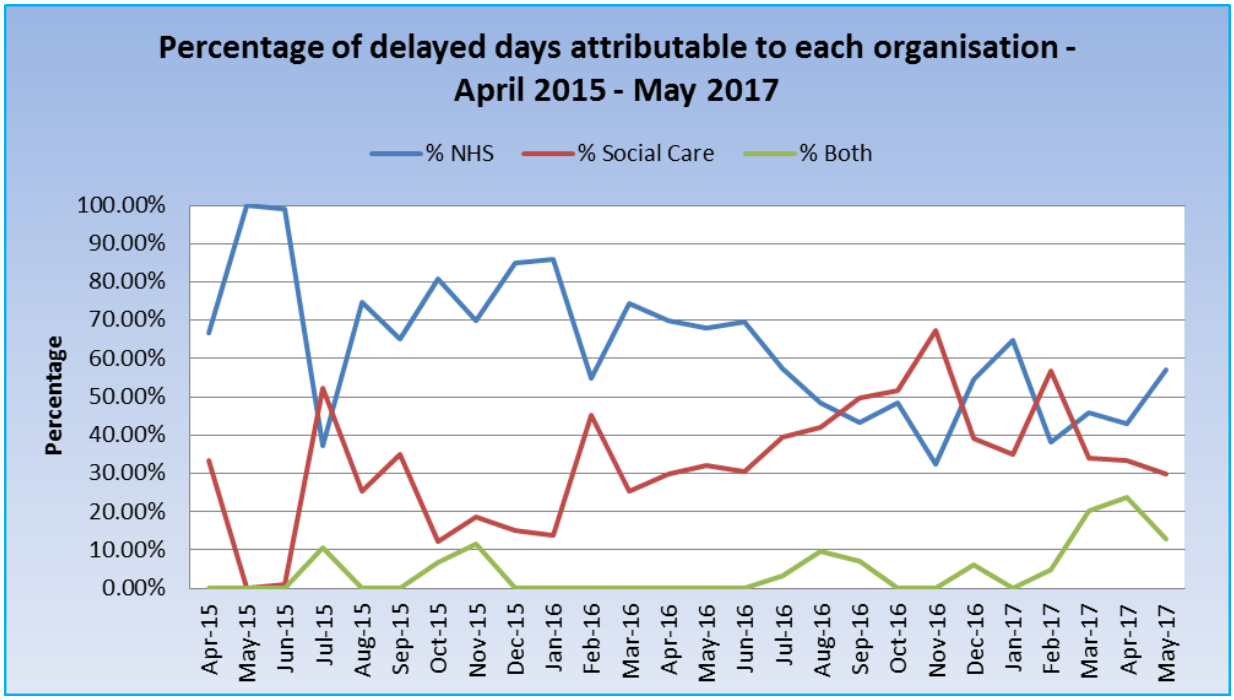


Source: Projecting Older People's Population Information (POPPI) system

g) Delayed Transfers of Care

Delayed Transfers of Care can occur for many reasons, and could be attributed to the NHS, Social Care or both organisations. Whilst the percentage of delayed days attributable to the NHS has mainly reduced each month in 2016/17 those attributable to Social Care have steadily increased. The average % for 2015/16 for Social Care was 23.14% but for 2016/17 this rose to 42.31%, which is almost double. This indicates that current provision is not adequately coping with the current level of demand.

Figure 6: Percentage of delayed days attributable to each organisation



Source: NHS England

What does this mean for the future population?

- As described above, the future population is likely to have a higher proportion of older people than the current population.
- There are pockets within Thurrock of income inequality, meaning some areas have larger numbers of older people in deprivation who are more likely to be eligible for, and access, adult social care services. Wider government changes could mean this inequality persists into the future.
- There are many adults in Thurrock who are not exhibiting healthy lifestyles. Large numbers of smokers and obese adults could lead to development of further long term conditions, thereby increasing need and demand for care in the future.
- Primary care quality and capacity in Thurrock is varied, and is having an impact on future health and social care use.
- There are potentially large numbers of patients with as-yet undiagnosed long term health conditions who, if not diagnosed and treated, could increase demand on future health and social care services.
- The varied quality of healthcare currently being offered could continue to impact on the numbers of patients seen in Basildon Hospital for conditions for which an admission should have been preventable.
- The expected increase in those unable to self-care and those with dementia are also likely to increase demand on future health and social care services.
- The increase in proportion of delayed transfers of care days that are attributable to Adult Social Care is reflecting a system that has not been able to contend with the demand, and the health issues outlined above are unlikely to reduce this.
- Taken together, the projected increase in older people and the identified health care issues are likely to contribute towards an increase in complexity of future social care packages.

A recent publication by Kingston *et al* (2017[3]) generated some estimates of future demand for care home provision in the over 65 population in England. Applying elements of their methodology to the Thurrock population, it can be seen that, accounting for changes in the health status and life expectancy of the future population as well as population growth, the need for care home places is expected to increase – with an estimated 410 additional places required by 2035.

Table 3: Care Home places required in Thurrock, 2017 and 2035

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

Source: Kingston *et al,* ONS and Thurrock Council

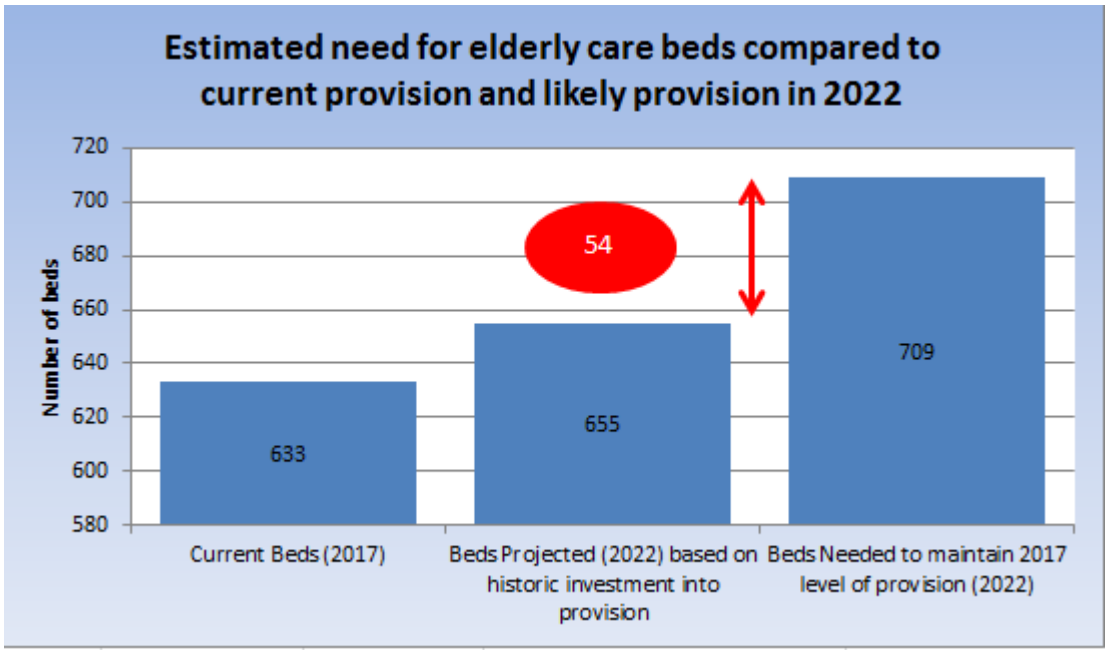
Another recent piece of research undertaken by the consumer group Which?[4] found Thurrock to have a more urgent need for increasing care beds for older people – modelling that if we continue

[3] Kingston, A. *et al* (2017) Is late-life dependency increasing or not? A comparison of the Cognitive Function and Ageing Studies (CFAS). Available from: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31575-1/fulltext [Accessed 26th September 2017]

[4] Which? (2017) Local analysis of elderly care beds. Available from: https://consumerinsight.which.co.uk/articles/Local%20Elderly%20Care%20Beds [Accessed 6th October 2017]

with existing patterns of care home investment, Thurrock is likely to have 54 fewer care home beds than needed in 2022. This is 9% fewer beds than we are estimated to require. In order to meet the estimated level of need in 2022, this research suggests we need to provide **76 more beds in the next five years**.

Figure 7: Estimated need for elderly care beds, 2022



Source: Which?, 2017

There are a number of programmes underway to address some of the expected increase in demand, including:

- Long term condition case management programmes (e.g. hypertension detection)
- Implementation of a revised primary care workforce model to increase capacity and streamline working processes
- Construction of four Integrated Medical Centres
- Procurement of an Integrated Data Solution across different systems within primary, community, secondary, mental health and social care
- A Falls Prevention Pilot programme
- Living Well at Home
- Social prescribing
- Local Area Coordination
- Well Homes
- Rapid response assessment service

It should be noted that the impact of the above work programmes may take time to become apparent, and that it will be a combination of initiatives that result in wider system change.

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16 November 2017	ITEM: 11
Health and Wellbeing Overview and Scrutiny Committee	
New Model of Care for Tilbury and Chadwell	
Wards and communities affected: Tilbury Riverside, Tilbury St. Chads, Chadwell St.Mary, East Tilbury and Thurrock Park	**Key Decision:** Non-Key
Report of: Ian Wake, Director of Public Health	
Accountable Director: Ian Wake, Director of Public Health	
This report is Public	

Executive Summary

This report serves as an introduction to the attached *The Case for Change, A New Model of Care for Tilbury and Chadwell* document. The document has been developed by Thurrock's Director of Public Health in conjunction with key stakeholder organisations across our local health and care system and has been informed by the analyses and recommendations set out in the Annual Report of The Director of Public Health (2016) and The Tilbury and Chadwell ACO Needs Assessment (2017).

The *Case for Change* Document sets out a new model of providing primary, community and mental health services, health improvement services and adult social care services to Tilbury and Chadwell residents in an integrated an person centred way.

In implementing the new model of care, set out in the *Case for Change* document, health and care providers seek to demonstrate 'proof of concept', with a view to replicating the model borough wide in order to form a new Accountable Care System for Thurrock.

1. Recommendation(s)

1.1 That the Health and Wellbeing Overview and Scrutiny Committee note and comment on the proposals set out in the *Case for Change* document, for transforming health and care services in Tilbury and Chadwell

1.2 That the Health and Wellbeing Overview and Scrutiny Committee endorses the piloting of the New Model of Care with a view to creation of a borough wide Accountable Care System if shown to be successful.

2. Introduction and Background

2.1 The Annual Report of The Director of Public Health (2016) aimed to address the fundamental question of what would make the Thurrock Health and Adult Social Care System more sustainable in financial and operational terms. The report made a series of high level conclusions including:

- That there was insufficient understanding at a system's level of how patients/clients flowed through the constituent elements within the system, i.e. between GP surgeries, community and mental health providers, hospital, adult social care services; and how clinical practice in each element impacted on demand on all other elements
- That too many residents were accessing the most expensive elements of the system needlessly as a result of preventable A&E attendances, emergency hospital admissions and early entry into residential care because of adverse health events that were highly preventable
- That inadequate capacity and variation in clinical quality in primary and community care was leading to preventable adverse health events that were driving excess demand and cost, particularly in terms of failing to adequately diagnose and care for people with long term health conditions
- That the system was fragmented and confusing to patients and needed to integrate at both a service and financial governance level in order to improve
- That there needed to be a period of 'double running' where investment was made in Primary and Community care which would release capacity and cost from secondary care and adult social care

2.2 Following presentation of the APHR at the November meeting of the Thurrock Joint Health and Wellbeing Board, key partners from Basildon Hospital University Trust (BTUH), North East London NHS Foundation Trust (NELFT), Essex Partnership University NHS Trust (EPUT), NHS Thurrock CCG and Thurrock Council agreed to collaborate to deliver an Accountable Care System (ACS) for Thurrock. It was agreed that the DPH would lead development a 'New Model of Care' based on the recommendations of the APHR (2016) and that this would be piloted in one of Thurrock CCG's four localities as a 'proof of concept' with a view to rolling out the model across the borough if shown to be successful in improving population health outcomes, integrating and improving care for residents and reducing avoidable hospital and adult social care demand.

2.3 There are various definitions and models of 'Accountable Care Organisations' throughout the UK, however their common theme is that one lead provider is given a budget for a defined population along with responsibility for delivering defined health outcomes for that population by working in an integrated way that seeks to keep the population as healthy as possible.

2.4 It was agreed that the first stage of the process would be for the DPH to lead development of a Tilbury and Chadwell locality needs assessment to inform the New Model of Care. This was completed and published in February 2017.

2.5 A governance structure to manage the process was also agreed and a new Accountable Care Partnership Executive Group formed with Director level representation from all of the key partner organisations.

3. Issues, Options and Analysis of Options

3.1 The accompanying "Case for Change" document sets out the vision for the New Model of Care for Tilbury and Chadwell to be tested as a 'proof of concept' for wider implementation of a borough wide Accountable Care System if shown to be successful.

3.2 The document is arranged into three main chapters (5,6 and 7) which set out a vision for transformation of health and care services aimed at three distinct population cohorts; those that are largely healthy but need improved access to episodic care provided by primary care; those with diagnosed and undiagnosed long term conditions; and those with high levels of health and care need.

3.3 Through chapters 5-7, The Case for Change Document discusses a series of actions and detailed business cases that partners need to take the radically enhance the capacity and quality of the primary care offer locally, systematically improve the diagnosis and treatment of residents with long term health conditions, and deliver a holistic, integrated health and care offer to those with high levels of health and care need.

3.4 The final chapter (8) discusses the next steps required to implement the New Model of Care, including evaluation and on-going governance arrangements.

3.5 Thurrock Council in association with NHS Thurrock CCG and other key NHS stakeholders is in the process of developing a business case for an Integrated Medical Centre for Tilbury and Chadwell. Subject to Cabinet approval and NHS partners' governance processes, we expect this new facility to be open in 2020/21. The NMC for Tilbury and Chadwell precedes the opening of the IMC and will operate from the current estate in the locality until the IMC opens. However the integrated workforce modelling set out in the NMC Case for Change Document, and further workforce re-design that will be done by the three working groups set out in Chapter 8 will be used to inform the specification of the IMC, and we envisage that from 2020/21 a significant proportion of health and care services referenced in the NMC document will be delivered from the new IMC.

4. Reasons for Recommendation

4.1 Based on the detailed analyses contained within the APHR (2016), Tilbury and Chadwell ACO Needs Assessment, and New Model of Care *Case for Change* document, it is the view of the author and all key stakeholders that implementing the New Model of Care provides the best opportunity to transform health and care services locally in order to simplify and integrate care for residents and significantly improve population health outcomes.

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

5.1 .The New Model of Care Document has been developed in partnership with all key stakeholders and in conjunction with a series of public meetings held with the community. It aims to address some of the key concerns raised by Tilbury and Chadwell residents, most specifically relating to the need to improve access and quality of local primary care services

5.2 Further consultation with residents on the New Model of Care document is planned including additional public engagement events and work with Thurrock Healthwatch.

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

6.1 The New Model of Care implements the recommendations set out in the APHR (2016) and Tilbury and Chadwell ACO Needs Assessment (2017).

6.2 The New Model of Care assists implementation of key objectives of the Thurrock Joint Health and Wellbeing Strategy (2016-21) including:

- 2C – Build strong, well-connected communities
- 3C – Reduce social isolation and loneliness
- 3D – Improve the identification and treatment of depression, particularly in high risk groups
- 4A – Create four integrated healthy living centres
- 4B – When services are required, they are organised around the individual
- 4C – Put people in control of their own care
- 4D – Provide high quality GP and hospital care to Thurrock
- 5B – Reduce the proportion of people who smoke
- 5C – Significantly improve the identification and management of long term conditions
- 5D – Prevent and treat cancer better

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**

Corporate Finance Officer

The NMC aims to deliver medium term health and care system financial sustainability by delivering services in a more cost effective way, and by reducing demand on the most expensive elements of our local health and care system by preventing unplanned hospital admissions and delaying entry into residential care. The Case for Change Document details a series of investments that will act as 'pump priming' funding to prevent serious adverse health events and increase the capacity and capability of primary care in order to realise these savings. A summary of agreed investments are set out in Chapter 8 of the document and include the pooling of the "£3 per head" Primary Care investment fund into Tilbury and Chadwell, investments from the Thurrock Better Care Fund and investments from the Public Health Grant. All other costs will be met by more efficient use of existing health and care resources. We envisage that by integrating health and care services, we will be able to provide more a more effective and efficient offer to residents from the same financial envelope.

7.2 Legal

Implications verified by: **Sarah Okafor**

Barrister

The Health and Social Care Act 2012 amends the Local government and Public Involvement in Health Act 2007, to introduce duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). The Act supports the principle of local clinical leadership and democratically elected leaders working together to deliver the best health and care services based on the best evidence of local needs. The purpose is to improve the health and wellbeing of the local community and reduce inequalities for all ages. The Care Act 2014 bolsters and reinforces the initiative creating overlapping duties upon local authorities to promote the integration of care and support with health services. Accordingly, the Principal Solicitor notes the contents of the reports and there appear to be no external legal implications arising from them

7.3 Diversity and Equality

Implications verified by: **Rebecca Price**

Community Development Officer

The New Model of Care sets out a series of coordinated programmes of work that will improve health and wellbeing in the Tilbury and Chadwell locality by addressing the wider determinants of health, improving healthy lifestyles, improving the capability and capacity of community and primary care and diagnosing and better managing physical and mental long term health conditions in the community. Residents of Tilbury and Chadwell currently experience some of the worst health outcomes in Thurrock and England, and as such the actions set out in The New Model of Care, will help to address health inequalities within the borough.

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):

The Case for Change – A New Model of Care for Tilbury and Chadwell

9. Appendices to the report

None

Report Author:

Ian Wake

Director of Public Health

Health Overview & Scrutiny Committee
Work Programme
2017/18

Dates of Meetings: 3 July 2017, 7 September 2017, 16 November 2017, 18 January 2018 and 22 March 2018

Topic	Lead Officer	Requested by Officer/Member
3 July 2017		
The Procurement of an Integrated Sexual Health Service for 2018-2023	Andrea Clement / Sareena Gill	Officer
Podiatry Services in Thurrock	Mark Tebbs	Cllr S Little
Update on Mid and South Essex Success Regime / Sustainability and Transformation Partnership (STP)	Wendy Smith	Members
Southend, Essex and Thurrock Dementia Strategy 2017 - 2021	Catherine Wilson	Officers
Integrated Medical Centre Delivery Plan – Phase 1	Rebecca Ellsmore	Officers
HealthWatch	Kim James	Officers
7 September 2017		
Primary Care Update	Rahul Chaudhari - CCG	Officers
Joint Committee Across STP Footprint – Implications for Scrutiny Committee – Briefing Note	Mandy Ansell	Officers
Carers Information, Support and Advice Service	Catherine Wilson	Officers
Long Term Conditions Profile Card Update	Monica Scrobotovici	Officers

Last Updated: August 2017

2016/17 Adult Annual Complaints and Representations Report	Tina Martin	Officers
Essex, Southend and Thurrock Joint Health Scrutiny Committee on the Sustainability and Transformation Plan/ Success Regime for Mid and South Essex	Roger Harris	Officers
HealthWatch	Kim James	Officers
16 November 2017		
Fees & Charges Pricing Strategy 2018/19 (Adults) / Non-Residential Charging Options	Carl Tomlinson / Ian Kennard	Officers
Basildon Hospital – Update on number of complaints	Clare Culpin, Basildon Hospital	Members
21st Century Residential Care Strategy	Roger Harris	Members
Cancer – 62 Days Wait Standard	Clare Culpin, Basildon Hospital	Officers
Model of Care – Tilbury & Chadwell	Ian Wake	Officers
Update on Mid and South Essex STP	Andy Vowles, Programme Director, Mid and South Essex Success Regime	Officers
HealthWatch	Kim James	Officers
18 January 2018		
Learning Disability Health Check	Jane Itangata, CCG	Members
Thurrock First	Tania Sitch	Members
Business Case for Tilbury Integrated Medical Centre / Tilbury Accountable Care Partnership	Roger Harris / Ian Wake	Officers
Living Well in Thurrock	Ceri Armstrong	Members
Update – Action Plan for Dementia	Catherine Wilson / Mark Tebbs	Members

General Practitioner 5 Year Forward Review	Mandy Ansell, CCG	Officers
HealthWatch	Kim James	Officers
22 March 2018		
Cancer Deep Dive Update	Funmi Worrell (Public Health)	Members
HealthWatch	Kim James	Officers

Future reports:

- Formal consultation on Orsett Hospital
- Business Case for Success Regime

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