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

Health and Wellbeing Overview and Scrutiny Committee

The meeting will be held at **7.00 pm** on **23 January 2020**

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

Membership:

Councillors Victoria Holloway (Chair), Shane Ralph (Vice-Chair), Tom Kelly, Sara Muldowney, Joycelyn Redsell and Elizabeth Rigby

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

Substitutes:

Councillors John Allen, Alex Anderson, Cathy Kent, Sue Sammons and Sue Shinnick

Agenda

Open to Public and Press

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1. Apologies for Absence

2. Minutes **5 - 16**

To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 7 November 2019.

3. Urgent Items

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

4. Declarations of Interests

5. **Healthwatch**

6. **Verbal Update on CCG Merger and Single Accountable Officer**

7. **Adult Social Care - Fees & Charges Pricing Strategy 2020/21** 17 - 28

8. **Services for People with Personality Disorders and Complex Needs** 29 - 36

9. **Thurrock Health and Social Care Transformation Prospectus** 37 - 84

10. **Verbal Update on Targeted Lung Health Checks**

11. **Work Programme** 85 - 88

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: **15 January 2020**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

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

Helpful Reminders for Members

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

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

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

Does the business to be transacted at the meeting
- **relate to; or**
- **likely to affect**

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

Disclosable Pecuniary Interests shall include your interests or those of:

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

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

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

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

Pecuniary

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

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

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

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

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

Non- pecuniary

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

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

Our Vision and Priorities for Thurrock

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

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

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

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

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

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

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

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 7 November 2019 at 7.00 pm

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Present:	Councillors Victoria Holloway (Chair), Shane Ralph (Vice-Chair), Sara Muldowney and Joycelyn Redsell
	Kim James, Healthwatch Thurrock Representative
Apologies:	Ian Evans, Thurrock Coalition Representative
In attendance:	Mandy Ansell, Accountable Officer Thurrock CCG Sareena Gill-Dosanjh, Public Health Programme Manager Roger Harris, Corporate Director of Adults, Housing and Health/Interim Director Children's Services Rosalyn Jones, Library Services Manager Carol Ord, Programme Manager – Targeted Lung Health Checks Maria Payne, Strategic Lead – Public Mental Health Sanjeev Sharma, Pharmacy Lead – Mid and South Essex CCG Ian Wake, Director of Public Health Natalie Warren, Strategic Lead – Community Development and Equalities Lucy Tricker, Democratic Services Officer

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Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

20. Minutes

The minutes of the meeting held on 5 September 2019 were approved as a true and correct record.

21. Urgent Items

No urgent items were raised.

22. Declarations of Interests

Councillor Ralph declared a non-pecuniary interest as he was a self-employed mental health tutor, and worked for Thurrock Mind.

23. HealthWatch

The HealthWatch Representative stated that she had no updates.

The Chair announced that the order of the agenda had been changed to hear

Item 10 first, and that Item 8 had been removed from the agenda.

24. Library Peer Challenge Report

The Library Services Manager introduced the report and stated that the Peer Review team had received many positive comments about the staff, volunteers and stakeholder that they had met during their visit. She explained that the report focussed on the library service, and the team had been impressed with the developing library and hub programme. She then outlined the six recommendations that were included at point 3.1 of the report. She summarised and stated that there would be a review of library delivery, but they were happy at this stage of the programme.

Councillor Redsell opened discussion and described how Blackshots Library within her ward was one of the most well used libraries in the borough, and welcomed the report. She felt that some libraries needed some attention to help them work better, as people benefitted from the services provided. She hoped to see more work on libraries come before the committee, as she wished to see libraries become self-sustaining in regards to funding. Councillor Muldowney added that it was good to see support for libraries and plans to develop them into hubs. She highlighted recommendation four and felt it was good to see a new 'Friends Network' being proposed. She added that libraries held numerous events and asked if an increased social media presence could enhance footfall. The Library Services Manager replied that a meeting had been held recently between the libraries and communications teams to develop a social media presence, as libraries currently only had a Twitter feed. She stated that the communications team were keen to put library and hub events on the Council's Facebook page, and there was work on an annual library social media plan to increase support.

The Chair felt it was good to see positive comments come back as part of the report, and felt that libraries were an important investment. She queried the number of hours libraries were open, as some were only open for fifteen hours per week. She asked what could be done to ensure longer opening hours for libraries. The Library Services Manager responded that the smaller libraries were open for fifteen hours per week, but other libraries were open a variety of hours, with Grays Central Library being open 48 hours per week. She added that new technology was being implemented by Christmas, such as self-service machines, which were being introduced next week in East Tilbury library, and this would ensure that volunteers could open libraries when staff were not available.

The Chair felt this would be a good addition, and felt that smaller libraries should be open for longer. She added that a Libraries Strategy had recently come before the Committee and asked if an updated on this strategy could be bought back to Committee. The Director Adults, Housing, Health/Interim Children's Director replied that although libraries has not seen significant investment in previous years, this had recently changed, for example the new library in East Tilbury had recently been opened; the library in Aveley would

be opened in the new year; and the library service would receive £200,000 for digital technology. He felt that an update on the Libraries Strategy could be bought back during the next municipal year.

Councillor Ralph welcomed the report and felt it was good to see investment in libraries, particularly in those that had been under threat of closure. He felt it was good to see libraries working with local schools to encourage reading, such as the 'Summer Reading Challenge'. He asked if the libraries team were ready for the 30,000 new homes that were planned in Thurrock and the extra footfall this would bring. The Director Adults, Housing, Health/Interim Director Children's Services responded that as these new homes were being considered as part of the Local Plan, infrastructure such as libraries would also be developed. He confirmed that no libraries would be closing and a Library and Hub Programme had been agreed which was a five-year strategy. He added that the team were currently tackling short-term issues, but the new strategy would focus on the longer term development of libraries.

Councillor Redsell asked how far into the current Libraries Strategy the team were. The Strategic Lead – Community Development and Equalities replied that the current strategy had been running for almost twelve months.

RESOLVED:

1. That the Health and Wellbeing Overview and Scrutiny Committee consider the recommendations in the Peer Challenge report and comment on the proposed actions

25. Targeted Lung Health Checks Report

The Programme Manager – Targeted Lung Health Checks introduced the report and began by recapping the national programme of work that had been completed by the National Cancer Alliance. She stated that a successful trial of the Targeted Lung Health Checks had been completed in Manchester, so ten new trials were being started across the country, based on factors such as demographics, instances of lung cancer, and survival rates of lung cancers. She explained that since Thurrock had been chosen for the trial, Thurrock CCG had identified practices and the criteria for eligible patients had been decided. She explained that eligible patients would be those between 55 and 74 years old that were either current or ex-smokers, and everyone that met this criteria would be invited to participate in the trial. The Programme Manager – Targeted Lung Health Checks added that the public health team had worked hard to ensure practice records were up-to-date regarding residents smoking status, and the communications team had also raised public awareness. She clarified that this service was opt-in and it was up to the patient to decide whether they would like to take part in the targeted lung health check, but the trial had been very successful in Manchester. She thanked HealthWatch, Thurrock CCG and the public health team for their hard work on the trial, and explained how a number of public awareness events had been held, such as the 'Mega Lungs' which had been set-up in Asda car park and Blackshots and had gained lots of interest. She clarified that as the

trial was run in partnership with Luton CCG, there would be two teams, with one based in Thurrock and the other in Luton, and described how the recruitment had already started for both of these teams. The Programme Manager – Targeted Lung Health Checks went on to mention that the team were currently in negotiations with the CT scanner mobile van, and they had chosen a supplier that was based in Thurrock as they would be able to identify suitable sites which had easy access. She described how the vans were being specially created and would each have a reception room, four private consultation rooms and would be connected to a mobile CT scanner, which would be offered to patients straight after their consultation if needed. She added that the vans would be placed in areas such as supermarket car parks, as during the consultation event in March, this is where the majority of residents had wanted them. She stated that Thurrock CCG were also working closely with Basildon Hospital for this trial as patients who were found to have lung issues would be referred there to see specialists or the primary care team.

The Accountable Officer Thurrock CCG added that there would be a soft launch at one practice in Thurrock, as although the targeted lung health checks were being rolled out equally across the borough, rates of lung cancer differed across Thurrock. Councillor Ralph began the debate and raised concern that there would be 'unseen smokers' across the borough as not everybody was honest with their doctor regarding their smoking status. He also asked if the criteria could be changed to include people over 40, as he felt that it could be too late to catch issues by the time residents reached 55. The Director Public Health responded that cancer tended to be a disease that affected older people, and the screening programme had to balance risk with harm. He stated that there was harm associated with CT scans as it could detect nodules on the lungs that were not cancerous, which could create mental distress, particularly if a biopsy of the nodules was needed. He added that rates of lung cancers increased dramatically after people reached the age of 55.

The Chair raised concern as residents under the age of 55 may still be concerned regarding their lung health, and asked if they could request to access the service. The Accountable Officer Thurrock CCG replied that any resident with concerns regarding their lung health could access their GP, and would enter the two-week cancer pathway if necessary, but would not be eligible for the targeted lung health check.

Councillor Redsell felt that this was good work being undertaken, but raised concern that Council employees were still smoking outside the Council building, and college students were smoking outside the college. She felt that the prevalence of smoking should be tackled, starting with outside Council buildings. The Director Public Health drew the Committee's attention to page 32 and the figure quoted that only 9.8% of Thurrock's population smoked, as he believed the actual figure was nearer to 20%. He felt that if Thurrock's prevalence of smoking was that low, it would be one of the lowest in the country, which was not true. He also raised concern that only 52% of the eligible cohort had had their smoking status recorded, as this could mean

almost half of eligible patients would be excluded from the trial. The Programme Manager – Targeted Lung Health Checks stated that this data came from the East of England Cancer Alliance and were the figures for the eligible age range. The Accountable Officer Thurrock CCG added that residents could not be forced into being honest regarding their smoking status, and the communications team were working to raise awareness that residents should be honest with their GP.

The Chair raised concern that only 52% of eligible patients had had their status recorded, and felt that even if people were not honest with their GP, they would still have a smoking status. She asked if data was missing from the dataset. The Accountable Officer Thurrock CCG replied that the smoking status could be left blank by GP's, as the question was sometimes not asked. She added that the trials in Manchester had worked hard to identify patients, and then persuaded them to come to the trials by sending three attendance letters. She felt it was a two-prong approach, as it needed people to be honest with their smoking status, but also enticed to come to the trials. The Director Public Health added that people could only be honest with their GP if their GP asked them the question regarding their smoking status. He felt that 48% not recorded was high, and asked if patients could be written too or texted to ask them what their smoking status was, as he felt 95% status recorded would be a better figure. The Accountable Officer Thurrock CCG explained that she would go back and clarify the figures regarding smoker status and prevalence of smoking in Thurrock.

Councillor Muldowney felt that the work being undertaken was good, but highlighted Appendix One, as she felt there were problems around the procurement process. The Programme Manager – Targeted Lung Health Checks responded that these issues had been identified a while ago as there was an issue regarding how quickly the units could be produced. She stated that they had now received assurances from the company producing the units that this would not be an issue anymore. She added the Trust were awaiting a Memorandum of Understanding (MOU) to ensure funding, and then contracts could be signed.

The Chair questioned the resources based approach, as funding was based on the prevalence of smoking. The Accountable Officer Thurrock CCG replied that revenue funding was also received from the number of scans provided, so if the number of scans increased then so would funding. The Chair asked if a verbal update on the programme could be bought back before Committee in January to see how the programme was developing, and again in March.

RESOLVED:

1. The Health and Wellbeing Overview and Scrutiny Committee noted the report and championed the rationale for the criteria population to participate in lung health checks.

26. Sexual Violence and Abuse Joint Strategic Needs Assessment

The Director Public Health introduced the report and described how sexual violence was an emotive topic, and could cause both physical and mental harm to survivors. He stated that the Joint Strategic Needs Assessment (JSNA) had been developed out of a need to view the topic objectively and give victims a voice. He thanked HealthWatch for surveying residents who had experienced sexual violence. He described how the JSNA had discovered fragmented services for survivors, and how this piece of work would try to bring services together. He stated that this report was a proposal and would be up for consultation with stakeholders, and then revised based on their comments. He added it would then go to the Health and Wellbeing Board and spoke of plans to hold a Thurrock Sexual Violence Summit in the New Year to launch the JSNA. He summarised and thanked the Public Health Programme Manager and the Strategic Lead – Public Mental Health for their hard work as this report had taken one year to put together, and was not an easy topic to work with.

The Public Health Programme Manager gave some context around the report and described how the JSNA provided further understanding regarding the prevalence of sexual violence. She stated that this report had engaged with 83 local survivors, six of whom had been interviewed, and 128 professionals. She clarified the definition of sexual violence that included any unwanted sexual acts, trafficking, or unwanted sexual comments, and added that these could have a wide range of impacts, which could occur at any point in life. She stated that sexual violence could make survivors turn to harmful behaviour, and 56% of sexual violence survivors turned to self-harm, and one third had common mental health issues. She added that sexual violence could impact on the survivors ability to parent, work, study, or form relationships, and this meant that a survivor might need to access lots of different services to help them cope and recover. The Public Health Programme Manager added that different organisations had responsibility for commissioning services to support survivors, and these services had different criteria for eligibility to access services, which made the system fragmented and could make it difficult for survivors to navigate. She summarised and described the range of services available locally for survivors to access, such as the Sexual Assault Referral Centre (SARC) and the South Essex Rape and Incest Crisis Centre (SERICC).

The Strategic Lead – Public Mental Health added that the JSNA worked to identify local victims, and hypothesised that there was a large data gap between the number of estimated victims, and the number of victims known. She described how there were likely to be over 10,000 victims in Thurrock who had experienced sexual violence and abuse since the age of 16 (10,116 females and 1,985 males), however only 316 Thurrock victims were reported in police data for 2018/19, with the majority of these victims being young and female. She added that there was also a data gap between children who were victims, and children who had reported being victims. She suggested that this was likely due to increased safeguarding measures in place for children, however even with those arrangements, there still appeared to be a gap in the data. She described the reasons for this data gap were due to inconsistencies in data reporting or reporting systems. She added that there was also a

perceived low conviction rate of the perpetrators, so some survivors questioned whether it was worth reporting. The Strategic Lead – Public Mental Health described how there was only a 5% conviction rate in 2017 of the perpetrators.

Councillor Redsell declared a non-pecuniary interest as she sat on the Police, Fire and Crime Commissioner (PFCC) Panel. The PFCC provided input in to the JSNA and also commissioned the interviews with survivors.

The Strategic Lead – Public Mental Health continued and stated that nationally it was recognised that some survivors reported difficult accessing services, due to the geographical location of those services, such as not being on public transport routes. She added that there was also a local variation regarding the knowledge of services and the different pathways that existed to help people. She also mentioned that the relationship between professional services was not always clear to residents. The Strategic Lead – Public Mental Health stated that this was a large piece of work and would include work around the prevention of sexual violence, such as teaching in schools and addressing perpetrators behaviours. She added that a toolkit would also be developed for all frontline staff, so the system of reporting and disclosure could become standardised across all services in the borough. She stated that a campaign of public awareness would also begin to ensure victims of sexual violence felt more confident in reporting or disclosing, and this would be collaborative with Essex Police and initiatives such as Project Goldcrest. She summarised and stated that the recommendations of the JSNA should lead to improvements in survivor's accessing services, improve existing services and would provide strategic oversight of sexual violence across the borough.

The Public Health Programme Manager added that the proposed new pathway would work collaboratively with providers, to ensure that all survivors were offered a complete assessment following their disclosure, which would include housing advice. She stated that the proposed assessment would include aspects such as housing advice, counselling, advocacy, employment advice, and access to other health services including drug and alcohol, and sexual health. She felt that sexual violence and abuse specialists had the right skills and knowledge to help identify the needs of survivors, and could then seek to ensure survivors had streamlined access to all the necessary services that met their requirements. She added that the work on the JSNA would also start a discussion around how services are commissioned, for example joint contracts and outcome based performance funding. She summarised and stated that the next steps included a dedicated Sexual Violence and Abuse Partnership that was being set-up, seeing the JSNA through the necessary governance processes, and holding a Sexual Violence Summit to bring together providers and commissioners.

The Chair opened debate and felt this was a fantastic piece of work that provided a good understanding of the issues surrounding sexual violence. Councillor Muldowney echoed the Chair's comments and felt it was a very moving piece of work, particularly regarding the under-reporting of sexual

violence against children. Councillor Ralph also echoed these comments and felt that it was good to see survivors voices were being included in the report. He asked if a piece of work could be included focussing solely on domestic violence against men, and sexual violence against LGBTQ residents, as this was often under reported too. Councillor Redsell also felt that it was a good piece of work, and added that it was good to see sexual violence being taught about in schools.

The Accountable Officer Thurrock CCG asked if the JSNA could go wider, as there were issues regarding commissioning, and many sexual violence services worked across Essex, not only in Thurrock. Councillor Holloway added that as the JSNA developed, more data might be included as other agencies may want to be included. She felt that the new pathway would be supported by stakeholders as it was important to change the system so it worked better for users. The Strategic Lead – Public Mental Health responded to all the points raised, and stated that the JSNA had not included particular figures regarding LGBTQ sexual violence, but this was something that could be looked into. She added that as Councillors could be a point of disclosure for survivors, all Councillors would be provided with the same toolkit that was given to other frontline staff. She stated that throughout the JSNA, they would look to work with the School Wellbeing Service and future Mental Health support team to school to help children better understand sexual violence. Councillor Redsell asked if a summary of the JSNA might be presented to Full Council, as she felt it was important that all Councillors see the work being undertaken. The Chair also asked if Councillors could be invited to the Sexual Violence Summit, so Councillors could help survivors who disclosed, or could learn to spot the signs that a person was a victim of sexual violence.

The Chair also asked when the first meeting of the Sexual Violence Partnership Group would take place. The Director Public Health replied that the JSNA had to be signed off by the Health and Wellbeing Board first, but this meeting had been delayed by purdah due to the upcoming general election. The Chair asked if reports could be delivered back to the Committee regularly to be able to hear updates and developments, and thanked officers and HealthWatch for their hard work in preparing the report.

RESOLVED:

1. That the Health and Wellbeing Overview and Scrutiny Committee noted and commented on the content and recommendations contained within the report

2. That the Health and Wellbeing Overview and Scrutiny Committee endorsed the recommendations contained within the document

27. Flash Glucose Monitoring Report

The Pharmacy Lead Mid and South Essex (MSE) CCG introduced the report and stated that though this report, the CCG would be liaising with the three main providers of FreeStyle Libra, and other independent providers. He stated

that this report had been driven by a mandate from the NHS to make the technology available to eligible patients, and the CCG had been engaging with local service providers to determine whether the scheme was clinically cost-effective. He stated that so far the team had determined the patient cohorts who would be eligible, and these were categorised into Type 1, who were diabetic controlled and had mental health issues so could not use finger pricks, and Type 2 which included pregnant women and people with mental and physical disabilities. He stated that these patient cohorts had been agreed by the CCG and they were currently working to identify patients who fit into these categories. The Pharmacy Lead MSE CCG moved onto describe how the Flash Glucose Monitoring System worked and how it identified blood glucose levels. He stated that eligible patients would be assessed and trained in how to use the system, which would then be monitored by GPs who proved the sensors. He clarified that after six months the GP would determine whether the new system was working for the patient, based on how many traditional testing strips had been used, compared to the new lancet system. He then drew the Committee's attention to section 3.2 and 3.3 of the report which had shown, that although the project was still in the early phases, the number of traditional test strips being used by eligible patients had decreased. He stated that funding had been received from NHS England for the project for two years and 20% of Type 1 patients, and Thurrock CCG were under the expected target.

The Chair began the debate and stated that a number of Thurrock residents had emailed Councillors asking why they were not eligible for the new system, and asked for clarification. The Pharmacy Lead MSE CCG replied that not all diabetic patients met the NHS' criteria for the FreeStyle Libra system, and even the people using the new system still had to revert back to traditional testing strips when they become ill. He stated that there was not a lot of outcome data regarding the use of FreeStyle Libra, as there was no central government guidance.

Councillor Ralph expressed his concern that patients might become over-dependent on the new FreeStyle Libra system, and asked what training was given to patients to identify over-dependence. The Pharmacy Lead MSE CCG replied that when a patient was identified as suitable for the programme, they were booked in to a training session to determine whether they were capable of using the device. He described how the system involved using a laptop to input blood glucose level results, so the clinic could constantly monitor whether the service was working for the patient. He mentioned that guidance and advice was given to all patients who had the system throughout the programme. Councillor Ralph then asked what would happen at the end of the six month programme if GPs discontinued the prescription of the system to patients. The Pharmacy Lead MSE CCG responded that this had only happened a handful of times as patients had not seen benefit from the system, and this decision had been made in consultation with the patient and other specialists, before they were reverted back to traditional test strips.

RESOLVED:

1. That the Health and Wellbeing Overview and Scrutiny Committee noted the update.

28. Verbal Update on CCG Merger and Single Accountable Officer

The Accountable Officer Thurrock CCG described how the four Accountable Officers were being merged into one role, and this proposed job role was going through the two week consultation process, before being signed off by NHS England. She stated that this new role would lead on ICS development and would be a huge job. She explained that recruitment was taking place through a headhunting company, and all four Accountable Officers had now received their ‘at risk’ letters. She stated that recruitment was also underway on the NHS jobs website and through the recruitment agency, and the interviews had been scheduled for the beginning of December. She explained the three outcomes from the interviews, which would be either an internal candidate would receive the role and would start the job immediately; an external candidate would receive the role and would start the job within six months; or no appointment would be made.

The Director Adults, Housing, Health/Interim Director Children’s Services added that Council did not support the merger of the CCGs and this view had been expressed directly at the last HOSC meeting with NHS England. He added that since then a letter had also been sent to NHS England, which made the case against merger of the CCGs, including reasons such as geography, footprint, loss of local partnerships, and safeguarding. He felt that NHS England had already made up their mind and the Council were now trying to mitigate the issues that CCG merger would cause. He described how an MOU had been written to ensure decision-making would remain at a local level as much as possible, and a governance working group had been established to also ensure local level decision-making. He added that a structure was emerging for the new merged CCG, which included one Managing Director for Thurrock, and had requested that this post was jointly accountable to the Local Authority.

The Chair stated that the merger of the CCG had been discussed at length during HOSC meetings and at Full Council, and all Members and senior officers were unhappy with the merger. She felt that NHS England had decided the merger, and had ignored Thurrock Council’s recommendations. She asked if the HOSC voice could be added to the Cabinet voice to reiterate the dissatisfaction that all Members felt with the merger, and asked if a letter could be drafted to reiterate the Council’s position.

29. Work Programme

The Chair asked if an update on the Libraries Strategy could be included in the March meeting, and if a verbal update could be provided in January regarding the targeted lung health checks.

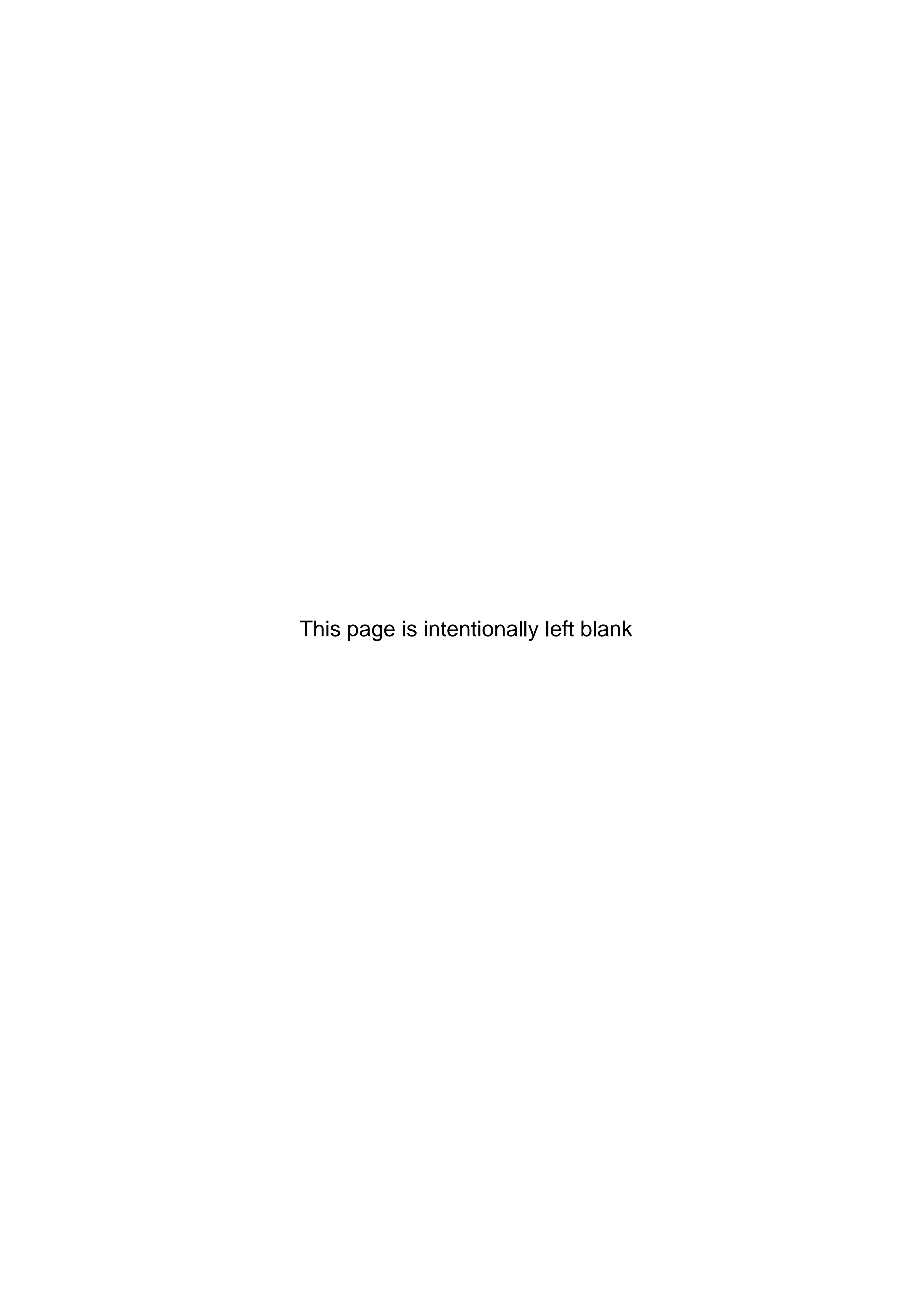
The meeting finished at 9.04 pm

Approved as a true and correct record

CHAIR

DATE

Any queries regarding these Minutes, please contact Democratic Services at Direct.Democracy@thurrock.gov.uk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23 January 2020	ITEM: 7
Health and Wellbeing Overview and Scrutiny Committee	
Adult Social Care - Fees & Charges Pricing Strategy 2020/21	
Wards and communities affected: All	**Key Decision:** Key
Accountable Assistant Directors: Les Billingham – Assistant Director of Adult Social Care and Community Development	
Accountable Directors: Roger Harris - Corporate Director Adults, Housing and Health	
This report is Public	

Executive Summary

This report specifically sets out the charges in relation to services within the remit of Health and Wellbeing Overview and Scrutiny Committee. Any new charges will take effect from the 1 April 2020 subject to Cabinet approval unless otherwise stated. In preparing the proposed fees and charges, Directorates have worked within the charging framework and commercial principles set out in section three of the report.

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

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

1. Recommendation(s)

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

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

2. Background

2.1 The paper describes the fees and charges approach for the services within the Health and Wellbeing Overview and Scrutiny Committee remit for 2020/21 and will set a platform for certain pricing principles moving forward into future financial years.

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

- Residential and nursing care
- Domiciliary care and Day Care
- Supported accommodation

3. Thurrock Charging Policy

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

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

3.3 Rather than a blanket increase across all service lines, when considering the pricing strategy for 2020/21 some key questions are 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.
- How do our charges compare with neighboring boroughs
- How can we influence channel shift
- Can we set charges to recover costs
- How sensitive is demand to price
- Statutory services may have discretionary elements that we can influence

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

3.5 The following key changes are under consideration for 2020/21 fees and charges:

- Attendance Charge for Day Care – This is currently set at £10 per session (a session being a half day) and it is proposed to remain unchanged.
- Domiciliary Care hourly rate – the charge is £13 per hour and is currently not shown as increasing for 2020/21. However, the rates

we pay our providers currently stands at £16.25 per hour whereas the amount we charge service users remains at £13ph and has not increased for five years. If we increased the charge to £ 16.25 this would generate approximately an additional £250k for Adult Social Care services.

- With regard Placement charges, the declared rates have been adjusted to reflect inflationary increases, this in line with the agreed nationally set process.
- All other charges have remained unchanged.

4 Proposals and Issues

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

- Requirements of the Care Act (2014)
- Department of Health & Social Care (DHSC) guidance for residential care fees
- The need to ensure vulnerable adults access services in a timely manner

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

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

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

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

4.4 In all areas of activity, be it residential care, nursing care, domiciliary care or supported accommodation, there is national acknowledgment of the financial pressure within the market.

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

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

4.7 As 80% of services are commissioned within a commercial framework outside of the council, there is a small number of fees and charges for

services provided internally.

4.8 For 2020/21 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 legal requirement to charge no more than £10 per badge.
- **Day Care Charge** (per session) – for residents aged over 65, it is proposed the charge remain at £ 10 per session.
- **Concierge charges - Extra Care** - this charge is linked to the Elizabeth Gardens "core charge" which was agreed for the term of the current contract.
- **Domiciliary Care** – as of April 2018 this service was commissioned at a higher hourly rate to the Council, which is currently not fully reflected in the £13 per hour charge to service users. A consultation exercise would need to be undertaken to review the current charge, in order to bring it into alignment with the actual operational cost model. If the event that a full commercial cost recovery model was adopted this would result in a direct increase to the hourly charged rate, and corresponding income.
- **Direct Payments – Agency Rate** - Direct Payments enable individuals to arrange and purchase care themselves. These charges mirror the charges for in-house domiciliary care and externally commissioned care to provide consistent charging, and would be subject to the same consultation exercise if undertaken.
- **Meals on Wheels** –This service was brought in-house as of 01/04/19. The charge of £4 per meal will remain for 2020/21
- **Pendant Alarms Private Housing** – A Council decision through Cabinet 2018 was made that all assistive technology including the Call Centre response, is provided free of charge due to its preventative care benefits. As such, charges for Pendant Alarms for private housing residents will remain unchanged for 2020/21.
- **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 will remain unchanged for 2020/21. Although there is the option to increase charges to be more in line with a full cost recovery model, this would risk the much needed support for informal carers and is a Care Act 2014 priority. The impact of losing support from informal carers is high risk financially, as such, a balance has to be struck between cost recovery and de-stabilising the informal care model. Further, by applying the CRAG (charging for residential guidance) this would inhibit increasing the charge for 2020/21, as it would unduly impact the most financially vulnerable.
- **Elizabeth Gardens - Support per household** - £40 per week is the agreed rate under the current contract.
- **Transport per journey** – the current charge of £2 per journey will remain unchanged for 2020/21; this is due to the fact that this is only used by residents attending the Day Care services.
- **Deferred Payments (DPA)** – this is an administrative function charge of

£144 per year charged to service users who are living in residential care, who own their own property, but who chose to pay for their residential place charges from their estate once deceased.

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

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

5. Reasons for Recommendation

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

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

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

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

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

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

8 Implications

8.1 Financial

Implications verified by: **Jo Freeman**

Finance Manager

The effect of any changes to fees and charges on individual income targets will be determined as part of the 2020-21 budget setting process in which Corporate Finance and service areas will review anticipated level of demand, fee increases, previous performance and potential associated costs. Future reports will set out the 2020-21 targets across all directorates.

8.2 **Legal**

Implications verified by: **Tim Hallam**

Acting Head of Law, Assistant Director of Law & Governance

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 Council's general power of competence under section 1 of the Localism Act 2011. 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

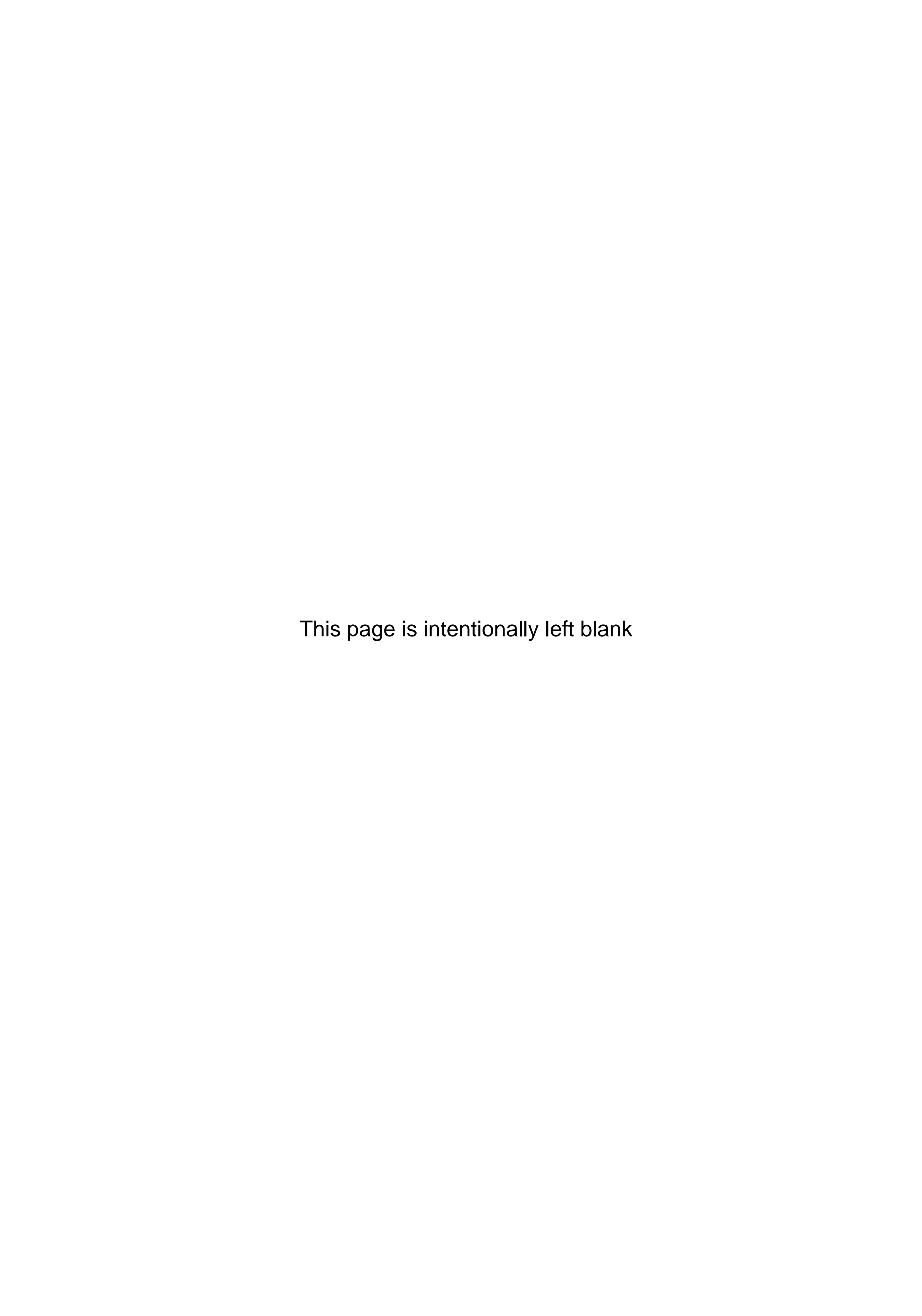
10. Appendices to the report

Appendix 1 - Schedule of Proposed Fees and Charges for 2020/21
Appendix 2 - Schedule of Removed Fees and Charges for 2020/21

Report Author:

Kelly Mcmillan

Business Development Manager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Name of fee or Charge	Directorate	Overview and Scrutiny Committee	Owner	Statutory/ Discretionary Charge	VAT Status 19/20	Charge excl. VAT 2019/20	VAT Amount 2019/20	Charge incl. VAT 2019/20	VAT Status 20/21	Charge excl. VAT 2020/21	VAT Amount 2020/21	Charge incl. VAT 2020/21	Change from last year (incl. VAT)	Change from last year (% incl. VAT)	New, Removed, Unchanged
Blue Badges - Application Fee	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	£ 10.00	£ -	£ 10.00	O	TBC	£ -	£ -	£ -	-	
Concierge Charge - Extra Care (sheltered accommodation)	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	£ 40.00	£ -	£ 40.00	O	TBC	£ -	£ -	£ -	-	
Meals on Wheels - Service not applicable 2015-16 - Per meal for services at day centres - Mid day meal	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	£ 4.00	£ -	£ 4.00	O	TBC	£ -	£ -	£ -	-	
Meals on Wheels - Service not applicable 2015-16 - Per meal served at home	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	£ 4.00	£ -	£ 4.00	O	TBC	£ -	£ -	£ -	-	
Meals on Wheels - Service not applicable 2015-16 - Per meal served at Luncheon Club	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	£ 4.00	£ -	£ 4.00	O	TBC	£ -	£ -	£ -	-	
Pendant Alarms - Private Housing Tennant (Per week)	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	£ -	£ -	£ -	O	TBC	£ -	£ -	£ -	-	NEW
Respite Care for Adults with Disabilities - per session	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	£ 20.00	£ -	£ 20.00	O	TBC	£ -	£ -	£ -	-	
Support service for Elizabeth Gardens per household	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	£ 40.00	£ -	£ 40.00	O	TBC	£ -	£ -	£ -	-	
Transport - Per Journey (these charges are for Thurrock Residents)	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	£ 2.00	£ -	£ 2.00	O	TBC	£ -	£ -	£ -	-	
Client Contributions	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	Subject to individual financial assessments		Subject to individual financial assessments	O	TBC	£ -	Subject to individual financial assessments	£ -	-	
Deferred Payments	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	£ 144.00	£ -	£ 144.00	O	TBC	£ -	£ -	£ -	-	
Domiciliary Care (per hour)	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	£ 13.00	£ -	£ 13.00	E	TBC	£ -	£ -	£ -	-	
Direct Payments – Agency Rate	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	£ 13.00	£ -	£ 13.00	E	TBC	£ -	£ -	£ -	-	
Residential Accommodation Charges - Homes for Older people (per week)	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	£ 600.00	£ -	£ 600.00	O	TBC	£ -	£ -	£ -	-	
External spot Commissioned Residential Placement – Standard Room	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	£ 465.42	£ -	£ 465.42	O	TBC	£ -	£ -	£ -	-	
External spot Commissioned Residential Placement – Higher Needs	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	£ 496.07	£ -	£ 496.07	O	TBC	£ -	£ -	£ -	-	
External spot Commissioned Nursing Placement	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	£ 534.75	£ -	£ 534.75	O	TBC	£ -	£ -	£ -	-	
External spot Commissioned Dementia Placement	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	£ 520.83	£ -	£ 520.83	O	TBC	£ -	£ -	£ -	-	
Additional spot Commissioned Services - Full Cost Recovery	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	Full Cost	£ -	Full Cost	O	TBC	£ -	£ -	£ -	-	
Interim bed - Collins House	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	£ 465.42	£ -	£ 465.42	O	TBC	£ -	£ -	£ -	-	
Reenablement Bed	Adults, housing and Health	Health & Wellbeing	catherine wilson	D	O	Exempt (up to 6 weeks)	£ -	Exempt (up to 6 weeks)	O	TBC	£ -	£ -	£ -	-	
Court Protection - Appointment to Court	Adults, housing and Health	Health & Wellbeing	Jo Freeman	D	O	£ 745.00	£ -	£ 745.00	O	£ 745.00	£ -	£ 745.00	£ -	-	UNCHANGED
Court Protection - Mangement Fee	Adults, housing and Health	Health & Wellbeing	Jo Freeman	D	O	£ 775.00	£ -	£ 775.00	O	£ 775.00	£ -	£ 775.00	£ -	-	UNCHANGED
Court Protection - Anuual Report Fee	Adults, housing and Health	Health & Wellbeing	Jo Freeman	D	O	£ 216.00	£ -	£ 216.00	O	£ 216.00	£ -	£ 216.00	£ -	-	UNCHANGED
Cultural Services - Borrowers Lost Tickets - Adult - First Loss	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 2.60	£ -	£ 2.60	O	£ 2.60	£ -	£ 2.60	£ -	-	UNCHANGED
Cultural Services - Borrowers Lost Tickets - Adult - Second and subsequent loss	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 3.10	£ -	£ 3.10	O	£ 3.10	£ -	£ 3.10	£ -	-	UNCHANGED
Cultural Services - Children's Lost Tickets - First Loss	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	free	£ -	free	O	free	£ -	free	£ -	-	UNCHANGED
Cultural Services - Children's Lost Tickets - Second Loss	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 2.60	£ -	£ 2.60	O	£ 2.60	£ -	£ 2.60	£ -	-	UNCHANGED
Cultural Services - Catalogue Requests - Requests from Library catalogue	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	free	£ -	free	O	free	£ -	free	£ -	-	UNCHANGED
Cultural Services - Catalogue Requests - Requests from Library catalogues outside Essex	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 7.25	£ -	£ 7.25	O	£ 7.50	£ -	£ 7.50	£ 0.25	+3.45%	INCREASED
Cultural Services - Catalogue Requests - Requests from the British Library	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 22.80	£ -	£ 22.80	O	£ 23.60	£ -	£ 23.60	£ 0.80	+3.51%	INCREASED
Cultural Services - Catalogue Requests - British Library lending renewals	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 4.95	£ -	£ 4.95	O	£ 5.15	£ -	£ 5.15	£ 0.20	+4.04%	INCREASED
Cultural Services - Damaged and Lost items - Books for which no current value can be traced - Adults books	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 30.00	£ -	£ 30.00	O	£ 30.00	£ -	£ 30.00	£ -	-	UNCHANGED
Cultural Services - Damaged and Lost items - Books for which no current value can be traced - Children's books	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 20.00	£ -	£ 20.00	O	£ 20.00	£ -	£ 20.00	£ -	-	UNCHANGED
Cultural Services - Lost compact disc cassette inserts/ Cases and book wallets - Book wallets	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 1.60	£ -	£ 1.60	O	£ 1.60	£ -	£ 1.60	£ -	-	UNCHANGED
Cultural Services - Lost compact disc cassette inserts/ Cases and book wallets - Compact Disc/CD Rom case	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 2.10	£ -	£ 2.10	O	£ 2.10	£ -	£ 2.10	£ -	-	UNCHANGED
Cultural Services - Lost compact disc cassette inserts/ Cases and book wallets - Compact Disc/CD Rom or Cassette insert	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	Full Cost	£ -	Full Cost	O	Full Cost	£ -	Full Cost	£ -	-	UNCHANGED
Cultural Services - Lost compact disc cassette inserts/ Cases and book wallets - DVD case	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 2.10	£ -	£ 2.10	O	£ 2.10	£ -	£ 2.10	£ -	-	UNCHANGED
Cultural Services - Lost compact disc cassette inserts/ Cases and book wallets - DVD insert	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	Full Cost	£ -	Full Cost	O	Full Cost	£ -	Full Cost	£ -	-	UNCHANGED
Cultural Services - DVD - Children's DVD Hire - Each item/ week	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 1.00	£ -	£ 1.00	O	£ 1.00	£ -	£ 1.00	£ -	-	UNCHANGED
Cultural Services - DVD - Children's DVD Hire - Maximum charge - 8 weeks	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 8.00	£ -	£ 8.00	O	£ 8.00	£ -	£ 8.00	£ -	-	UNCHANGED
Cultural Services - DVD - Children's DVD Hire - Overdue: item/ week	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 1.00	£ -	£ 1.00	O	£ 1.00	£ -	£ 1.00	£ -	-	UNCHANGED
Cultural Services - DVD - Non Fiction DVD Hire - Each item/ week	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 1.00	£ -	£ 1.00	O	£ 1.00	£ -	£ 1.00	£ -	-	UNCHANGED
Cultural Services - DVD - Non Fiction DVD Hire - Maximum charge - 8 weeks	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 8.00	£ -	£ 8.00	O	£ 8.00	£ -	£ 8.00	£ -	-	UNCHANGED
Cultural Services - DVD - Non Fiction DVD Hire - Overdue: item/ week	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 1.00	£ -	£ 1.00	O	£ 1.00	£ -	£ 1.00	£ -	-	UNCHANGED
Cultural Services - DVD - TV and Feature Films Hire - Each item/ week	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 1.00	£ -	£ 1.00	O	£ 1.00	£ -	£ 1.00	£ -	-	UNCHANGED
Cultural Services - DVD - TV and Feature Films Hire - Maximum charge - 8 weeks	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 8.00	£ -	£ 8.00	O	£ 8.00	£ -	£ 8.00	£ -	-	UNCHANGED
Cultural Services - DVD - TV and Feature Films Hire - Overdue: item/ week	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 1.00	£ -	£ 1.00	O	£ 1.00	£ -	£ 1.00	£ -	-	UNCHANGED
Cultural Services - Libraries - Fines - Books - Day 1	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 0.20	£ -	£ 0.20	O	£ 0.20	£ -	£ 0.20	£ -	-	UNCHANGED
Cultural Services - Libraries - Fines - Books - Day 2	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 0.40	£ -	£ 0.40	O	£ 0.40	£ -	£ 0.40	£ -	-	UNCHANGED
Cultural Services - Libraries - Fines - Books - Day 3	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 0.60	£ -	£ 0.60	O	£ 0.60	£ -	£ 0.60	£ -	-	UNCHANGED
Cultural Services - Libraries - Fines - Books - Day 4	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 0.80	£ -	£ 0.80	O	£ 0.80	£ -	£ 0.80	£ -	-	UNCHANGED
Cultural Services - Libraries - Fines - Books - Day 5	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 1.00	£ -	£ 1.00	O	£ 1.00	£ -	£ 1.00	£ -	-	UNCHANGED
Cultural Services - Libraries - Fines - Books - Day 6	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 1.20	£ -	£ 1.20	O	£ 1.20	£ -	£ 1.20	£ -	-	UNCHANGED
Cultural Services - Libraries - Fines - Books - Day 7	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 1.40	£ -	£ 1.40	O	£ 1.40	£ -	£ 1.40	£ -	-	UNCHANGED
Cultural Services - Libraries - Fines - per week after the first week	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ 1.40	£ -	£ 1.40	O	£ 1.40	£ -	£ 1.40	£ -	-	UNCHANGED
Cultural Services - Libraries - Fines - Books - Maximum Charge (8 weeks)	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 11.20	£ -	£ 11.20	O	£ 11.20	£ -	£ 11.20	£ -	-	UNCHANGED
Cultural Services - Libraries - Language Courses - Multiple sets for 12 weeks	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 3.60	£ -	£ 3.60	O	£ 3.60	£ -	£ 3.60	£ -	-	UNCHANGED
Cultural Services - Libraries - Language Courses - Single item for 3 weeks	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 1.50	£ -	£ 1.50	O	£ 1.50	£ -	£ 1.50	£ -	-	UNCHANGED
Cultural Services - Libraries - Recorded Sound - All spoken word for children (Tape or CD)	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	Free	£ -	Free	O	Free	£ -	Free	£ -	-	UNCHANGED
Cultural Services - Libraries - Recorded Sound - Compact Disc Hire - 1 week loan	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 1.15	£ -	£ 1.15	O	£ 1.15	£ -	£ 1.15	£ -	-	UNCHANGED
Cultural Services - Libraries - Recorded Sound - Spoken Word on CD - 3 week loan - 1 to 3 discs	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 2.60	£ -	£ 2.60	O	£ 3.00	£ -	£ 3.00	£ 0.40	+15.38%	INCREASED
Cultural Services - Libraries - Recorded Sound - Spoken Word on CD - 3 week loan - 4 or more discs	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 2.60	£ -	£ 2.60	O	£ 3.00	£ -	£ 3.00	£ 0.40	+15.38%	INCREASED

Name of fee or Charge	Directorate	Overview and Scrutiny Committee	Owner	Statutory/ Discretionary Charge	VAT Status 19/20	Charge excl. VAT 2019/20	VAT Amount 2019/20	Charge incl. VAT 2019/20	VAT Status 20/21	Charge excl. VAT 2020/21	VAT Amount 2020/21	Charge incl. VAT 2020/21	Change from last year (incl. VAT)	Change from last year (% incl. VAT)	New, Removed, Unchanged
Cultural Services - Computer Printouts - B&W or Colour	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	O	£ 0.25	£ 0.05	£ 0.30	O	£ 0.25	£ 0.05	£ 0.30	£ -	-	UNCHANGED
Cultural Services - Music sets and Play sets - Music set hire (Obtained through Essex CC) - Vocal Scores (Per item)	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 1.67	£ 0.33	£ 2.00	S	£ 1.67	£ 0.33	£ 2.00	£ 0.00	-	INCREASED
Cultural Services - Photocopiers - Single copy A3 size - Colour	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 1.67	£ 0.33	£ 2.00	S	£ 1.67	£ 0.33	£ 2.00	£ 0.00	-	INCREASED
Cultural Services - Photocopiers - Single copy A3 size - Monochrome	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 0.25	£ 0.05	£ 0.30	S	£ 0.25	£ 0.05	£ 0.30	£ -	-	UNCHANGED
Cultural Services - Photocopiers - Single copy A4 size - Colour	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 0.83	£ 0.17	£ 1.00	S	£ 0.83	£ 0.17	£ 1.00	£ -0.00	-	UNCHANGED
Cultural Services - Photocopiers - Single copy A4 size - Monochrome	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 0.13	£ 0.02	£ 0.15	S	£ 0.13	£ 0.03	£ 0.16	£ 0.01	+6.67%	UNCHANGED
Cultural Services - Photocopiers - 50+ Copies (price per copy) - Monochrome Only - A3	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 0.13	£ 0.02	£ 0.15	S	£ 0.17	£ 0.03	£ 0.20	£ 0.05	+33.33%	INCREASED
Cultural Services - Photocopiers - 50+ Copies (price per copy) - Monochrome only - A4	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 0.09	£ 0.01	£ 0.10	S	£ 0.09	£ 0.01	£ 0.10	£ -0.00	-	UNCHANGED
Cultural Services - Premises Hire - Outside Opening Hours - Hire of complete building requiring opening - Commercial Organisations	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	Z	£ 35.00	£ -	£ 35.00	Z	£ 40.00	£ -	£ 40.00	£ 5.00	+14.29%	INCREASED
Cultural Services - Premises Hire - Outside Opening Hours - Hire of complete building requiring opening - Statutory and Policital Parties	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ 20.00	£ -	£ 20.00		£ 30.00	£ -	£ 30.00	£ 10.00	+50.00%	INCREASED
Cultural Services - Premises Hire - Outside Opening Hours - Hire of complete building requiring opening - Voluntary Sector	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ -	£ -	£ -		£ 30.00		£ 30.00	£ 30.00	-	NEW
Cultural Services - Premises Hire - Outside Opening Hours - Hire of complete building (with registered key holder) - Statutory and Political Parties	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ -	£ -	£ -		£ 25.00	£ -	£ 25.00	£ 25.00	-	NEW
Cultural Services - Premises Hire - Outside Opening Hours - Hire of complete building (with registered key holder) - Voluntary Sector	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ -	£ -	£ -		£ 20.00	£ -	£ 20.00	£ 20.00	-	NEW
Cultural Services - Premises Hire - During Opening Hours - Hire of meeting rooms seating over 30 people - Commercial Organisations	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ 25.00		£ 25.00		£ 40.00	£ -	£ 40.00	£ 15.00	+60.00%	INCREASED
Cultural Services - Premises Hire - During Opening Hours - Hire of meeting rooms seating over 30 people - Statutory and Political Parties	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ -	£ -	£ -		£ 30.00	£ -	£ 30.00	£ 30.00	-	NEW
Cultural Services - Premises Hire - During Opening Hours - Hire of meeting rooms seating over 30 people - Voluntary Sector	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ -	£ -	£ -		£ 25.00	£ -	£ 25.00	£ 25.00	-	NEW
Cultural Services - Premises Hire - During Opening Hours - Hire of meeting rooms seating under 30 people - Commercial Organisations	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ -	£ -	£ -		£ 20.00	£ -	£ 20.00	£ 20.00	-	NEW
Cultural Services - Premises Hire - During Opening Hours - Hire of meeting rooms seating under 30 people - Statutory and Political Parties	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ -	£ -	£ -		£ 15.00	£ -	£ 15.00	£ 15.00	-	NEW
Cultural Services - Premises Hire - During Opening Hours - Hire of meeting rooms seating under 30 people - Voluntary Sector	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ -	£ -	£ -		£ 10.00	£ -	£ 10.00	£ 10.00	-	NEW
Cultural Services - Premises Hire - During Opening Hours - Hire of meeting rooms seating up to 4 people - Commercial Organisations	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ -	£ -	£ -		£ 10.00	£ -	£ 10.00	£ 10.00	-	NEW
Cultural Services - Premises Hire - During Opening Hours - Hire of meeting rooms seating up to 4 people - Statutory and Political Parties	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ -	£ -	£ -		£ 10.00	£ -	£ 10.00	£ 10.00	-	NEW
Cultural Services - Premises Hire - During Opening Hours - Hire of meeting rooms seating under 30 people - Voluntary Sector	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ -	£ -	£ -		£ 5.00	£ -	£ 5.00	£ 5.00	-	NEW
Cultural Services - Sales - Adult fiction - Hardback	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	Z	£ 0.50	£ -	£ 0.50	Z	£ 0.50	£ -	£ 0.50	£ -	-	UNCHANGED
Cultural Services - Sales - Adult fiction - Paperback	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	Z	£ 0.25	£ -	£ 0.25	Z	£ 0.25	£ -	£ 0.25	£ -	-	UNCHANGED
Cultural Services - Sales - Adult non fiction - Hardback	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	Z	£ 0.50	£ -	£ 0.50	Z	£ 0.50	£ -	£ 0.50	£ -	-	UNCHANGED
Cultural Services - Sales - Adult non fiction - Paperback	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 0.25	£ -	£ 0.25	S	£ 0.25	£ -	£ 0.25	£ -	-	UNCHANGED
Cultural Services - Sales - CD's	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	Z	£ 0.50	£ -	£ 0.50	Z	£ 0.50	£ -	£ 0.50	£ -	-	UNCHANGED
Cultural Services - Sales - Children's - Hardback	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	Z	£ 0.50	£ -	£ 0.50	Z	£ 0.50	£ -	£ 0.50	£ -	-	UNCHANGED
Cultural Services - Sales - Children's - Paperback	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 0.25	£ -	£ 0.25	S	£ 0.25	£ -	£ 0.25	£ -	-	UNCHANGED
Cultural Services - Sales - DVD's	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 0.83	£ 0.17	£ 1.00	S	£ 0.83	£ 0.17	£ 1.00	£ -	-	UNCHANGED
Cultural Services -Fax - Incoming - Each	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 0.83	£ 0.02	£ 1.00	S	£ 0.83	£ 0.17	£ 1.00	£ -0.00	-	UNCHANGED
Cultural Services -Fax - Outgoing - Additional page - Elsewhere	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 1.42	£ 0.28	£ 1.70	S	£ 1.42	£ 0.28	£ 1.70	£ 0.00	-	INCREASED
Cultural Services -Fax - Outgoing - Additional page - Europe	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 0.92	£ 0.18	£ 1.10	S	£ 0.92	£ 0.18	£ 1.10	£ 0.00	-	INCREASED
Cultural Services -Fax - Outgoing - Additional page - UK	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 0.50	£ 0.10	£ 0.60	S	£ 0.50	£ 0.10	£ 0.60	£ -	-	UNCHANGED
Cultural Services -Fax - Outgoing - Fax to free numbers (Admin charge)	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 0.42	£ 0.08	£ 0.50	S	£ 0.42	£ 0.08	£ 0.50	£ 0.00	-	UNCHANGED
Cultural Services -Fax - Outgoing - First Page - Elsewhere	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 2.67	£ 0.53	£ 3.20	S	£ 2.67	£ 0.53	£ 3.20	£ 0.00	-	INCREASED
Cultural Services -Fax - Outgoing - First Page - Europe	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 2.25	£ 0.45	£ 2.70	S	£ 2.25	£ 0.45	£ 2.70	£ -0.00	-	UNCHANGED
Cultural Services -Fax - Outgoing - First Page - UK	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 0.92	£ 0.18	£ 1.10	S	£ 0.92	£ 0.18	£ 1.10	£ 0.00	-	INCREASED
Cultural Services -Internet and Word processing - Use of the internet - first 2 Hours	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ -	£ -	£ -	S	free	£ -	Free	£ -	-	NEW
Cultural Services -Internet and Word processing - Word processing - Black and white	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 0.25	£ 0.05	£ 0.30	S	£ 0.25	£ 0.05	£ 0.30	£ -	-	UNCHANGED
Cultural Services -Internet and Word processing - Word processing - Colour	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 0.25	£ 0.05	£ 0.30	S	£ 0.25	£ 0.05	£ 0.30	£ -	-	UNCHANGED
Charge for Attendance at Day Centres - Per Session	Adults, housing and Health	Health & Wellbeing	Roger harris	D	O	£ 10.00	£ -	£ 10.00	O	TBC	£ -	£ -	£ -	-	

Name of fee or Charge	Directorate	Overview and Scrutiny Committee	Owner	Statutory/ Discretionary Charge	VAT Status 19/20	Charge excl. VAT 2019/20	VAT Amount 2019/20	Charge incl. VAT 2019/20	VAT Status 20/21	Charge excl. VAT 2020/21	VAT Amount 2020/21	Charge incl. VAT 2020/21	Change from last year (incl. VAT)	Change from last year (% incl. VAT)	New, Removed, Unchanged
Cultureal Services - Libraries - Visa Services	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		r		r		REMOVED	£ -	r	£ -	-	REMOVED
Cultural Services - CD Rom print outs - Colour	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 0.25	£ 0.05	£ 0.30	S	REMOVED	£ -	£ -	£ -	-	REMOVED
Cultural Services - Microfilm Prints - Per page from old machine (new machine is same as printouts)	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	S	£ 0.25	£ 0.05	£ 0.30	S	REMOVED	£ -	£ -	£ -	-	REMOVED
Cultural Services - Premises Hire - Other organisations and non public meetings of political parties - Per hour - Under 24 sq.m	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ 35.00	£ -	£ 35.00		REMOVED	£ -	£ -	£ -	-	REMOVED
Cultural Services - Premises Hire - Commercial organisations and public meetings held by political parties - Per hour - 24 to 70 sq.m. Sole use outside of opening times.	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ 35.00	£ -	£ 35.00		REMOVED	£ -	£ -	£ -	-	REMOVED
Cultural Services - Premises Hire - Commercial organisations and public meetings held by political parties - Per hour - Over 70 sq.m. Sole use outside of opening times.	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ 25.00	£ -	£ 25.00		REMOVED	£ -	£ -	£ -	-	REMOVED
Cultural Services - Premises Hire - Commercial organisations and public meetings held by political parties - Per hour - Under 24 sq.m. Sole use outside of opening times.	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ 20.00	£ -	£ 20.00		REMOVED	£ -	£ -	£ -	-	REMOVED
Cultural Services - Premises Hire - Other organisations and non public meetings of political parties - Per hour - 24 to 70 sq.m. Sole use outside opening times.	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ 20.00	£ -	£ 20.00		REMOVED	£ -	£ -	£ -	-	REMOVED
Cultural Services - Premises Hire - Other organisations and non public meetings of political parties - Per hour - Over 70 sq.m. Sole use outside opening times.	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ 20.00	£ -	£ 20.00		REMOVED	£ -	£ -	£ -	-	REMOVED
Cultural Services - Premises Hire - Other organisations and non public meetings of political parties - Per hour - Under 24 sq.m. Sole use outside opening times.	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ 25.00	£ -	£ 25.00		REMOVED	£ -	£ -	£ -	-	REMOVED
Cultural Services - Premises Hire - Commercial organisations and public meetings held by political parties - Per hour - 24 to 70 sq.m. Sole use during opening times.	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ 20.00	£ -	£ 20.00		REMOVED	£ -	£ -	£ -	-	REMOVED
Cultural Services - Premises Hire - Commercial organisations and public meetings held by political parties - Per hour - Under 24 sq.m. Sole use during opening times.	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ 15.00	£ -	£ 15.00		REMOVED	£ -	£ -	£ -	-	REMOVED
Cultural Services - Premises Hire - Other organisations and non public meetings of political parties - Per hour - 24 to 70 sq.m. Sole use during opening times.	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ 15.00	£ -	£ 15.00		REMOVED	£ -	£ -	£ -	-	REMOVED
Cultural Services - Premises Hire - Other organisations and non public meetings of political parties - Per hour - Under 24 sq.m. Sole use during opening times.	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ 5.00	£ -	£ 5.00		REMOVED	£ -	£ -	£ -	-	REMOVED
Cultural Services - Premises Hire - Other Organisations and community groups - part use e.g. hire of table space during opening times	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D		£ 10.00	£ -	£ 10.00		REMOVED	£ -	£ -	£ -	-	REMOVED
Cultural Services - Premises Hire - Community Groups - meeting room during opening times	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	E	25% Commission or minimum hire charge	£ -	25% Commission or minimum hire charge	E	REMOVED	£ -	£ -	£ -	-	REMOVED
Cultural Services - Exhibitions - Exhibition Space - Exhibition of works or crafts by individual artists and craftsmen	Adults, housing and Health	Health & Wellbeing	Natalie Warren	D	Z	£ 0.50	£ -	£ 0.50	Z	REMOVED	£ -	£ -	£ -	-	REMOVED

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23 January 2020	ITEM: 8
Health and Wellbeing Overview and Scrutiny Committee	
Services for People with Personality Disorders and Complex Needs	
Wards and communities affected: All	**Key Decision:** Non Key
Report of: **Mark Tebbs** Director of Commissioning Thurrock CCG	**Nigel Leonard** Executive Director of Strategy & Transformation Essex Partnership University NHS Foundation Trust
Accountable Assistant Director: N/A	
Accountable Director: N/A	
This report is a progress update on the development of services for people with Personality Disorders and Complex Needs.	

Executive Summary

The purpose of this report is to update the Health Overview & Scrutiny Committee on the development of services for people with Personality Disorders and Complex Needs. This paper builds upon a previous paper dated 12 March 2018, from the Principal Social Worker and Strategic Lead for Safeguarding and Complex Care and a presentation on the model to Thurrock HOSC in January 2018.

1. Recommendations

1.1 The Health and Wellbeing Overview and Scrutiny Committee is asked to discuss and note the current position regarding services for people who have a personality disorder.

2. Introduction and Background

2.1 The International Classification of Mental and Behavioural Disorders (ICD-10) (World Health Organisation 1992), defines a personality disorder as: *'a severe disturbance in the characterological condition and behavioural tendencies of the individual, usually involving several areas of the personality, and nearly always associated with considerable personal and social disruption'*.

2.2 The development of services for People with Personality Disorders and Complex Needs links with the transformational intent within the NHS Long Term Plan (NHS LTP), published in December 2018. The development of

services for people with Personality Disorders and Complex Needs has been developed for Essex. This pathway was developed with input from people with lived experience as well as with representatives from the statutory and voluntary sector.

For the Mid and South Essex Health and Care Partnership (formerly Mid & South Essex STP) the development of the Personality Disorders (PD) service forms an integral part of the proposed strategy and investment plans for Mental Health services across the Partnership.

The model has also been discussed and presented to a wide audience, including stakeholders, clinical reference groups, professional staff bodies, local staff, Health & Wellbeing Boards, Primary Care groups, and service user groups. Various elements of the service, including proposed joint working between secondary and IAPT services, training for staff, clinical skills training, group interventions and interventions with high intensity service users have been piloted successfully to test elements of the model. The pathway is attached in Appendix 1.

In summary, adjustments to our existing service will entail:-

- Those patients with Personality Disorder diagnoses occupying in-patient beds, according to NICE guidance, are best treated in the community, and should occupy in-patient beds for a recommended stay of 72 hours or less.
- A new and bespoke staff training programme to improve awareness and ensure the identification and diagnosis of PD is provided, including problem formulation training and values and resilience training aimed at ensuring the right care and treatment is provided in a timely way in the most appropriate setting.
- A specialist multi-disciplinary team will provide treatments and interventions for the most complex cases, hold those with severe complex needs on the caseload (thereby supporting the care co-ordination process) and facilitate the PD Knowledge and Skills training programme.
- PD treatment interventions will be expanded and provided throughout and across services, rather than through a specialist referral pathway, with the development and identification of PD Leads throughout all EPUT services to ensure that PD is properly considered in treatment plans.
- Enhanced clinical skills training will be provided, including group-based interventions and specialist psychological interventions for key staff.
- In-patient admissions for people with PD will be brief, targeted towards stabilisation, and transitioned to Community Mental Health teams, or primary care services.
- A range of innovative initiatives and interventions are to be developed and supported, such as telehealth, modularised interventions, PHC-based support and psychoeducation groups and trauma-focused therapy.
- The service will work with partners to develop a multi-agency approach to the management of frequent users of services. A *service user network* is proposed, to provide user support and engagement opportunities in collaboration with wider community assets and resources.

The Personality Disorder and Complex Needs pathway is integrated with wider primary care services and will provide evidence-based interventions and enhanced self-care. It emphasises prevention of crisis episodes through being linked with both urgent care and primary care pathways delivering multiple benefits for patients and the system.

Progress during 2019 and Next Steps

The pathway was included in a Business Case for the development of this service during 2019. The Business Case was approved by CCG Boards and the Mental Health Partnership Board in September 2019 resulting in a further investment of more than £550,000 in this service for the residents of Mid & South Essex Health and Care Partnership.

In addition to the utilisation of existing skills and knowledge from medical and psychology staff across the Partnership, there is a large component within the Business Case for training. A range of additional training for staff engaged in the delivery of services to this client group is planned, including:

- Knowledge and Understanding Framework (KUF) to enhance clinical skills and problem recognition training. Thirty KUF trainers will be trained (this is a three day training programme).
- Six clinicians will be trained in Intensive Dialectical Behavior Therapy (ten days training).
- Fourteen staff trained in Dialectical Behavior Therapy Dialectical Behavior Therapy skills (five days training).
- Eight staff trained in Eye Movement Desensitization and Reprocessing (EMDR) for Trauma.
- Staff trained in Cognitive Analytic Therapy and two staff trained in Family Systemic skills training.

The service aims to introduce enhancements to the pathway from April 2020, and a detailed implementation plan is now in place. The implementation plan has a range of actions including:

- Developing referral pathways,
- New arrangements for people with complex needs,
- Training for NHS staff and partners,
- Engagement with primary care and other agencies from the statutory and voluntary sectors. This will include on IAPT, Drug & Alcohol, Police and Ambulance services,
- Strong clinical engagement on operational policies and procedures,
- Linkages to the other initiatives within the development plan for mental health services e.g. 24 Mental Health Emergency Response and Crisis Care Service,
- Recruitment of additional staff to support the new pathway,

- Developing PD leads with each secondary core service,
- Establishment of a virtual team with broad and explicit expertise across the system,
- Establish and agree outcome and evaluation outcomes,
- Review and transition clinical treatment structure e.g. developing group problem solving and crisis management for this client group.

The implementation will be closely evaluated for operational and clinical effectiveness.

3. Issues, Options and Analysis of Options

3.1 Changes to the pathway for people with Personality Disorders and complex needs requires a system wide response. A strong part of the investment relates to working across statutory and voluntary services as a number of agencies are involved in supporting this client group. The PD and CN service is one of a number of initiatives for mental health services, and the other initiatives will need to reflect the additional arrangements being put in place.

4. Reasons for Recommendation

4.1 N/A

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

5.1 N/A

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

6.1 No.

7. Implications

7.1 **Financial**

The local health system is investing £55,000 to enhance this pathway.

7.2 **Legal**

There are no legal issues arising from this report.

7.3 **Diversity and Equality**

There are no diversity and equality issues arising from this report.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder, or Impact on Looked After Children)

EPUT is leading on this enhanced pathway and is liaising with other statutory and voluntary sector organisations.

8. Background papers used in preparing the report

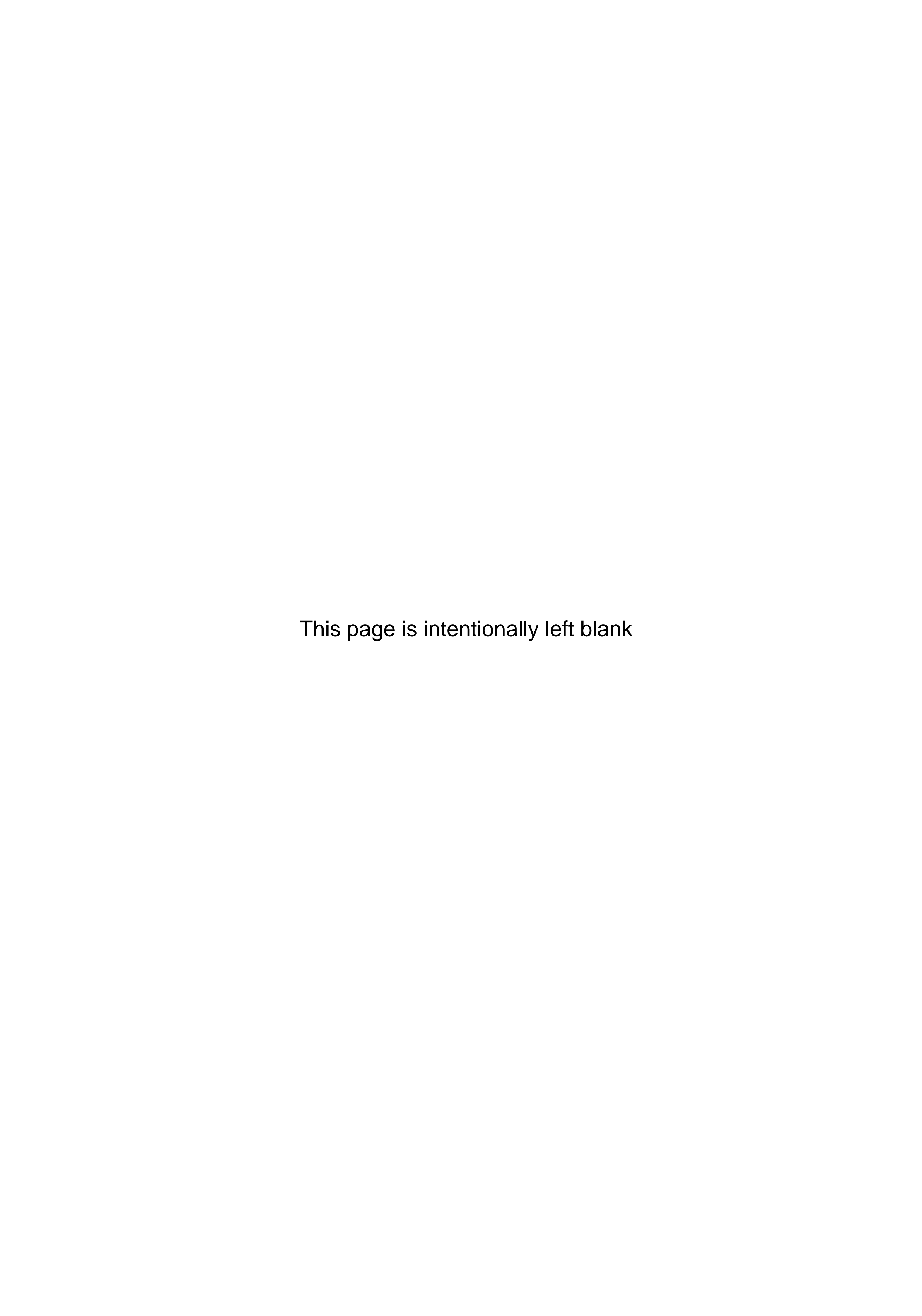
8.1 This paper builds upon a previous paper dated 12 March 2018, from the Principal Social Worker and Strategic Lead for Safeguarding and Complex Care and a presentation on the model to Thurrock HOSC in January 2018.

9. Appendices to the report

Appendix 1 – Summary of Personality Disorder and Complex Needs Pathway.

Report Authors:

Mark Tebbs	**Nigel Leonard**
Director of Commissioning	Executive Director of Strategy & Transformation
Thurrock CCG	Essex Partnership University NHS Foundation Trust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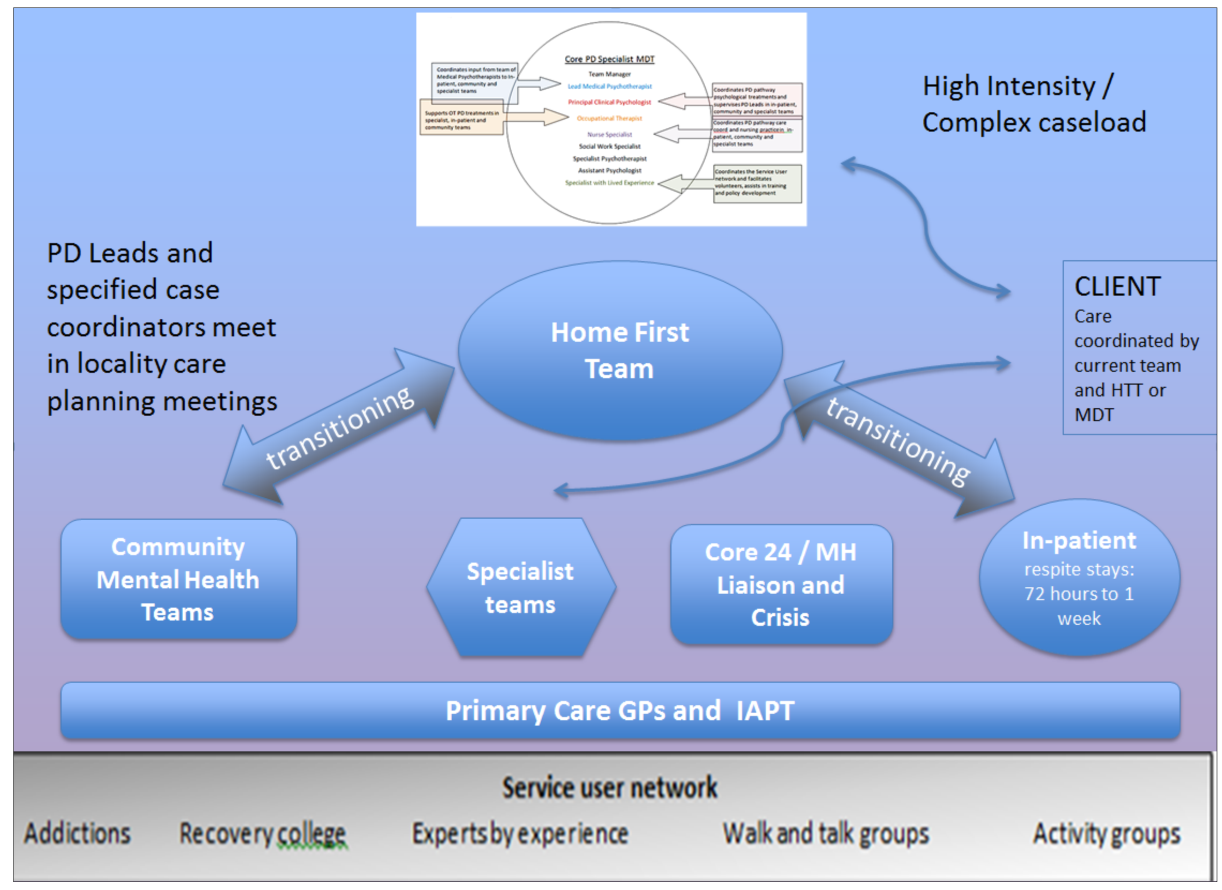
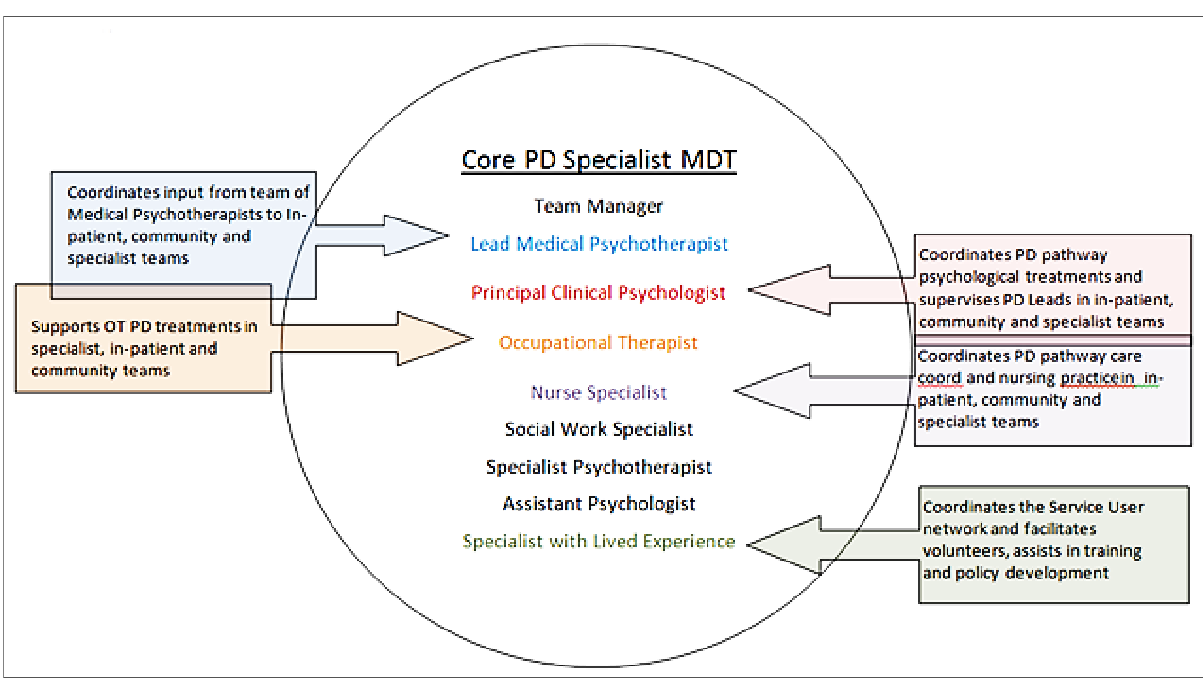
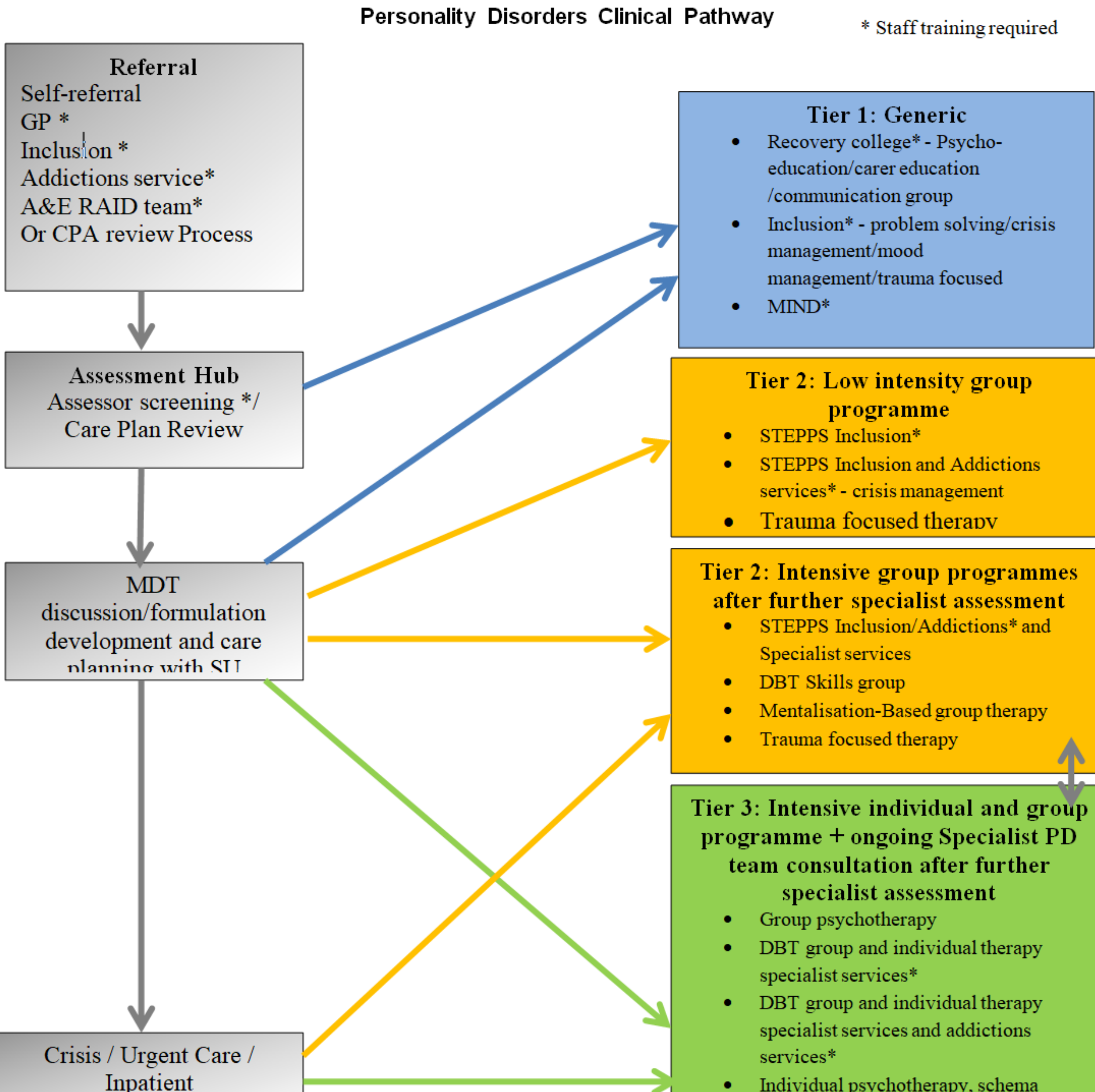
Appendix 1

Summary of Personality Disorder and Complex Needs Pathway






Personality Disorders Clinical Pathway
* Staff training required
Referral
Self-referral
GP *
Inclusion *
Addictions service*
A&E RAID team*
Or CPA review Process
Assessment Hub
Assessor screening */
Care Plan Review
MDT
discussion/formulation
development and care
planning with SU
Crisis / Urgent Care /
Inpatient
Tier 1: Generic
Recovery college* - Psycho-education/carer education /communication group
Inclusion* - problem solving/crisis management/mood management/trauma focused
MIND*
Tier 2: Low intensity group programme
STEPPS Inclusion*
STEPPS Inclusion and Addictions services* - crisis management
Trauma focused therapy
Tier 2: Intensive group programmes after further specialist assessment
STEPPS Inclusion/Addictions* and Specialist services
DBT Skills group
Mentalisation-Based group therapy
Trauma focused therapy
Tier 3: Intensive individual and group programme + ongoing Specialist PD team consultation after further specialist assessment
Group psychotherapy
DBT group and individual therapy specialist services*
DBT group and individual therapy specialist services and addictions services*
Individual psychotherapy, schema therapy, CAT therapy, based on need and local availability.*
Trauma focused therapy
Service user network
Addictions
Recovery college
Experts by experience
Walk and talk groups

23 January 2020	ITEM: 9
Health and Wellbeing Overview and Scrutiny Committee	
Thurrock Health and Social Care Transformation Prospectus	
Wards and communities affected: All	**Key Decision:** Non-key
Report of: Les Billingham, Interim Director of Adult Social Care and Community Development	
Accountable Assistant Director: Les Billingham, Interim Director of Adult Social Care and Community Development	
Accountable Director: Roger Harris, Corporate Director of Adults, Housing and Health/Interim Director of Children's Services	
This report is Public	

Executive Summary

Thurrock Health and Social Care Transformation Prospectus provides us and our partners with the opportunity to set out our approach to transforming the Health and Social Care landscape. It summarises the steps we have taken since 2011, when the Adult Social Care-led inaugural approach known as 'Building Positive Futures was established, followed in 2015 by the NHS-led approach 'For Thurrock in Thurrock' and culminating in the current integrated system redesign programme - **Better Care Together Thurrock.**

The Prospectus highlights all that we have achieved over the years, what we see as the key reasons for our success and the barriers we have overcome to ensure progression. Fundamentally, the paper articulates the building blocks of a 21st Century Health and Social Care system – one focused on people and place.

1. Recommendation(s)

1.1 That the Health and Wellbeing Overview and Scrutiny Committee endorse the Prospectus and the significant change to the health and care system in Thurrock delivered since 2011.

2. Introduction and Background

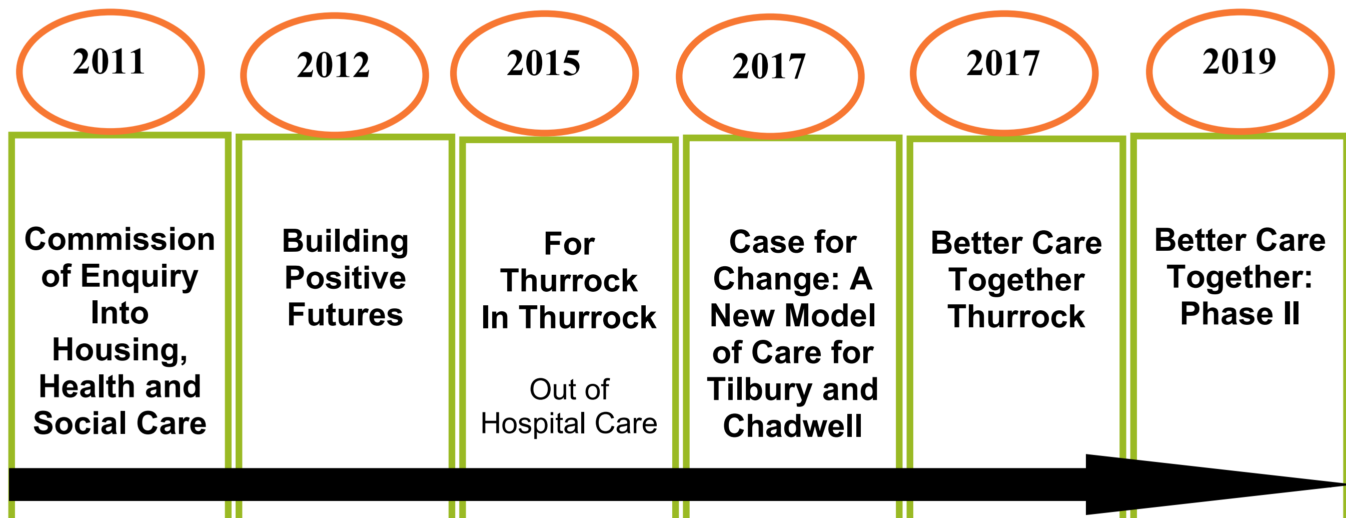
2.1 Thurrock is seen by its peers as being at the forefront of the change agenda for health and social care – identifying innovative and creative ways to manage the challenges faced by the system and the people that rely on it.

Accordingly, the Council receives numerous requests for both information and for visits from local authorities, in the main, who want to learn about our approach with a view of adopting elements of it. We receive regular requests to present and to run workshop sessions at regional and national events. Whilst sharing experiences is essential for enabling the development of health and care, until now we have had no one document to send out detailing the steps we have taken, what we have achieved, and what we have learnt.

2.2 In response to the interest in Thurrock's approach and the opportunity to reflect on achievements and challenges made over the years, we have, in partnership with the NHS and Voluntary Sector developed a Prospectus. The Prospectus has received extremely positive feedback.

3. Issues, Options and Analysis of Options

3.1 The Prospectus details Thurrock's Health and Social Care transformation journey starting in 2011 with the Commission of Enquiry into Housing, Health and Social Care, and concluding with the current phase of transformation known as 'Better Care Together Thurrock'.



3.2 Early in our journey we identified that if we wanted to ensure people were able to live and maintain a 'good life' – including during the most difficult of times, then we needed to change the thinking behind the health and social care system. We needed to shift the system from being reactive and needs-led, to being preventative and outcome-focused. Fundamentally, we needed the system to be 'human'.

3.3 Through our initial transformation programme Building Positive Futures, we understood that our ability to overcome the substantial challenges facing the sector and the wellbeing of people relying on the sector was broader than health and social care. It was also about the impact of the 'Built Environment' and the crucial role played and contribution made by communities and their

assets – leading to the establishment of Thurrock's Stronger Communities Partnership.

3.4 Working in close partnership with Health and the Voluntary and Community Sector, the themes of 'Stronger Communities' and the 'Built Environment' have been a constant in shaping change. In addition, the final key element and constant of our transformation journey has been the creation an integrated health and care system focusing on people and place and on early intervention and prevention.

3.5 Working with communities, a set of principles were designed to inform and shape how we redesigned health and care in the Borough. We also identified what success was from the impact communities said they wanted to see from any change. This is essential to ensuring that the changes we make are for the right reasons and deliver the right results. In response to the principles and success factors, partners were able to agree and articulate a clear vision for the future 'To provide better outcomes for individuals that are closer to home, holistic and that create efficiencies within the Health and Care system'.

3.6 Upon the development and launch of Better Care Together – which brought health and care partners together in articulating an integrated vision and plan for health and care – four clear work streams were identified:

- Identification and management of long-term conditions;
- Building capacity and capability in Primary Care;
- Developing strong and resilient communities; and
- Transforming community services.

Work streams were designed to shift the existing system towards early intervention and prevention and to focusing on delivering what mattered most to people – i.e. their version of a 'good life'. This would assist with keeping people in their communities where this was appropriate - importantly with a good quality of life.

3.7 The learning gained from the earlier stages of work has enabled us to move a considerable way to achieving our goals. For example, strength-based social work teams (Community Led Support Teams) are being rolled out following a pilot in Tilbury and Chadwell, we are piloting two strength-based and self-managed Wellbeing Teams as a new approach to providing care in the home. We are also working closely with Health colleagues to redesign how Health services operate across Thurrock and continue to work closely with the Community and Voluntary Sector to build community resilience by using the strengths and assets that existing within communities and can be used as part of the health and care solution that people require. We have also managed to expand the role of technology as part of the care solution and have improved the capacity within Primary Care by introducing a mixed skills team.

3.8 We are constantly evaluating what we do – including working with the

University of Birmingham and London School of Economics. This helps us to learn from our approach – much of which is new and untested. We are also involved with a number of different networks – learning from other health and care systems in the same way they learn from us. One thing we have learnt is that change is constant and will continue to evolve. We want to ensure that the changes we make not only improve outcomes for individuals, but that they release practitioners from unnecessary bureaucracy and process to free them up to be able to spend quality time with communities and the people within them that require our help and support. The changes we have made have enabled practitioners to develop a different relationship with the communities they work within and a greater depth of knowledge allowing them the freedom and space to develop innovative and creative solutions.

3.9 Recognising that change is constant, we have already developed the next phase of health and care transformation, which is detailed within the Prospectus. This includes the constant review of and learning from new approaches – through a number of 'test and learn' pilots, and the design and implementation of a number of new pieces of work – this includes reviewing our approach to commissioning; the implementation of mental health redesign; and the redesign of community health.

3.10 Our Prospectus provides a record of our journey and this will be updated as we develop further and as we see the impact of change.

4. Reasons for Recommendation

4.1 The recommendation has been made to enable the Health and Wellbeing Overview and Scrutiny Committee to recognise the significant change achieved to Thurrock's health and care system since 2011 and to reflect this within one key document which acts as a means of sharing Thurrock's approach with peers and organisations representing the sector.

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

5.1 The Prospectus has received input from and been agreed by Thurrock Integrated Care Alliance (TICA). The Prospectus has also been shared with and influenced by Thurrock's User Partnership Boards – the development of the Prospectus being an objective for Adult Social Care during 2019.

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

6.1 The Prospectus shows how Adult Social Care, Community Development and partners are contributing towards the Council's 'People' priority.

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**

Finance Manager

Funding to support the work described in the body of the report has been allocated from a combination of the Adult Social Care precept, Improved Better Care Fund grant, social care government grants and transformation funding. The MTFS assumes the continuation of the already established work to support the integrated system redesign programme - Better Care Together Thurrock.

7.2 Legal

Implications verified by: **Courage Emovon**

Ag Strategic Lead / Deputy Head of Legal Services / Deputy Monitoring Officer

No direct legal implications have been identified and Legal Services is on hand to advise on any legal implications when identified. Changes made to the Health and Care system in Thurrock delivered since 2011 as expressly stated in the Thurrock Health and Social Care Transformation Prospectus is compliant and consistent with statutory requirements and obligations of the Council.

7.3 Diversity and Equality

Implications verified by: **Rebecca Lee**

Team Manager Community Development and Equalities

The Prospectus shows how the changes being delivered through the transformation of the health and care system are enabling people to achieve what matters to them regardless of their circumstances or where they are living. A focus on early intervention and prevention is essential to the ability to reduce health inequalities and the factors that influence health inequalities.

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

None identified.

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

- None

9. Appendices to the report

Appendix 1 - Supporting a good life: Transforming Health and Social Care in Thurrock

Report Author:

Ceri Armstrong

Senior Health and Social Care Development Manager

Adult Social Care and Community Development

SUPPORTING A GOOD LIFE: TRANSFORMING HEALTH AND SOCIAL CARE IN THURROCK

Improving life not just services

NHS
Thurrock
Clinical Commissioning Group

Acknowledgements

We would like to acknowledge the hard work and commitment of the following people without whom the Thurrock journey past, present and future, would not have been possible:

- Ian Wake, Director of Public Health, Thurrock Council
- Les Billingham, Director of Adult Social Care, Thurrock Council
- Tania Sitch, Integrated Care Director, Thurrock Council and NELFT NHS Foundation Trust
- Rita Thakaria, Assistant Director, Community Care and Crisis, NELFT NHS Foundation Trust
- Sue Waterhouse, Director of Mental Health, Essex Partnership University NHS Foundation Trust
- Lynnbritt Gale, Associate Director, Community Mental Health, Essex Partnership University NHS Foundation Trust
- Kristina Jackson, Chief Executive, Thurrock Community and Voluntary Sector
- Kim James, Chief Operating Officer, Thurrock Community and Voluntary Sector
- Ian Evans, Director, Thurrock Coalition
- Nicola Windsor, Transformation Programme Lead, NELFT NHS Foundation Trust
- Mark Tebbs, Director of Commissioning, NHS Thurrock Clinical Commissioning Group
- Ian Stidston, Director of Commissioning, NHS Thurrock Clinical Commissioning Group
- Catherine Wilson, Strategic Lead for Commissioning, Thurrock Council
- Fran Leddra, Strategic Lead for Adult Social Care, Thurrock Council
- Jeanette Hucey, Director of Transformation, NHS Thurrock Clinical Commissioning Group
- Sharon Hogarth, Area Manager, College Health
- Dan Turner, Head of Integrated Care, Basildon and Thurrock University Hospitals NHS Foundation Trust
- Christopher Smith, Programme Manager Adult Social Care, Thurrock Council
- Louise Banks, Head of Communications and Engagement, NHS Thurrock Clinical Commissioning Group
- Carla Fourie, Associate Director for Social Care, Essex Partnership University NHS Foundation Trust

In addition:

- Jenny Pitts—National Development Team for Inclusion
- Sian Lockwood and Helen Allen—Community Catalysts
- Helen Sanderson—Wellbeing Teams
- Cormac Russell—Nurture Development
- Ralph Broad—Local Area Coordination

SUPPORTING A GOOD LIFE: TRANSFORMING HEALTH AND SOCIAL CARE IN THURROCK

Foreword

Corporate Director of Adults, Housing and Health, **Roger Harris** and Accountable Officer of NHS Thurrock Clinical Commissioning Group, **Mandy Ansell**

Thurrock has a history of strong partnership working across health and care and with the voluntary and community sector. It is our strong commitment to each other and to Thurrock people that has allowed us to craft such a unique and creative response to some of the most difficult challenges we face.

Our driving force is our desire to improve outcomes - finding integrated solutions that deliver what's important to people, putting them firmly in the driving seat. This has meant treasuring and nurturing the assets available within our communities and seeing them as central to improving health and wellbeing. It has also meant statutory organisations learning to 'lose control'.

Our success is inextricably linked to our ability to strengthen what's available close to home and to the ability to ensure this system can focus on prevention and early intervention.

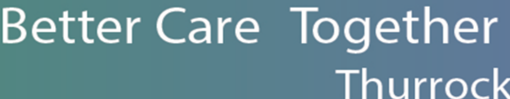
We are keen through this Prospectus to reflect the success we've achieved through system redesign, and equally keen to document what we've learnt and the challenges we've had to overcome on the way.

We've written this document to capture in one place how we've arrived at our current destination and to be able to note our achievements, but also so others can learn from our approach.

We'd like to end by thanking system partners and the community for their continued commitment to making change happen and by being prepared to take the leap of faith required to do more than just move the deckchairs.

Roger Harris
Corporate Director
Adults, Housing and Health
Thurrock Council

Mandy Ansell
Accountable Officer
NHS Thurrock Clinical Commissioning Group



Introduction and Background

This paper sets out Thurrock's approach to transforming the Health and Social Care landscape. It summarises the steps that were taken from 2011, when the Adult Social Care-led inaugural approach known as 'Building Positive Futures was established, followed in 2015 by the NHS-led approach 'For Thurrock in Thurrock', up to our current integrated system redesign programme - **Better Care Together Thurrock.**

This paper identifies what we see as the key reasons for success, but also the key barriers that that have stood in the way of progress. Fundamentally, the paper articulates what we see as building blocks of a 21st Century Health and Social Care system.

Our Transformation Journey

2011	2012	2015	2017	2017	2019
Commission of Enquiry into Housing, Health and Social Care	**Building Positive Futures** Built Environment Community Resilience Integration of Health and Social Care	**For Thurrock in Thurrock** Out of Hospital Care	**Case for Change: A New Model of Care for Tilbury and Chadwell**	**Better Care Together Thurrock** Long Term Conditions Primary Care Capacity Transforming Community Services	**Better Care Together: Phase II** Commissioning Redesign Place-based health and care Scaling up

BUILDING THE FOUNDATIONS

Our response to the Ageing Well agenda

2011 **Commission of Enquiry into Cooperation between Housing, Health and Social Care across local authorities in South Essex**

The Commission of Enquiry helped to highlight the importance of the built environment in:

a) Keeping people out of hospital and ensuring that they could return home safely upon discharge; and

b) Contributing positively to health and wellbeing

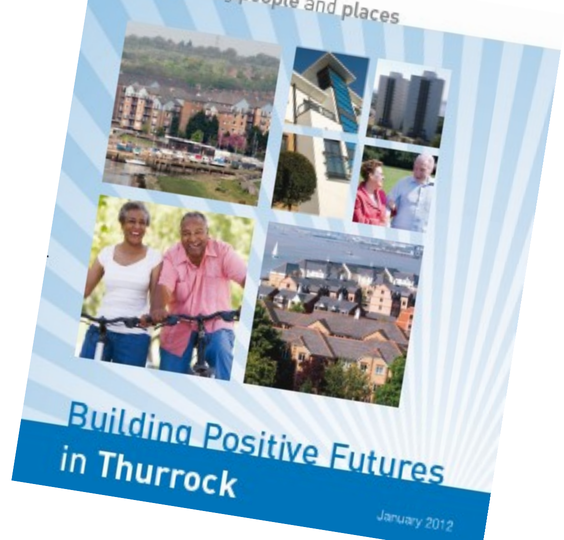
2011 **Stronger Together Thurrock**

The Commission of Enquiry highlighted the importance of 'community' as part of the 'Ageing Well' agenda. As a result, the Council embarked on a community resilience building programme, based on Asset Based Community Development. This led to the establishment of Stronger Together Thurrock. Stronger Together Thurrock is a partnership of the Third Sector, Communities, Council and Health.

This early approach was pivotal in showing that the agenda for overcoming and the ability to overcome substantial challenges was broader than health and social care. In this early stage, it was about what partners could do to influence how well people aged, and how well people were able to manage their impairment or condition—which would help to contain demand for already stretched services.

The response to the Commission of Enquiry, including the establishment of Stronger Together Thurrock, led to the first phase of an Adult Social Care-led transformation programme known as **Building Positive Futures.**

BUILDING POSITIVE FUTURES 2012



Reflecting the findings of the Commission of Enquiry:

⇒ **Creating the homes and neighbourhoods that support independence (the 'built' environment)**

⇒ **Creating the communities that support health and wellbeing ('stronger' communities)**

⇒ **Creating the right social care and health infrastructure to manage demand**

Stronger Communities

Through the establishment of Stronger Together Thurrock, there was a growing understanding of the way in which the whole philosophy underpinning the delivery of health and social care needed to change.

Stronger Together engaged with Cormac Russell from Nurture Development who helped to support local thinking on **Asset Based Community Development (ABCD)**. Cormac's approach challenged the common deficit-based model that statutory services commonly used that tried to 'fix' people problems – this focus on need and a medical model often achieved the complete opposite.

The adoption of the ABCD **'what's strong' not 'what's wrong'** ethos led to a number of initiatives being implemented:

Local Area Coordination

- Supporting people to achieve their vision of a 'good life'
- Reducing service reliance and loneliness and isolation
- Connecting communities
- Using and encouraging community building
- Avoiding crisis

Community Hubs

- Six community-led Hubs opened
- Providing space for communities to connect and access information and advice

Time Banking

- Enabling people to help others and bank the time they had spent doing so
- Using or gifting the 'banked' time for something in return

Social Prescribing

- Providing GPs with a non-clinical route for people requiring a non-clinical solution

Micro Enterprises

- Encouraging and supporting the development of micros
- Giving people more choice
- Helping local people in to employment and volunteering
- Keeping economic activity local

The Built Environment

We understood and wanted to influence the positive impact of the built environment on health and wellbeing and did so in a number of ways.

HAPPI Housing

- ⇒ Collaboration with one of the architects involved with the Housing Our Ageing Population Panel (known as HAPPI housing).
- ⇒ Adopting ten key HAPPI design principles to ensure that housing for people as they grew older was not only adaptable to changing circumstances, but also helped to facilitate good wellbeing. For example the importance of natural light and design that facilitated connections to avoid isolation.
- ⇒ Developing one HAPPI housing scheme and commissioning the development of another.

Bruyn's Court, South Ockendon

Independent Living for Adults of Working Age

- ⇒ Developing a supported housing scheme for young adults – facilitated by securing grants from the Care and Support Specialised Housing Fund (CASSH).
- ⇒ Decommissioning and repurposing sheltered housing creating a number of flats for learning disabled adults to live independently

Medina Road, Little Thurrock

Housing and Planning Advisory Group (HPAG)

- ⇒ Sub-group of the Health and Wellbeing Board
- ⇒ Providing a forum through which the built environment could be influenced across the Borough.
- ⇒ Representation from Planning, Regeneration, Police, Health (Estates and CCG), Public Health, Children's Services, Housing, and Adult Social Care
- ⇒ All major developments brought to the Group for consideration and comment
- ⇒ Consideration and input in to key policy documents—Including the Local Plan

The Integration of Health and Social Care

The enactment of the Health and Social Care Act 2012, the creation of Clinical Commissioning Groups (CCGs), the development of Health and Wellbeing Boards and the requirement for Better Care Fund Plans all meant that the integration of health and social care was high up on the agenda. Through Building Positive Futures, a shared agenda progressed, resulting in the following:

Integrated Care Director

A shared post between the Council and Community Health Provider (NELFT NHS Foundation Trust)

Single Point of Access

The development of a single point of access **'Thurrock First'** across Adult Social Care, Mental Health and Community Health—developed through shared funding and accountability and focusing on 'solutions' not 'services' and providing information and advice

Thurrock's Mayfield Ward

A new integrated physical and mental health rehabilitation facility in the community

Older Adults Health and Wellbeing Service

Launched in 2016, the award winning integrated service provides support to care and residential homes with the aim of reducing the need for a hospital admission and to improve the quality of care.

Rapid Response and Assessment Team

With staff spanning social care and community health, an integrated team aimed at providing a rapid response to people in or approach crisis—reducing unnecessary admissions.

Integrated Care Team

Providing a wide range of nursing care, physiotherapy and occupational therapy across Thurrock—mainly to housebound patients

Better Care Fund Plan

A plan that allowed us to articulate a shared vision, shared aspirations, and shared consultation and agreement of investments—now containing over £48m

Dementia Crisis Support Team

The award-winning Team provides short-term support to manage crisis and try to avoid admission to hospital

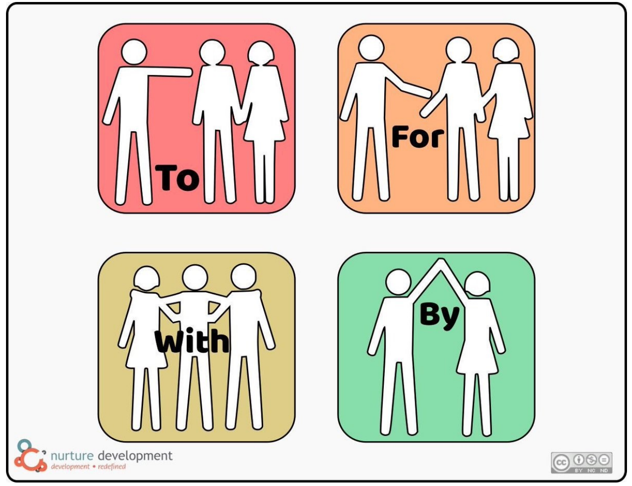
Joint Reablement Team

providing an integrated health and social care approach to reablement

Strengths-Based Social Work

For some time, the default position nationally for people requiring support from Adult Social Care was a service response delivered to those who were assessed as 'eligible'. This approach was process-driven and designed to deliver a 'one size fits all solution'. This was a way of working that had developed over the years and was influenced by national performance requirements and outdated policy requirements. This told us little about the impact of what we were providing or the difference it was making to someone's quality of life. Through the years the social care workforce had become disempowered with their ability to be creative limited.

Through the establishment of Stronger Together and its adoption of Asset Based Community Development (ABCD), we recognised the value of focusing on people's strengths and gifts – a shift to 'what's strong' rather than 'what's wrong'.

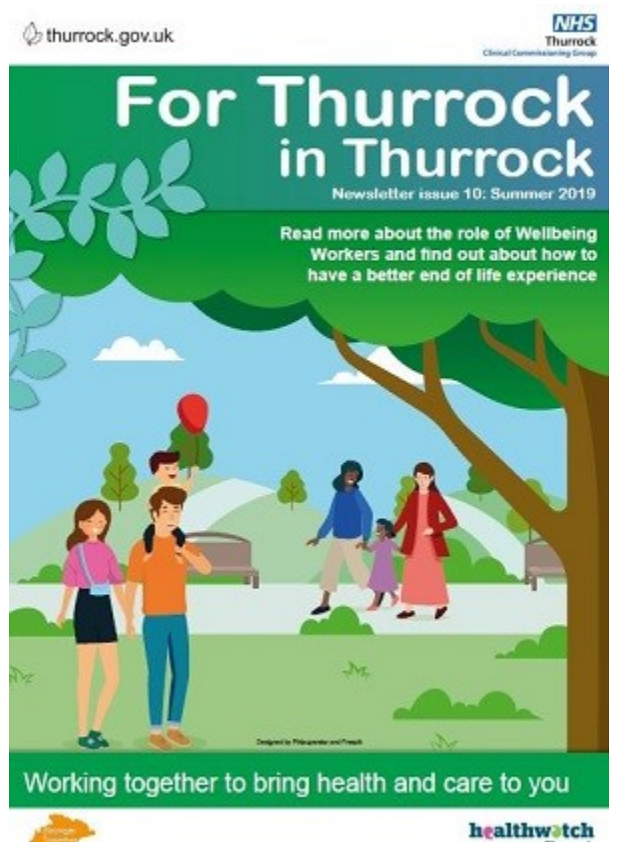


The work of Stronger Together and Cormac Russell (Nurture Development) helped us to rethink social work and placed it in a community context. This included a series of workshops for social work teams on strength-based working and a redraft of our assessment model – with the focus on strengths and outcomes rather than needs and outputs.

The change in our approach was helped and supported by the implementation of Local Area Coodination. We had utilised social work vacancies to employ three Local Area Coordinators (LACs). Having LACs in post showed us what could be achieved through working in a strength-based way and also identifying people before they entered 'service-land'. LACs were able to work in a 'place-based' way. They identified or facilitated community assets and they evidenced the importance of utilising non-service solutions. LACs were also able to minimise bureaucracy by using minimal paperwork or process. As a result of their work, numerous case studies were gathered. The case studies showed reductions in service packages, improvements in health and wellbeing, and reductions in service-dependency. LAC also showed what could be done when staff were empowered and given the permission to do what they thought was right. Recruiting people with the right values was essential to the initiative's success. Through LAC and Stronger Together we started to build a community asset map. For the first time this gave social workers information that they could use to provide non-service solutions.

Based on this early success, we were able to expand to fourteen LACS. This was made possible by funding received from partners as well as social care. LAC was pivotal in proving the case for strength based and locality working. This would prove vital in future transformation work.

For Thurrock in Thurrock—Local NHS Transformation Programme



During the first phase of transformation, Adult Social Care led on Building Positive Futures—being in a position to influence the built environment and the stronger communities agenda. At a similar time, NHS Thurrock Clinical Commissioning Group launched a programme known as For Thurrock in Thurrock (FTIT). The initial focus of FTIT was to move intermediate care beds in to the Borough so that Thurrock residents could be placed near to where they lived.

Over time, FTIT expanded its brief to include the development of four Integrated Medical Centres across the Borough and to launch initiatives such as Social Prescribing.

Both the NHS and Council transformation agendas developed so that by the time a further phase of transformation was ready to be launched, the vision, aims and objectives of the two agendas were synonymous.

Where We Started...

2016

We shared our plans to put you at the centre of everything we do, and bring care and community support closer to where you live. You told us you would like this and you also said you didn't want to wait to see your GP.

2017

We opened a new ward in Thurrock Community Hospital, bringing beds back into Thurrock. This meant you could recover nearer to where you lived, or avoid going into hospital when you needed more support, like after a fall or loss of movement. This is working really well, with people saying how much they value this service.

We also introduced Social Prescribing Navigators to GP practices in Tilbury and Chadwell.

We've spoken about the Integrated Medical Centres (in 2016 we called them Health and Wellbeing Centres). Four are planned for Thurrock and they will host community, social care, mental health and traditional health services.

2018

The idea of offering solutions tailored to you is fast becoming a reality. Health and Social Care are working closely together for you in your local community. We started in Tilbury and Chadwell, but we'll be expanding our approach to other parts of the Borough from 2019-20.

Graphics in these images were adapted from originals available on Freepik.com

...To Now and Into the Future

2018/19

We have started to join together all the different health and care professionals that can support you. These include Physiotherapists, Mental Health Practitioners, Pharmacists, Physicians Associates, Social Workers and Care Workers. This team is working in a network of GP practices, starting in Tilbury and Chadwell, and new teams will be introduced soon in the Grays area, followed by the Purfleet and Corringham/Stanford-le-Hope areas.

You can read more about the new way of working here: www.bettercaretogetherthurrock.org

We want to hear your feedback and comments on the changes too.

Learning for the future—what did BPF teach us?

Building Positive Futures gave us invaluable lessons from which we were able to review, consolidate and advance:

a) Feeling the fear and doing it anyway….

A number of the initiatives introduced were relatively new and untested. They were a departure from the 'norm' and viewed with uncertainty by many.

Doing the same as we had always done and 'tweaking' existing services would not provide the solution required. The approach to providing health and social care, built up over the previous 70 plus years, had foisted dependency and a 'professionals knows best' culture - a system that was built to react to crisis. Holding on to our belief about how the system needed to change and supporting initiatives that would help us to achieve the shift required has become a theme throughout our journey - but initially took real courage and a leap of faith. Strong leadership was essential.

b) Collaboration of the willing

Much of what we achieved during the Building Positive Futures phase was because we aligned and collaborated with people who wanted to make change happen and shared our vision.   This included building a close and equal partnership with the third sector through Thurrock CVS.

Access to certain communities and community organisations could not have been gained without the relationship with the third sector having been in place. The development of many of our approaches were only successful as a result of third sector support, advice and buy-in.

A significant proportion of the shift towards a strength based model of working has been as a result of the work undertaken by and through the Stronger Together Thurrock partnership. This is not a formal partnership, but a coalition of people across different organisations and groups with similar views and the passion and influence to make a difference. The organic nature of this collaboration, along with the deep sense of trust that resulted from such a partnership, were to become touchstones of our transformation approach.

Change is difficult at the best of times, but when it requires challenging the very foundations that have underpinned how health and care has developed and been delivered over decades, it is impossible to get everyone on board quickly. We have found that it is far easier to work with people who see things the same way and then pull others along once the case has been proven, rather than to waste energy and time convincing the doubters.

Thurrock CVS

c) Taking Opportunities

Much of what we were able to progress early on was because we took advantage of opportunities that arose. For example, we were able to secure funding through the Homes and Community Agency's Care and Support Specialist Housing Fund (CASSH) to fund HAPPI housing schemes for older people and a supported living scheme for young adults.

We were also able to use vacant social worker posts to proceed with our initial Local Area Coordination work – allowing us to recruit three posts and to build a solid business case based on the success of the early pilot.

d) Letting people take their own risks—challenging our own thinking

A key learning point early on in our journey was the importance of letting people assess and take their own risks. Taking informed risks is essential to being able to shift systems away from what is safe but failing, toward what is innovative and has the potential for real improvement. One of the reasons for statutory organisations being fearful of initiatives such as Local Area Coordination is because of individuals potentially taking risks by being connected to others in their community without processes such as DBS or risk assessments being applied. The 'outcome' and often far greater risk - i.e. that people are left lonely and isolated, is not always given due consideration - or the fact that people take risks mostly successfully in their lives every day in deciding who they do and do not connect with.

Shifting towards a strength-based approach meant that we had to accept that people had the right to take risks and that we had to ensure our approach supported them to do so. As a result we ensured we were challenging our own processes and thinking, making sure it did not get in the way. For example, being more flexible in our approach to what people could use Direct Budgets for and shifting our focus to helping people achieve what mattered most to them.

e) Empowering individuals and staff to do the right thing

The lessons learnt from the many initiatives that Stronger Together Thurrock was responsible for, were that if people were empowered they would achieve better results. We learnt that it was essential to free professionals from much of the bureaucracy and hierarchy that often got in the way of moving from process-focus to outcome-focus, freeing them to use their time to greater effect. An essential part of this was adopting a place-based approach, locating teams in the part of the Borough they were working. Staff needed to be provided with the autonomy to do the right thing and trusted to make common sense decisions. Where we tested this, it resulted in very positive evaluation reports with numerous case studies demonstrating how the approach could result in people achieving better outcomes with the need for service intervention lessened.

At the same time, we were able to demonstrate the value of non-service solutions and community assets. This undoubtedly helped to support a case for change focused on moving away from services and towards a broader solutions-based process to delivering outcomes.

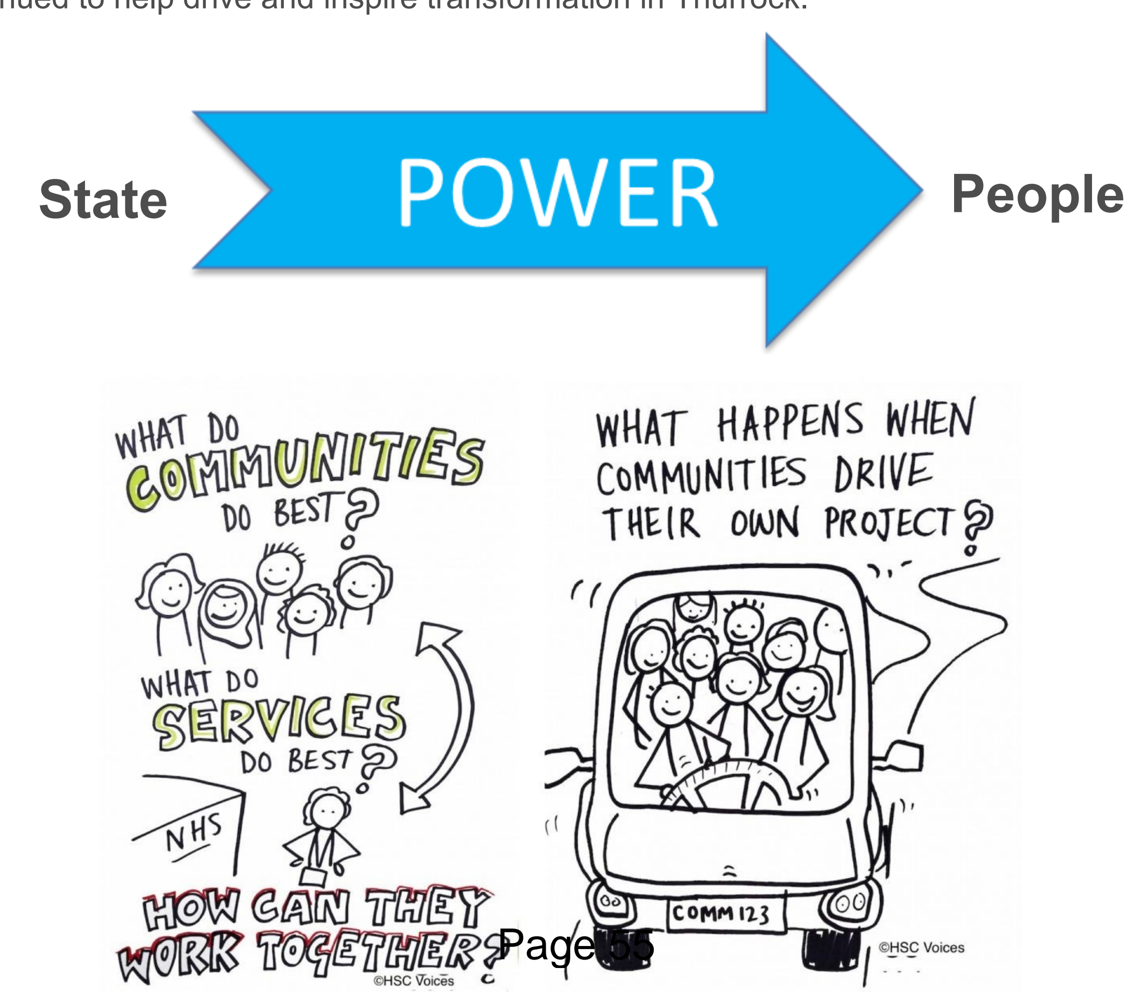
f) Shifting power away from organisations to people

What we learnt from our work with Stronger Together was that organisations did not hold all of the answers. The balance of power was in favour of the organisation – the organisation decided who was ‘eligible’ and when they were eligible, what service someone could have, and what response someone would receive if they had a specific condition or need. Performance and regulatory regimes reinforced how organisations operated – with both Health and Social Care having to report nationally on performance indicators that had no bearing on whether outcomes were being achieved and were often focused on process.

Asking people what was important to them and how they could best achieve it with our support, resulted in solutions that came nowhere near ‘service-land’, or as a minimum started to challenge the embedded reliance on a service being seen as the only solution to a problem.

The realisation that health and care practice had disempowered both staff and people requiring our support, led to key changes being made. For example, the introduction of strength-based social work completely changed our social work assessment, developing an outcome-based approach that enabled social workers to find solutions that were broader than existing services and bespoke to the individual. This was seen as best practice and included in the Chief Social Worker for England’s Annual Report on more than one occasion. The creation of and use of an asset map developed by Stronger Together Thurrock was key to this shift as was the development and delivery of a culture change programme for social work staff.

The view that power has to shift from organisations and professionals to people and communities has continued to help drive and inspire transformation in Thurrock.



g) Shifting away from crisis: the importance of investment and focus in early intervention and prevention

Our early transformation work helped us to demonstrate the importance of investing in prevention and early intervention. With the onset of austerity, many local authorities had a tendency to make savings via the 'salami slicing' of services rather than rethinking how outcomes could be met differently.

The pressure on us to take the same approach was significant, however we managed to resist by recognising that the solution to meeting increasing demand and reducing resource was not going to be a reduced service offer, but a different one.

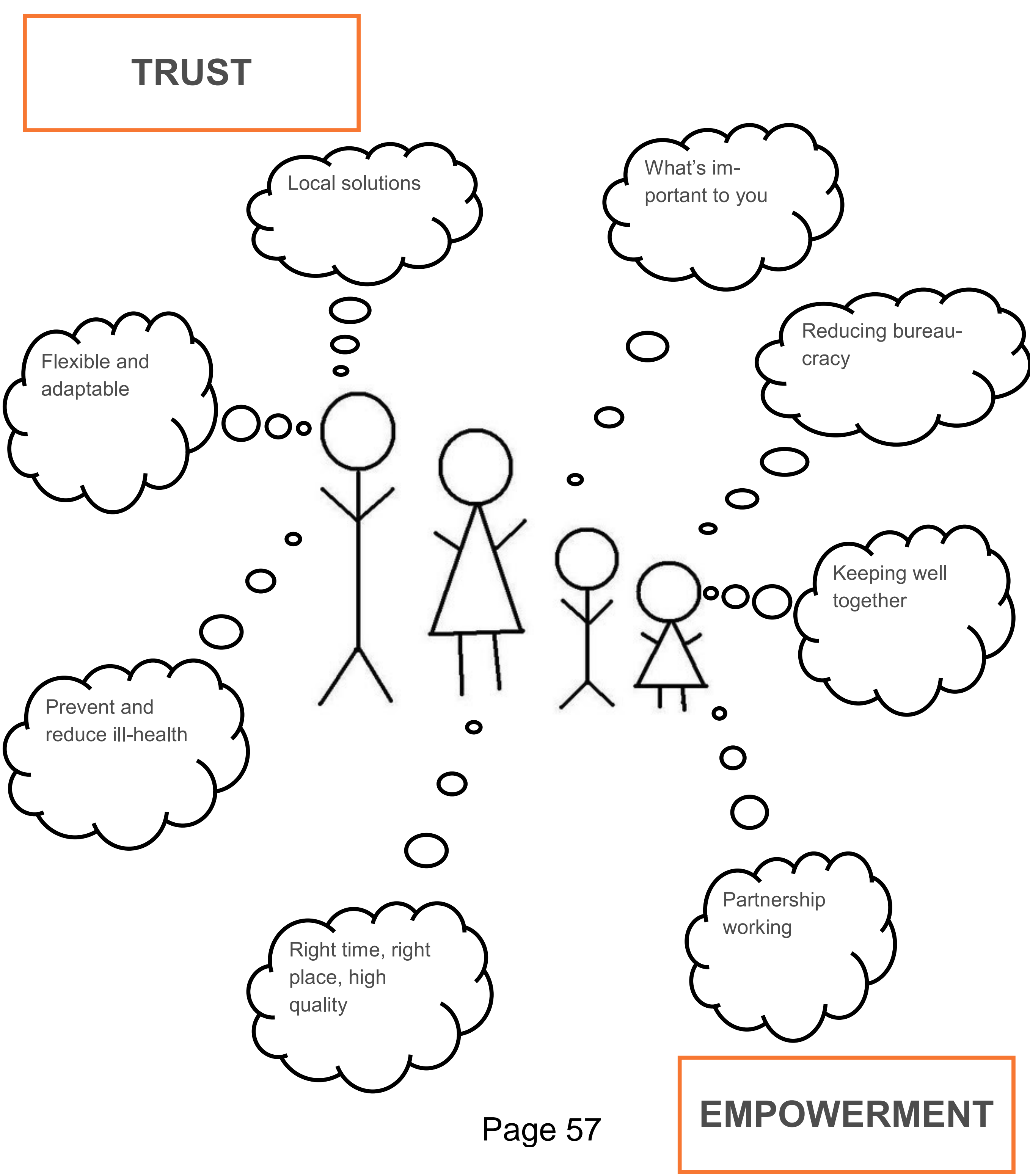
Pooling Health and Social Care budgets through the Better Care Fund, the shifting to the Local Authority of the Public Health Grant, and the Stronger Together Thurrock partnership allowed us to innovate. It also enabled us to define 'resource' in terms of the assets communities and individuals had to offer rather than just the services provided by or commissioned through statutory organisations. Our first point of contact (Thurrock First) for example knew what was happening in communities and services so that they could offer more rounded information and advice and provide solutions at first point of contact.

This thinking allowed us to expand the market place – for example through the development of micro enterprises with the conversion of one post to support this work. The thinking also allowed us to invest in and support what communities could offer – for example supporting the development of community hubs and supporting and enabling the development of community assets.

The transfer of Public Health responsibilities from the NHS to Local Authorities supported us in our belief that investment in early intervention and prevention was key – as was influencing the wider determinants of health and wellbeing. The Public Health Grant also supported Adult Social Care with some of the investment required – for example supporting the expansion of Local Area Coordination.

Developing a clear set of principles—describing the future state

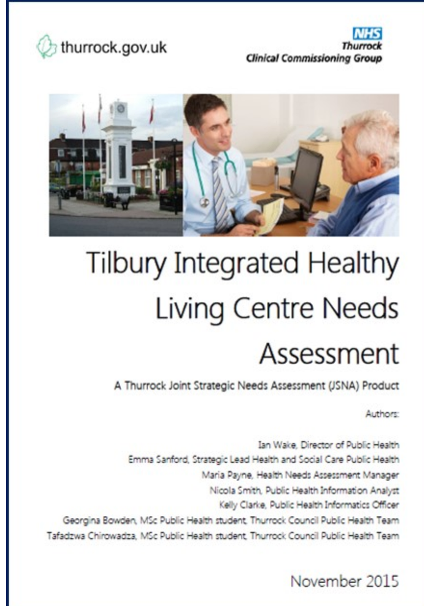
The first phase of transformation locally consisted of a number of initiatives and approaches. Not all of them were linked together, and many were the result of opportunities rather than careful planning. When reviewing what we had achieved through Building Positive Futures and considering what we needed to learn for the future, a clear set of principles started to emerge. Whilst the principles have continued to be refined, they remain at the heart of our transformation approach to date and have been co-designed with Thurrock citizens.

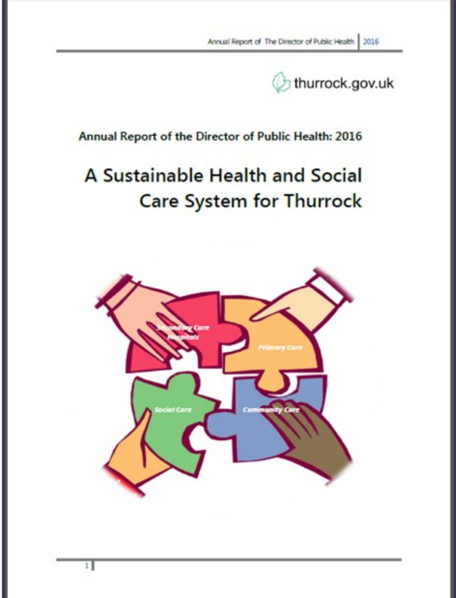


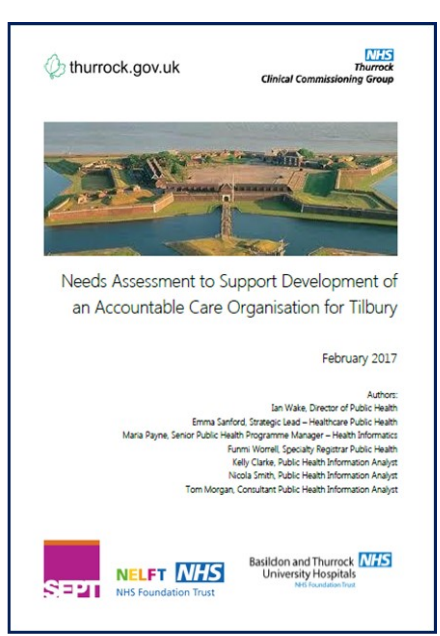
ENTERING A NEW PHASE—A 'CASE FOR CHANGE'

In 2015 a new Director of Public Health (DPH) was appointed. His vision for change aligned with our principles of system change. He recognised that the current system was broken and that rearranging the deckchairs would not deliver a sustainable solution. He also recognised the importance of prevention and early intervention and influencing the factors that would stop people from having to reach crisis point before an intervention was put in place.

Thurrock had a number of system issues that were exacerbated in some areas of the Borough in particular. For example, having some of the most under-doctored areas in the Country; and attendances at Accident and Emergency being far higher than necessary. As a consequence, the DPH focused his Annual Report on 'System Sustainability'. Following this, in 2017 the DPH published his **Case for Change: A New Model of Care for Tilbury and Chadwell**. This would drive forward our new integrated transformation approach.


thurrock.gov.uk
NHS Thurrock Clinical Commissioning Group
Tilbury Integrated Healthy Living Centre Needs Assessment
A Thurrock Joint Strategic Needs Assessment (JSNA) Product
Authors:
Ian Wake, Director of Public Health
Emma Sanford, Strategic Lead Health and Social Care Public Health
Maria Payne, Health Needs Assessment Manager
Nicola Smith, Public Health Information Analyst
Kelly Clarke, Public Health Informatics Officer
Georgina Bowden, MSc Public Health student, Thurrock Council Public Health Team
Tafadzwa Chirowadza, MSc Public Health student, Thurrock Council Public Health Team
November 2015


Annual Report of The Director of Public Health | 2016
thurrock.gov.uk
Annual Report of the Director of Public Health: 2016
A Sustainable Health and Social Care System for Thurrock


thurrock.gov.uk
NHS Thurrock Clinical Commissioning Group
Needs Assessment to Support Development of an Accountable Care Organisation for Tilbury
February 2017
Authors:
Ian Wake, Director of Public Health
Emma Sanford, Strategic Lead – Healthcare Public Health
Maria Payne, Senior Public Health Programme Manager – Health Informatics
Funmi Worrell, Specialty Registrar Public Health
Kelly Clarke, Public Health Information Analyst
Nicola Smith, Public Health Information Analyst
Tom Morgan, Consultant Public Health Information Analyst

The DPH published a number of key documents helping to shape plans for system redesign.

Key findings and recommendations

- ⇒ Funding and patients were in the wrong part of the system (Acute) with the system set to react to crisis and a need to shift demand from the 'acute' end and 'upstream' to the community;
- ⇒ Inadequate capacity in Primary Care was contributing to inadequate quality (and increased pressure on the rest of the system) meaning that people with Long Term Conditions were potentially not being identified and managed and that a priority for system redesign should include increasing capacity in Primary Care, Community Health Care and Adult Social Care;
- ⇒ Solving the capacity and quality issues would mean that money would be freed up; and
- ⇒ Solving the quality issues would mean integrating the system – and the money.

Primary Care Capacity—introducing Integrated Medical Centres

Thurrock Council

TRANSFORMING

Tilbury Live Work Play Learn

Tilbury and Chadwell Integrated Medical Centre

Bringing health and care services to the heart of Tilbury

Artist's Impression

Come and take a closer look at initial designs for a new Integrated Medical Centre in Tilbury at our engagement event

When: **Wednesday, 26 September - 3pm until 6pm**

Where: **Tilbury Hub and Library, Civic Square, Tilbury RM18 8AD**

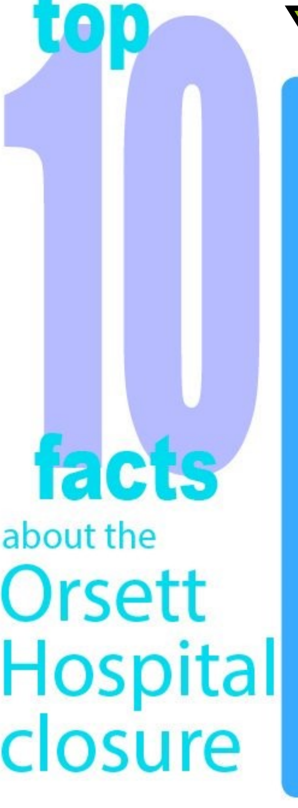
Display boards and feedback forms will remain available at the library until Friday, 5 October

PICK EVERARD

thurrock.gov.uk

Four Integrated Medical Centres planned for the Borough offering a mixture of health and social care services along with community space.

Shifting non-acute hospital services in to the community and close to home.



NHS

1. Our services will move to four new modern integrated medical centres across Thurrock in Corringham, Tilbury, Purfleet and Grays.
2. These centres will bring health, social and community care together
3. For patients in Basildon and Brentwood, services will be provided in new and existing health centres such as Brentwood Community Hospital
4. We will make sure all four centres are up and running fully before finally closing Orsett Hospital.
5. We are not stopping any of the services we provide.
6. Our staff will continue to work for the NHS and we do not expect any job losses.
7. These centres will mean more investment in your local services, not less
8. A 'People's Panel' of local patients and residents will help to plan how the changes happen. Your local independent Healthwatch group will organise this.
9. Services will move from Orsett Hospital into these centres over the next two to three years.
10. We will then sell Orsett Hospital, and the money will come back into your local NHS.

- For more information visit: www.nhsmidandsouthessex.co.uk
- If you would like to register your interest in the 'People's Panel', please email: orsettpeoplespanel@btuh.nhs.uk

Produced by Thurrock CCG and Basildon Hospital August 2018

At the same time as the DPH was writing his report and considering how to 'fix' the challenges to the system, work was taking place to improve the capacity of Primary Care.

Plans for the introduction of four Integrated Medical Centres (IMC) across the Borough and mixed-still Primary Care Networks were agreed. Thurrock would be divided in to four areas of approximately 40,000 population per area (consistent with the NHS Long Term Plan and Thurrock's desire to move to Place-based working). Plans would include moving some secondary care services from Orsett Hospital to communities—based within the four IMCs. A commitment was made to deliver the first IMC in Tilbury and Chadwell. Tilbury and Chadwell became our innovation area for Health and Social Care redesign and signified a step-change towards place-based and population-focused system working. GPs across Thurrock agreed to pool their £3 per head transformation monies for the purpose of testing the mixed-skills workforce in the innovation area Primary Care was a key partner and essential to successful redesign.

Developing a 'blue print' for system redesign

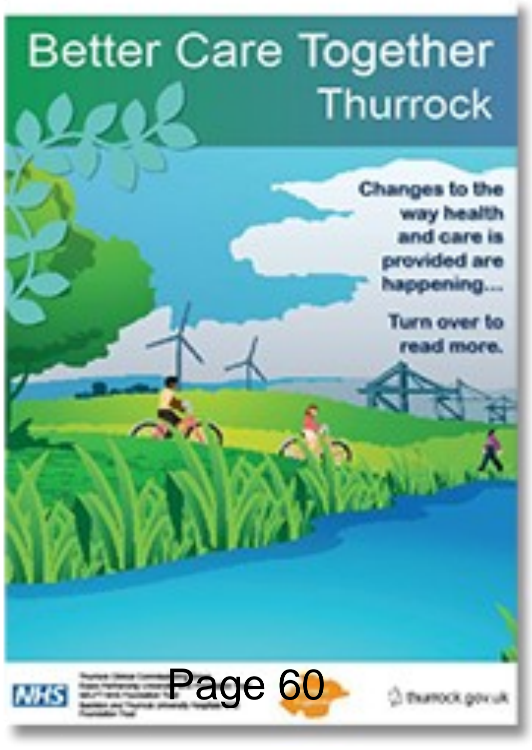
Better Care Together
Thurrock

A commitment to addressing the Primary Care issues in Tilbury and Chadwell gave the DPH an opportunity to introduce a 'case for change' and test some of the recommendations made in his Annual Report on 'System Sustainability'. The fact that the DPH was able to straddle both health and local authority worlds meant that he was able to garner support from clinicians and health professionals along with colleagues in social care. Tilbury and Chadwell would act as an innovation site and develop the blue print for the future health and social care system. As part of this and in addition to the Annual Report, the DPH commissioned his team to produce a Joint Strategic Needs Assessment focusing on Tilbury and Chadwell. This helped to shine a light on the issues that the new system would need to address and would ensure that it was tailored to

Developing Whole System Redesign

The work carried out by the DPH alongside the pressure on Health and Social Care to find solutions to the challenges being faced without significant additional funding being made available brought partners closer together and introduced a new phase of transformation called **Better Care Together Thurrock.**

Better Care Together Thurrock (BCTT) consisted of senior partners from Adult Social Care, the Voluntary and Community Sector (CVS), Community Health (NELFT NHS Foundation Trust), Mental Health (Essex Partnership University NHS Foundation Trust—EPUT), the Acute Trust, (Mid, Southend and Thurrock Hospitals NHS Trust) the CCG (NHS Thurrock CCG), and Primary Care. It was paramount that any change was co-designed with communities themselves, and they were also seen as an essential element of the partnership. The majority of these partners had already worked together to develop and deliver an integrated Single Point of Access (Thurrock First) covering Mental Health, Community Health and Adult Social Care.



Integrated Governance—Thurrock Integrated Care Alliance (TICA)

Our aim to develop and deliver a population health and care system that focused on place relied on building strong partnership arrangements with a range of partners - both statutory and non-statutory. This meant partners had to be able to define and agree a set of desired health and wellbeing outcomes and to commit to working collaboratively to ensure that those outcomes were delivered.

As a result, Thurrock health and care system partners developed an Integrated Care Alliance known as Thurrock Integrated Care Alliance (TICA).

The operation of the Alliance was set out in a Memorandum of Understanding that all system partners signed up to.

Alliance Objectives

1. Reducing the number of unplanned hospital and residential admissions

2. Reducing the number of A&E attendances for conditions that could have been treated elsewhere within the community

3. Reducing the number of Delayed Transfers of Care

4. Keeping people as independent as possible for as long as possible, and reduce/prevent/delay entry into care and support services

5. Moving more services out of hospital/acute care into the community

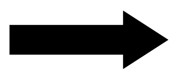
Pledge to the local people

- You are less isolated and have the opportunity to be well connected where you live;
- You are able to get the majority of the support you need from within your neighbourhood and as a result you access health and care services less frequently;
- You are enabled to live a healthy and happy life based on the quality of support that you receive;
- Our health and care system treats you as an individual and does not define you by your illness or condition;
- You can get the physical and mental health support and care you need at the right place and at the right time;
- By bringing health and social care services and resources together we will reduce duplication, improve efficiency and provide a better response;
- We act before you reach crisis point and reduce the number of times you need emergency health or care services.

An integrated vision for health and social care

A key first step was for partners to agree on and articulate the vision for the future health and care system. This was agreed at a Theory of Change workshop hosted by Thurrock Community and Voluntary Sector and Thurrock Coalition, our user-led consortium

Our Vision



To provide better outcomes for individuals that are closer to home, holistic and that create efficiencies (by shifting resources to deliver a better impact) within the Health and Care system

What is the impact that people want to see from system?

Communities told us that they wanted to see the following:

1	I am less isolated and have the opportunity to be well connected where I live
2	I am able to get the majority of support I need from within my neighbourhood
3	The health and care system treats me as an individual and does not define me by my illness or conditions
4	I will take responsibility for staying as healthy as possible and take responsibility for using health and care resources appropriately and responsibly
5	I can get the support and care I need at the right place and the right time
6	By bringing health and social care services together there is less duplication,
7	Health and Social Care providers act before I reach crisis point
8	I am enabled to live a healthy and happy life

Better Care Together—Redesigning Health and Social Care in Thurrock

Following the Theory of Change workshop, partners worked to identify how best to deliver the required change and impact. Building on the work carried out by the DPH and on previous transformation work, four clear work streams were identified for Better Care Together.

1. **Identification and Management of Long Term Conditions**
2. **Building Capacity and Capability in Primary Care**
3. **Developing Strong and Resilient Communities**
4. **Transforming Community Services**

Mental Health Transformation

In addition to Better Care Together, but working to the same aims, is Thurrock's Mental Health Transformation Programme.

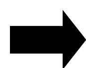
Communication and Engagement

All partners are involved in and have contributed to the establishment of an integrated Communication and Engagement Group

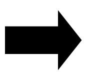
Identification and Management of Long Term Conditions

Analysis carried out by the Public Health Team identified significant variation in the identification and management of people with long term conditions by GPs in the innovation area. The term ‘find the missing thousands, treat the missing hundreds’ was coined. The Team concluded that based on estimated prevalence, there were significantly more patients with conditions that had not been identified.

Using the Public Health Grant and Better Care Fund, a programme of work was established to identify and test how Long Term Conditions could be better identified and managed. This included funding a ‘stretched QoF’ to ensure that GPs in the innovation area were identifying 100% of patients with Long Term Conditions; case finding to identify patients with conditions not captured on registers; and score cards for GPs to help them self-manage the areas that were not performing as well as they should.

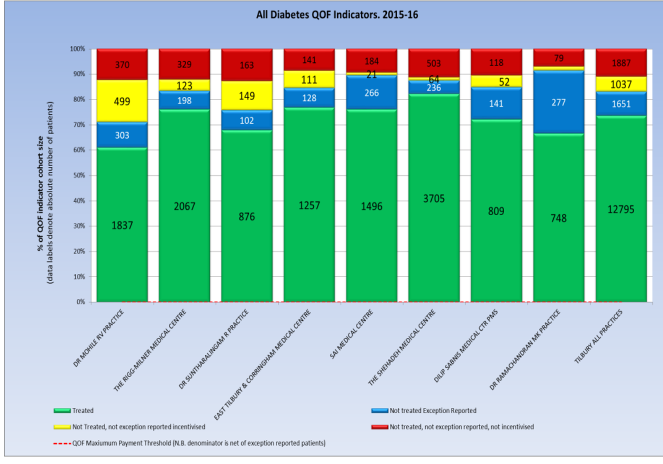


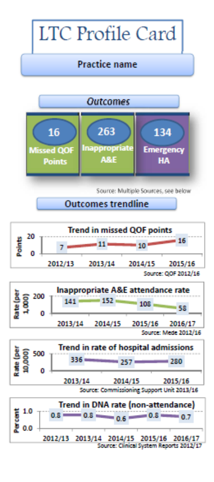
Finding and treating 100 undiagnosed residents with high blood pressure will prevent 10 strokes over three years.

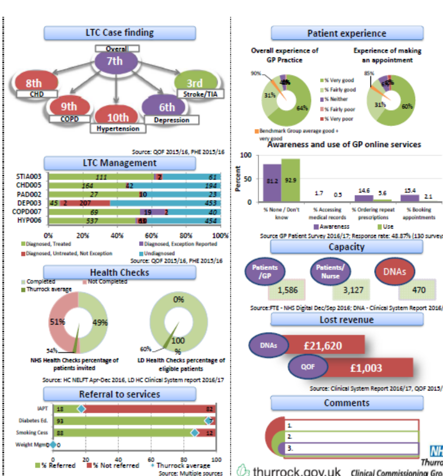


10% increase in register completeness would equate to 270 avoidable strokes and a £1.8m saving in avoidable cost.

6. Find the missing thousands, treat the missing hundreds







Patients Referred to NELFT LTC Management programme - Tilbury

	Patients on Register	Total Patients Referred	Patients Re-referred
Diabetes	1919	609 (31%)	87
COPD	900	227 (25%)	41
Stroke	650	53 (8%)	5
[illegible]	298	52 (17%)	1

- Stretched QOF
- LTC Management Card Roll Out
- Mede-analytics highlight patients requiring review
- Centralised call-recall
- Integrating LTC Community Management with Enhanced Primary Care Team
- Include IAPT
- Increased LTC nursing capacity investment from PHG

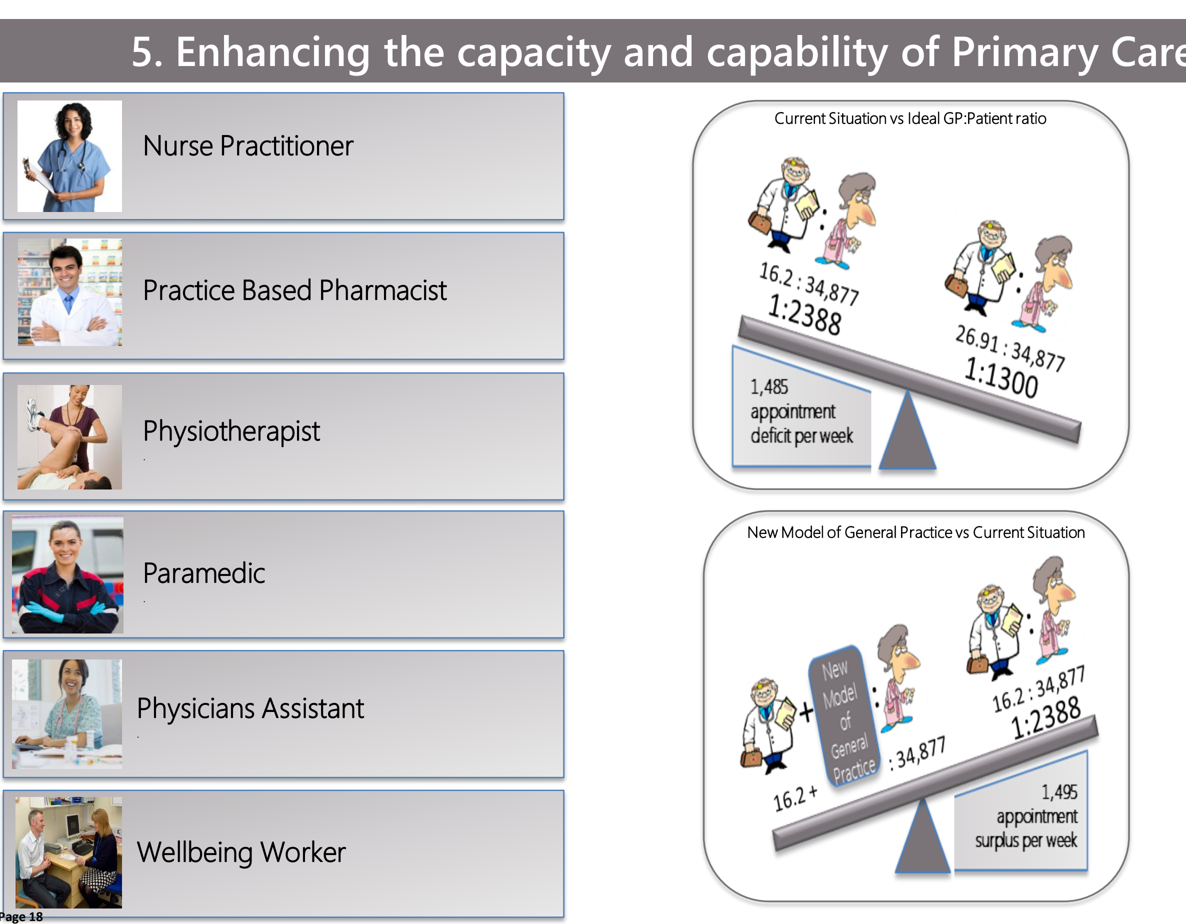
Enhancing the capability and capacity of Primary Care

Thurrock had significant capacity issues – particularly in the chosen innovation area. Analysis showed that 91.6% of patients using Primary Care were 'mainly healthy' and that this group of people needed to be able to have timely access to appropriate Primary Care, Healthy Lifestyle Services, and a focus on tackling the wider determinants of health and wellbeing.

Analysis also showed there had been a 15% increase in demand over the last four years, that the length of appointments were not adequate, and that as a result, **9 out of 10 patients in the innovation area attending Accident and Emergency were avoidable**.

Research showed that for every 1% increase in the availability of appointments in Thurrock, 6543 emergency hospital admissions for COPD and 109 emergency hospital admissions could be avoided – resulting in a £2.9m saving to the NHS alone.

Thurrock's response was to develop a pilot mixed skills team with GPs across Tilbury and Chadwell. To ensure that more people could access Primary Care. A number of posts were employed to work as part of the mixed-skills team.



Transforming Community Services

Achieving BCT Thurrock's vision and outcomes meant redesigning what was offered by health and social care in the community and how it was offered. The principles underpinning our transformation approach emphasised the importance of using a strength-based approach and ensuring a focus on outcomes. We also wanted to bring professionals together to reduce duplication. This meant looking beyond traditional services to find solutions when people required support. It also meant focusing on issues essential to achieving good wellbeing such as reducing isolation and loneliness. The importance of 'place' had grown in priority over the course of our transformation journey, and this was fundamental to how we changed our approach to service delivery.

Changing Domiciliary Care

The fragility of the current care market coupled with growth in demand has become the greatest threat to our ability to meet demand for care. This was placing pressure on the entire system. We knew that just providing more of the current model of domiciliary care would not help to alleviate overall system pressures or to help people to achieve the things that were important to them. We started to look at new models – models that were consistent with the principles underpinning system transformation.

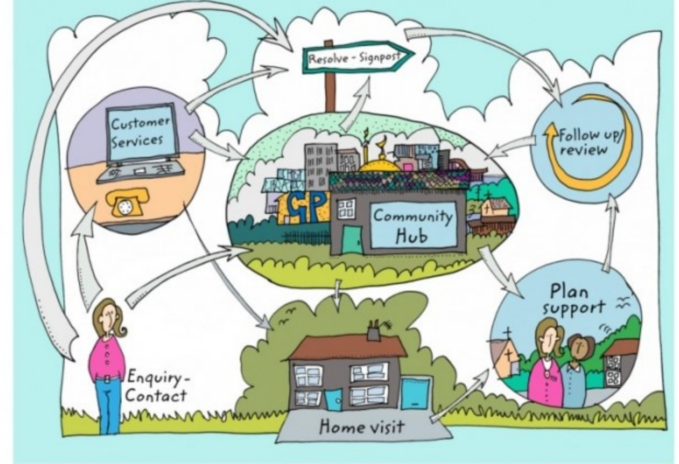
The **Buurtzorg** approach was an attractive proposition that we investigated. Founded in Holland, the model promoted small self-managed teams and focused on team members being freed up to spend more time with the people they were supporting – but with an emphasis on finding out what mattered to the person they were supporting and helping them to achieve the things that mattered most to them. Back office functions were provided by a separate entity. There were numerous examples of increased efficiency and of improved outcomes for people being supported. The concern for us was that Buurtzorg approach had been tried and tested on nursing teams and not on domiciliary care.

Wellbeing Teams had recently been launched by Helen Sanderson Associates. The model used a Buurtzorg approach but was applied to a domiciliary care setting. Wellbeing Teams used small self-managed teams covering small geographical areas. The Teams built a Wellbeing Plan with the individual being supported. The Plan articulated what mattered to the person and how that could be achieved – which would be under constant review. The Plan also focused on how other people in the person's life could help, how community assets could be utilised, and also looked at technological solutions. A service solution was considered last after all other options had been exhausted. The aim of the approach was to move away from time and task (allocated hours would be used flexibly) and to address the care workforce drought by providing a salaried post, removing split shifts, providing career opportunities and enabling staff to be empowered. Thurrock is trialling two teams.

Community-Led Support

Approximately 80% of social worker time is spent on tasks that are not face-to-face. Wanting to challenge and reduce bureaucracy and remodel how social work operated around and within a place, we commissioned the National Development Team for Inclusion to support us to deliver their Community-Led Support programme within our health and social care innovation area.

We launched a pilot Community-Led Support Social Work team in October 2018. The Team has been able to take strength and place-based working further as well as challenge and change existing practice. Through running drop-in sessions (known as ‘talking shops’), the team has improved social work access and has also been able to identify people needing support or likely to need support. Offering appointments in the community rather than always default to home appointments has also enabled people to discuss their situation in a neutral location and has enabled the social worker to see how well the person is able to get around and what their support network is. Through the work that has taken place by the team to get to know the community, the number of actual assessments has also reduced as a result of the team being able to provide informal solutions where they would have previously provided a service.



© Community Led Support | National Development Team for Inclusion | www.NDTi.org.uk

Working in a community has also provided other benefits. The CLS team has been able to secure good working links with other statutory services, for example local enhanced Primary Care Team, pharmacists, Housing Estates Team. It has also freed up time by reducing mileage and the time taken for appointments – particularly when individuals are able to come to an appointment at a community venue.
The Team has also been able to review and revise the assessment approach and has been given the freedom to make decisions.

Thurrock Community-Led Support Team—Tilbury and Chadwell

The success of ‘phase 1’ has led to a decision being made that all of Thurrock’s Adult Social Work teams will adopt a CLS approach—by April 2020.

Technology Enabled Care

Our aim was to embed Technology Enabled Care in all we did – whether it was a strength-based conversation between our Local Area Coordinator and a resident seeking advice or part of a formal assessment. In other words we wanted to be much more tech-savvy and harness the power and potential of technology enabled care.

The approach includes representatives of adult social care, housing, the voluntary sector, health, public health, libraries and College Health.

The aims of the project are:

- ⇒ Raise community awareness of the possible applications of all technology
- ⇒ Encourage the take-up of appropriate technology enabled care to support vulnerable people to be safe, independent and connected both within their homes and outside
- ⇒ Support carers through greater use of technology enabled care
- ⇒ Combat loneliness through connecting isolated people to the wider community and family and friends
- ⇒ Encourage greater digital health literacy
- ⇒ Prevent, reduce or delay the need for social care or acute health interventions

Our first priority was to raise awareness of what technology enabled care could offer. We wanted our staff – most of whom live in Thurrock, to be TEC champions: if their family member or a neighbour could benefit from technology enabled care, they would be able to identify potential technology solutions (or indeed a non-technology solution) and secondly, know who to contact to take it to the next step.   Training has been arranged to enable this to take place and staff from a range of partner organisations, community organisations and individual volunteers are included.

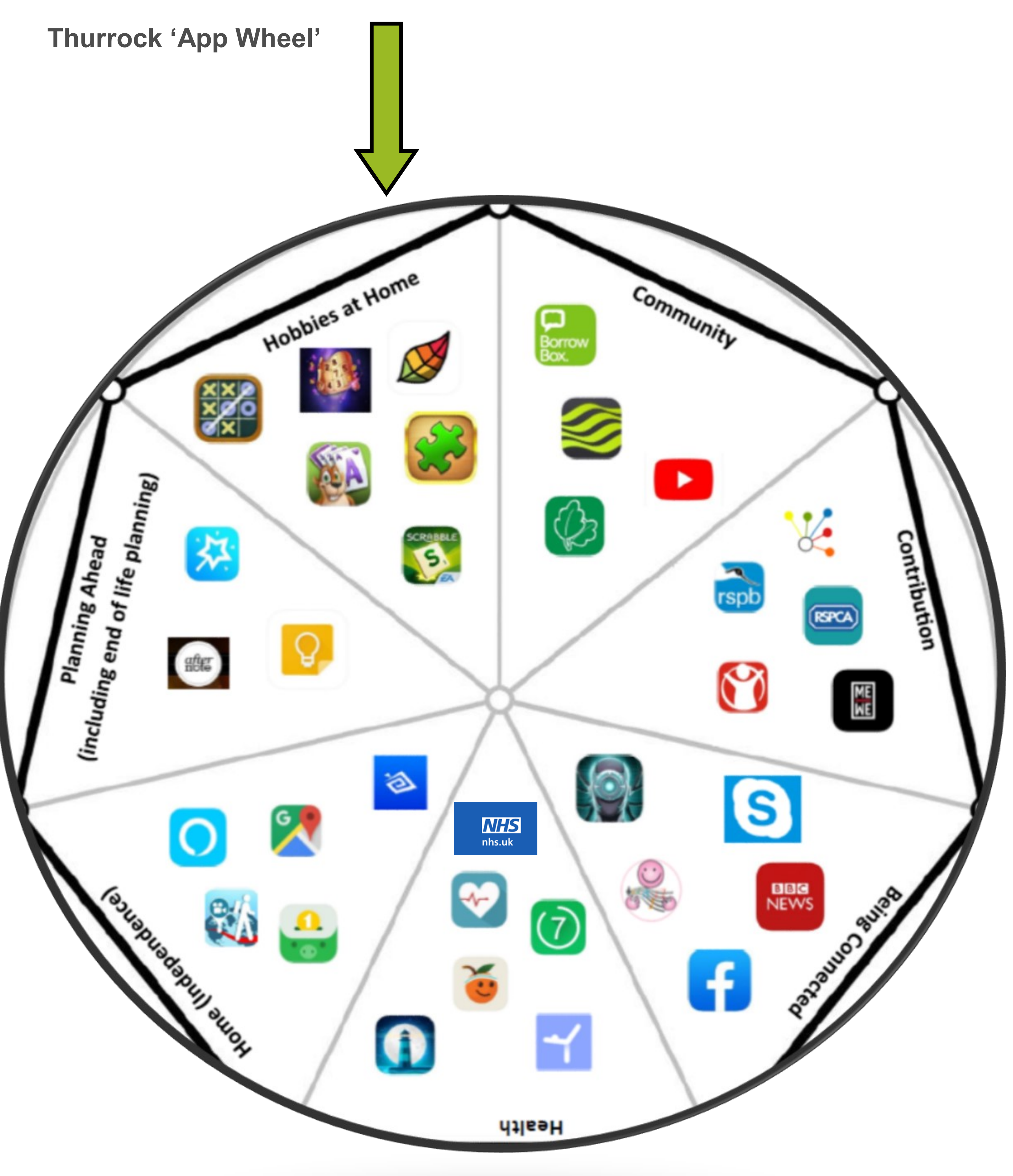
In parallel we are training up a smaller group of people to have a high level of expertise and who can carry out complex telecare assessments.

We have already started to implement and test some early initiatives as well as building TEC considerations within our approach to identifying health and care solutions that help people to achieve what is most important to them:

Residential Care—We have begun a telehealth pilot project at the Council's residential care home Collins House with the support of Docobo telehealth portals.

Phone Applications - We are trying out a phone app that has been developed to support younger people and working age adults with anxiety and depression called 'Brain in Hand'. The app. helps people navigate daily life with a suite of instant problem solving suggestions for events that can cause major anxiety or even prevent people leading an independent life. We are trialling the app. with 10 people.

Thurrock 'App Wheel'



Wellbeing Teams

Designed by Thurrock Coalition for Wellbeing Teams

Market Development

The development and diversification of the market place is fundamental to our ability to succeed and to the extent of our success. Developing and shaping the Market Place is being taken forward through Better Care Together. An example of how this is taking place is through the introduction of Micro Enterprises. With over a 100 Micro Enterprises now in place, Micros broaden the market 'offer' so that people are able to find solutions that help them achieve what's important to them - rather than responding to their immediate health or care needs.

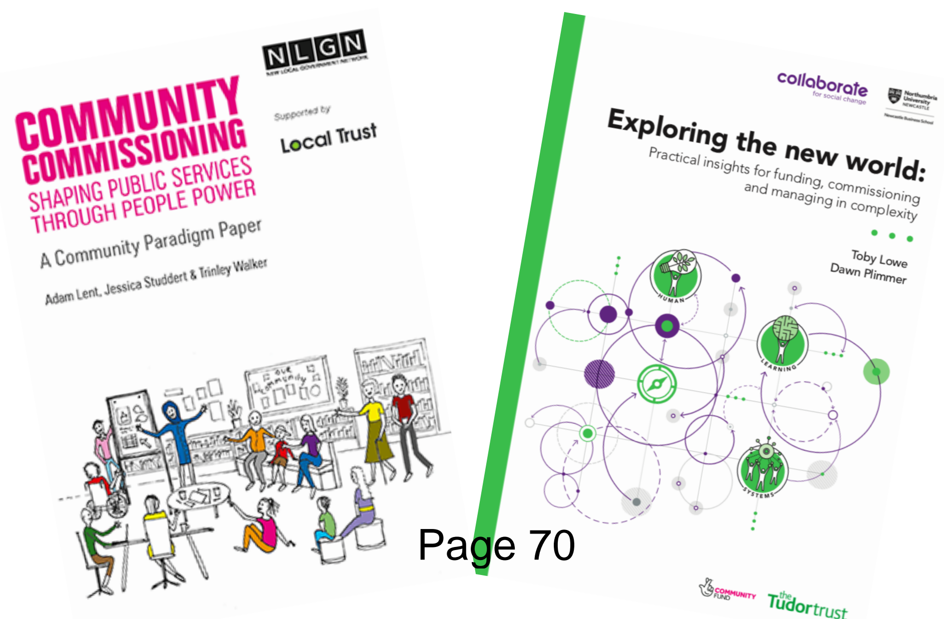
We are developing the existing market offer through our work to reshape how we provide care in the home. The provision of homecare in Thurrock has predominantly been carried out by large providers, contracted on a time and task and £ per hour basis. The introduction of the Wellbeing Teams pilot paves the way for a different type of delivery model and a different approach to commissioning – one that encourages and promotes small local franchised businesses focused on the delivery of outcomes personal to the individual.

We are redefining Thurrock's 'market place'. Through our work with Stronger Together, the market place has expanded to include grass roots business and a market that is tailored to and responsive to place.

Health partners too have recognised the importance of giving key NHS providers the space to take responsibility and control for system and service redesign—working together as partners (Integrated Care Alliance). One of the decisions that has helped achieve this was the decision to extend NHS provider contracts to 5 years. This allows the time and space for providers to invest in redesign and in the local community and for different commissioner/provider relationships to be build..

The redesign of commissioning and the shaping of the market place will continue through the next phase of Better Care Together.

A number of 'think tanks' are looking at how commissioning across the health and care system needs to change

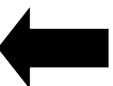


Community Resilience (Stronger Together Thurrock)

The work carried out through the establishment of Stronger Together Thurrock in 2011 highlighted the importance of community resilience, social justice and social capital in establishing and maintaining good health and wellbeing and to the prevention agenda. Through Local Area Coordination, we were seeing the power of the community in providing their own solutions and helping people to achieve outcomes that services alone could never have delivered.

The power of communities and their ability to provide solutions that services and organisations could not and should not try to replicate has been a key driver in the way our transformation programme has developed. This has included a focus on place, outcomes, strengths and helped to shift away from a focus on need, conditions and organisational silos.

Our transformation programme recognises that success cannot be achieved by waiting for people to require a service and must drive a shift in power and control from 'the system' and to 'the people'. Continuing to support and grow our Stronger Together programme aims to ensure this can happen – but also highlights the investment needed in the community to enable a thriving community infrastructure to exist. This is something often ignored, leading to a breakdown in trust between the third sector and statutory organisations, with the criticism of 'asset stripping' levied against them.



One of six Community Hubs in Thurrock—acting as connecting points, places where people can get information and advice, and empowering communities and individuals.

Time Bank—a way of people sharing the gifts they have with others and either banking the time they give for others to use, or being able to use it themselves

Social Prescribing in Thurrock commissioned by Thurrock CCG and hosted by Thurrock CVS

Funded by the Better Care Fund, By Your Side supports people to settle home when the leave hospital.

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The Impact of Our Approach

Whilst evidence of the difference we have made may be seen and felt over a longer period of time, we have already begun to see the positive impact of the approach we have taken. Some of this is due to the work we began as part of Better Care Together – where we have been able to scale-up schemes started some time ago, or introduce new initiatives based upon our learning from previous transformative phases.

Challenging existing methods of measuring performance

Our approach to transformation has challenged the way we measure and evaluate the perceived success of our system. This has traditionally been driven by measures that focus on how well the process works – e.g. how many assessments have taken place, breaches of the four-hour wait etc. Most measures and evaluation techniques focus in the main on quantitative data – often missing the value of stories and case studies in proving how well a service was or was not working and whether it actually helped someone to achieve a 'good life'. This approach in the main is driven nationally, but has shaped how statutory services think about 'success'.

Our approach throughout our transformation journey has been to develop evaluation frameworks and performance measures that are meaningful – both in how we capture the impact on the system of the changes we are making, but most importantly capturing the difference we make to the lives of the people we support. For example, the Buurtzorg model has one key performance measure – the amount of time spent face-to-face with people requiring support. We have maintained throughout our work that 'doing the right thing' is often the most cost effective course of action. Evidencing that this is the case may help to transform national expectations of what is measured and how it is measured, and will also help to transform how we commission and contract manage – which should be a framework that focuses on outcomes. We are working with regional colleagues to develop this agenda.

Not everything that can be counted counts….

Not everything that counts can be counted...

I'm on the Tilbury Wellbeing Team and we visit a lady who hasn't been out of her flat and into town in 2 years as her wheelchair wasn't working. As a Team we got her wheelchair repaired and took her into town and into the bakers for a currant bun. This was really lovely for the lady we were supporting and for me to see the difference in her mood. We have since done this again and she looks forward to the little trips out even if it's for 10 minutes round the block.

Successes

We have had a number of successes with our programme to date and hope to build on these as we move forward.

a) Integration

- Achieving an integrated approach to health and social care transformation (Better Care Together), including vision, outcomes and partnership arrangements across both providers and commissioners
- Integrated Single Point of Access – Thurrock First – which included an integrated budget, management and staff
- Integrated Community Team—providing an integrated health approach to people who are housebound

b) Partnership Working

- Working in trust-based collaboration across health, social care and the third sector—for example Stronger Together
- The development of close working relationships with the community – who are an equal partner

c) Community Resilience

A history of supporting communities to be resilient and self-supporting through Stronger Together Thurrock which has included successful initiatives such as:

- Local Area Coordination - 14 Local Area Coordinators now in place
- Community Hubs – 6 in place
- Time banking – several thousand hours banked
- Social Prescribing – rolled out to practices across Thurrock
- Asset Based Community Development – empowering communities to develop and share strengths
- Micro Enterprises – now over 100 in place providing real choice to people requiring some support to maintain a good life, and also giving local people employment and volunteering opportunities
- Collaborative Communities—a Council-led programme designed to shift more control to communities as to how services are provided and who provides them

d) Built Environment

- Recognising and maximising the value of the built environment – securing funding and investment to develop Housing Ageing Population Panel for Innovation (HAPPI) schemes for people as they grow older, developing specialist housing to provide options for greater independence for adults of working age and to reduce reliance on residential or out of borough placements
- The development of the Housing and Planning Advisory Group – a partnership between Health, Police, Social Care, Housing, Planning and Regeneration to positively influence the built environment and to take account of future health and care needs (for example via the Local Plan)
- Residential Care for the 21st Century – plans for a new residential care facility that will help meet future demand and will better deliver on tailoring to individual outcomes.

e) Prevention and Early Intervention

- Numerous examples of how Local Area Coordinators have worked with individuals to reduce service packages, reduce crisis, avoid the need for a service package, and help the individual to reengage with their community
- Numerous examples of how our Community-Led Support Team have identified individuals requiring care and support at an earlier opportunity, how they have provided community based solutions rather than service solutions, and how they have reduce the need for care assessments as a result
- The Stronger Together Thurrock approach – which has significant examples of how community resilience has been built and how as a result people have been connected within their communities and key issues for health and care such as loneliness and isolation have been reduced
- 'Find the missing thousands, treat the missing hundreds' – Public Health analysis identified that a 10% increase in disease registers would lead to 270 avoidable stokes in the innovation area over three years, leading to a system saving of £1.8m. Early work funded by the Better Care Fund included a stretched LTC identification and management QoF for GPs (QoF threshold 80% which the investment stretched to 100%). 24 surgeries signed up to the initiative, and in the first three months 1684 additional patients were identified
- 9 out of 10 people from the redesign innovation area attending Accident and Emergency did not need to attend. Some of this was as a result of significant under-doctoring. Enhanced Primary Care networks that include a range of clinical posts in the innovation area have turned an appointment deficit in to an appointment surplus. This is already being seen to have an impact on hospital attendances.

f) Strength-based Social Work

Our approach has resulted in considerable recognition – including a case study in the Chief Social Worker for England's annual report two years running. We have taken this model further through the implementation of Community Led Support. The Team has no base but is located within the community it serves. The approach has led to a number of successes:

- **Strengthening strength-based working** – the Team has redesigned the way it works so that it can focus far more on conversations with people to help them identify and achieve the things that matter most to them – e.g. through a refined assessment. The Team's increased knowledge of what is available within the community has helped to be able to provide individuals with a broader range of solutions and has reduced service reliance.
- **Reducing bureaucracy** – the Team has redesigned and reduced existing processes including the way they assess and commission packages of care. They are now spending approximately 60% of their time carrying out face-to-face contact—originally approximately 20%.
- **Increasing time available to spend with individuals** – through reducing bureaucracy, reducing travel time, holding drop in sessions and also inviting people to see them in the community rather than home visits.
- **Increasing non-service solutions** – through being based in the community, the Team has been able to build up significant knowledge of what is available so that their ability to offer non-service solutions has increased. In addition, through the operation of drop-in sessions, the team are picking up people at an earlier opportunity with means that they are catching people before they are at the stage where a service solution is required.
- **Distributive leadership** – the Team has been empowered to make decisions as it sees fit – 'don't break the bank' and 'don't break the law' being guiding principles! This has led to the Team feeling empowered and making changes without seeking permission.
- **Integration** – working on the ground, the Team has been able to make links with other teams across health, social care, the council and the community. This has led to the organic development of an integrated health and care system – e.g. working alongside housing colleagues, Wellbeing Teams, Local Area Coordination, Enhanced Primary Care Networks. This has enabled integrated visits and appointments, integrated solutions, and integrated working around a place.
- **Place-based approach** – the delivery of social work in a place has tested and advanced the concept of place-based working which has acted as a forerunner for other initiatives. The success of CLS has now led to the approach being rolled out across Thurrock.

g) New Models of Care

Whilst by no means complete, we have been able to develop and deliver a number of new models of care. This is fundamental to the successful transformation of Health and Social Care as the problem will not be solved with the same thinking that created it. Examples include:

- **Wellbeing Teams** – two pilots in place to test an alternative model to our existing domiciliary care model. Wellbeing Teams tests a number of new approaches and aims to address a number of existing challenges that include recruitment and retention, professionalising the care industry, focusing on delivering outcomes, and moving away from time and task;

- **Open Dialogue** – a model which applies a family therapy solutions-based approach to managing residents in Mental Health crisis. This responds to a Mental Health JSNA produced by Public Health and a Peer Review carried out in June 2018. It will form the basis of Mental Health transformation;

- **Self-Directed Occupational Health** – following engagement with Thurrock's user-led coalition 'Thurrock Coalition' and a risk assessment, we have developed a self-directed Occupational Health assessment. The assessment is strengths-based and through its use, approximately 50% of self-identified solutions have been delivered without the need for a professional-led assessment.

- **Enhanced Primary Care Teams**—we have recruited 16 primary care professionals to work with our Tilbury and Chadwell Primary Care Network and also our Grays Primary Care Network. The skills mix aims to ensure that people see the right person first time; aims to reduce onward referrals; and aims to close the appointment deficit in under-doctored practices and areas.

h) Market Development

The market has to develop to be able to respond to the changes being made to the health and social care system. Thurrock has worked proactively to introduce a broader market that means people have greater choice and are able to find providers that help them to achieve their outcomes and not just meet their care needs. This includes both people who are 'eligible' for care under the Care Act, and those that identify that they need some support – or that we identify as needing support as part of a preventative measure. The success we have had, whilst continuing to develop the market includes:

- An alternative delivery model for domiciliary care (Wellbeing Teams – see earlier section).
- Micro Enterprises – with over 100 now in place, micro enterprises have provided significant variety for people in Thurrock needing some support. These range from pet sitting, gardening, handyperson, and taxi services to more specialised home care businesses. The businesses have also provided flexible opportunities for Thurrock people wishing to work or volunteer.
- Asset Based Community Development – an approach focusing on identifying, recognising and utilising assets within the community as health and care solutions - helping to redefine what we mean by the 'market place'.
- Supported Living – we have commissioned the development of accommodation for adults of working age – transforming ex-sheltered housing and also using funding to build 6 bespoke properties for young adults with autism which will help to reduce expensive out of borough placements and enable people to achieve greater independent living.

A selection of our micros…….

Plates with Mates

Lunch club for older people

On Track Care Services

Support and care provision for people with autism, mental health conditions, learning and physical disabilities, sensory impairments and associated complex needs.

Fun & Fetch

Respite care for owners (hospital/care home stays etc.)

Happy Feet

Mobile foot health care service for all Thurrock residents.

THE FUTURE—BETTER CARE TOGETHER THURROCK PHASE II

A blueprint for Thurrock

Our journey to date has helped us to develop a health and care system blueprint for the future. Whilst change is constant, there are certain elements that will be central to and continue to underpin what we do.

1. Start Small. Grow Big.

Making sure that something works and the concept is proven before scaling up.

2. Developing solid relationships

Not neglecting the importance of and time required for relationship building.

3. A focus on population and place

Adopting the principle of subsidiarity—the starting point for planning, transforming and delivering services should be at as local a level as possible (The King's Fund suggest that 70%-90% of activity should take place at a place or neighbourhood level).

4. Start with 'What's Strong'

Maintain a focus on delivering outcomes that mean something to the individual.

5. Prevention, early intervention and self-management

Focus on preventing, reducing and delaying the need for care and support, and empower individuals to self-manage conditions as they arise.

6. Distributive leadership and staff empowerment

Empower staff to do what's right and to make key decisions, removing hierarchy and making way for self-management, encouraging creativity and innovation.

7. Removing bureaucracy

Remove unnecessary process and bureaucracy to tip the balance towards face-to-face time.

8. From 'Ego' to 'Eco' ('power with the people')

Communities taking a central role in designing, influencing, and sometimes delivering what works for them. A focus on what delivers for our residents and not what is in the best interests of organisations or professionals.

9. A Diverse Market Place

Developing a diverse market that provides real choice and includes community assets.

10. Sticking like glue to agreed principles

Regardless of the model or the change, sticking to the agreed principles is a must.

So what's next?

Developing phase II—Place Based Health and Care

a) Proof of Concept

As part of the introduction of a number of new initiatives aiming to redesign the health and care system, we are evaluating both the separate initiatives and the extent to which together they are delivering system redesign. We have a number of 'success factors' identified and evaluation will measure whether the new model(s) of care are delivering against them.

We are collaborating with the University of Birmingham, NDTI, PHE and the LSE to test our approach, the outcome of which will assist us with developing and influencing phase II.

b) Scaling Up

Dependent upon the success of existing initiatives, we will aim to scale-up the innovation site model, or aspects of it, across the rest of the Borough. This may still occur in a phased approach recognising the important of community buy-in and the principle of 'starting small'. This will include:

- Implementing the mixed skills workforce across the four Primary Care Network areas of Thurrock;
- Delivery of the Community-Led Support model of Social Work across Thurrock;
- Redesign of Community Health to deliver a place-based model integrated with CLS and Wellbeing Teams;
- Roll-out of successful Long Term Conditions initiatives, for example: hypertension pilot and case finding;
- Expanding our testing of Technology Enabled Care; and
- Expansion of self-management and consideration of expanding the Wellbeing Teams model and/or the principles of Wellbeing Team working to domiciliary care.

c) Developing our approach

There remains far more to do as we move in to phase II of our work:

- Confirmation of the place-based model for health and care – e.g. bringing together Enhanced Primary Care, CLS, Wellbeing Teams and Community Nursing to embed an integrated approach to community-based health and care;
- Development and finalisation of the business case for a new service that supports people at home – based on the outcome of the Wellbeing Teams pilot;
- Development and finalisation of Mental Health transformation and the 'Open Dialogue' pilot – future model for Mental Health and how it operates within the community-based health an care system;
- Community-led commissioning and decision-making – developing pilots and initiatives that test approaches and providing locality budgets;
- Integrated commissioning and provision – developing and testing where it makes sense to integrate;
- Continued development of how technological solutions can be applied to a variety of situations;
- Development of the Wellbeing Teams model to cover non-domiciliary care elements – e.g. management of Long Term Conditions, reducing isolation and loneliness, undertaking certain health tasks, improving prevention and early intervention etc;
- Market development – linked to community-led commissioning and decision-making, developing a locality-based market development plan/position statement based on an assessment of the locality and informed/led by communities in that locality;
- A Workforce Strategy—sitting alongside our market development strategy. This includes identifying elements of the Strategy that need to be agreed and developed regionally;
- Residential Care – alternative delivery models for residential care;
- Development and agreement of governance arrangements—at a STP level, local level and neighbourhood level;
- Expanding our existing place based approach to other key elements of community and individual life – expanding across the Council and beyond towards place-based systems e.g. housing, children's services. This will be taken forward through our Collaborative Communities programme; and
- Developing and implementing the four Integrated Medical Centres which will act as Health and Care focal points for each of the four 'areas' of Thurrock.

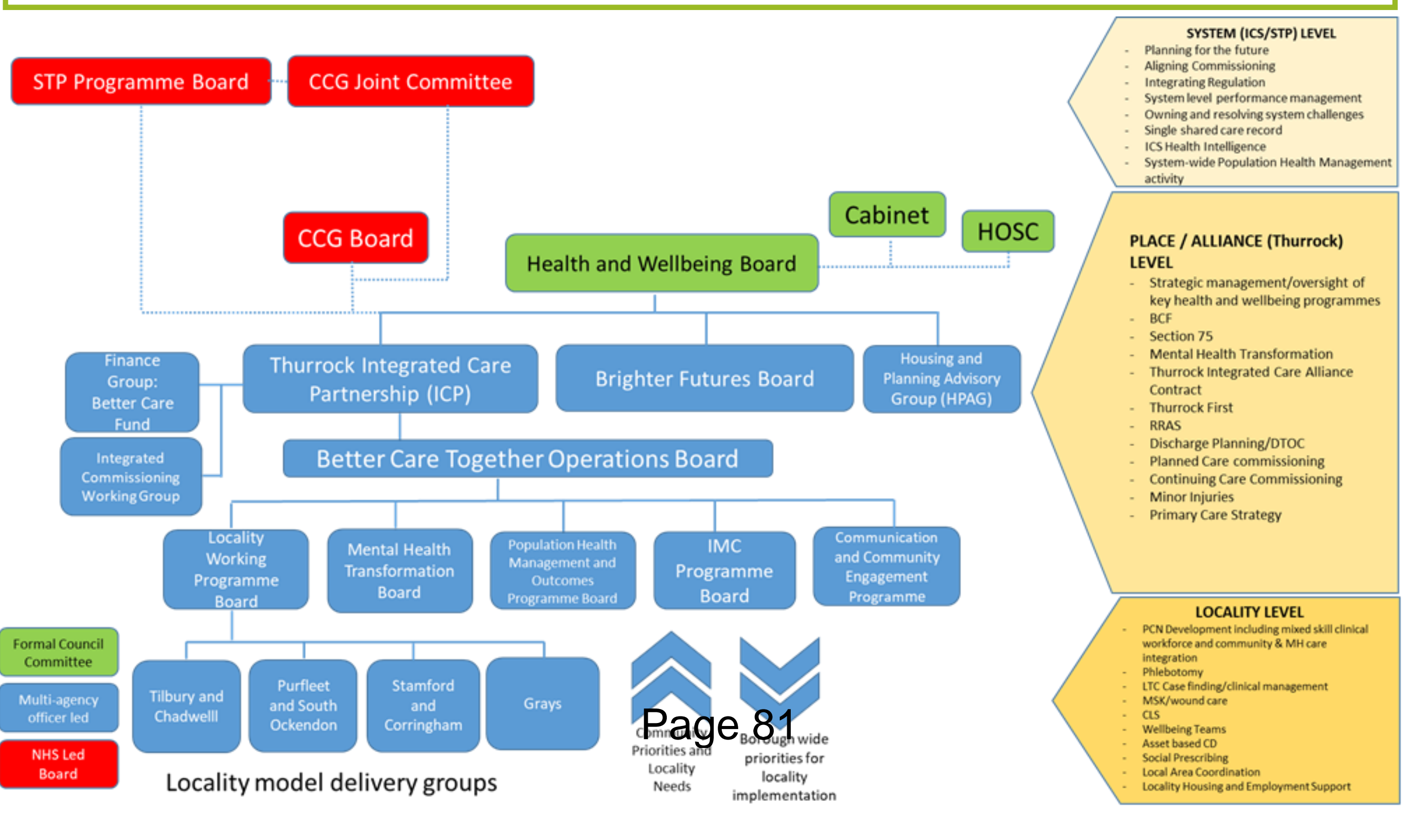
Phase II Governance—defining the roles, responsibilities and relationships of local governance arrangements

Proposals to shift NHS commissioning and system leadership responsibilities to a Sustainability and Transformation Partnership footprint has made defining and cementing local governance arrangements key. Moving decisions about Thurrock from a local system with a high level of co-terminosity and trust with partners to a complex set of partnership arrangements set over a far wider geographical footprint is a potential risk to place-based working. Whilst this is the case we recognise the benefits of some arrangements spanning a wider geographical footprint—so long as they can be influenced by and reflect Thurrock's requirements.

Thurrock Integrated Care Alliance (TICA) was established in 2018 to provide strategic direction to the local health and care system including the third sector, set shared objectives and outcomes for the system and lead the integration of commissioning. Following discussion at Thurrock Integrated Care Alliance, commissioners have awarded longer term contracts with providers. All stakeholders represented at Thurrock Integrated Care Alliance have developed and signed a Memorandum of Understanding that describes a framework within which partners will work to build a Population Health System.

The King's Fund concluded that between 70-90% of the focus of activity/integration should be at the place and neighbourhood levels with the remaining 10-30% occurring at system (STP) level.

Thurrock's Health and Wellbeing Board has agreed the governance arrangements necessary to ensure a place-based approach to heath and wellbeing, but also recognising where it is important to commission or deliver on an STP footprint. The diagram below demonstrates arrangements for Thurrock.



Phase II—Place-Based Health and Care

Phase I of Better Care Together Thurrock developed and implemented approaches to place-based working. This focused on:

⇒ Community Led Support

⇒ Wellbeing Teams

⇒ Enhanced Primary Care Teams

These new initiatives operated alongside existing place-based working developed from Building Positive Futures and Stronger Together Thurrock:

⇒ Local Area Coordination

⇒ Social Prescribing

⇒ Community resilience—Community Hubs, Time Banking, Volunteering

The next stage of our work will see us redesigning Community Health so it mirrors and develops phase I. Importantly, the community-based model for health and social care under phase II will become fully integrated.

Phase II—What's next?

The next phase of Better Care Together will consist of:

⇒ Consolidation and evaluation of phase I

⇒ Borough-wide roll-out of Community Led Support

⇒ Further development of Wellbeing Teams—developing a broader skill set

⇒ Development of a Workforce Strategy—including a regional approach where needed

⇒ The development of place-based and outcome-led commissioning

⇒ The redesign of Community Health—focused on redesigning around place and achieving integrated working

⇒ Implementation of Mental Health redesign (via Mental Health Transformation)

⇒ Expanding the principles underpinning Better Care Together to other partners and departments—in the Council via a new Collaborative Communities programme

Learning from Phase II will be documented in an updated version of this Prospectus.

Key Risks

There are a number of key risks that need to be taken in to consideration if Thurrock's transformation programme is to be successful:

The ability to invest appropriately in transformation—including in communities

Being able to balance the demands of a national agenda with the importance of delivering on a local agenda

The ability to shift resource from one part of the system to another—e.g. from acute to community, from health to social care, from STP level to Place level to community level….

The loss of key individuals—the ability to continue to drive and deliver the agenda with people who feel passionately about it

The ability to demonstrate impact—particularly if models are more expensive to an organisation than the existing model

The lack of community buy-in or lack of involvement and engagement with communities leading to a lack of trust

The breakdown of partnership arrangements and relationships

The ability to overcome organisational sovereignty

The risk of being risk adverse…...

In Conclusion

Amongst the lessons learnt from our transformation journey to date is that change is constant and that permanent transformation is a natural state.

We have learnt that the **conditions for change** are essential for success and that they include:

- Leadership
- Strong relationships with key partners
- Permission to be innovative and challenge the status quo
- Permission to take risk

We have also learnt that system change is not quick, not easily measurable, and must be flexible enough to evolve. Rarely is significant change 'right first time'.

Our biggest challenge as we move forward is being able to lose control in order to transfer power to our staff and to our communities. The value we place on communities and their role in delivering system change is key to us being able to do this.

If you have any questions or queries about this paper or want to share your experiences with us, please get in touch:

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☎ 01375 652179

Health Overview & Scrutiny Committee
Work Programme
2019/2020

Dates of Meetings: 13 June 2019, 5 September 2019, 7 November 2019, 23 January 2020, 5 March 2020

Topic	Lead Officer	Requested by Officer/Member
13 June 2019		
HealthWatch	Kim James	Officers
Mid & South Essex Sustainability and Transformation Partnership (STP)	Roger Harris / Mandy Ansell	Officers
Targeted Lung Health Checks Programme	Mandy Ansell / Sam Brown	Officers
Primary Care Networks – Presentation Only	Mandy Ansell / Rahul Chaudhari	Officers
5 September 2019		
HealthWatch	Kim James	Officers
24-7 Mental Health Emergency Response and Crisis Care Service	Mark Tebbs	Members
Mid & South Essex Health & Care Partnership Update	Mandy Ansell / Roger Harris	Officers
Whole Systems Obesity Strategy Delivery and Outcomes Framework	Faith Stow	Officers
Reduction of Thurrock Clinical Commissioning Group 2019-20	Roger Harris / Ian Wake	Officers
Primary Care Networks	Mandy Ansell / Rahul Chaudhari	Members
2018/19 Annual Complaints and Representations Report – Adult Social Care	Lee Henley	Officers
7 November 2019		

HealthWatch	Kim James	Officers
Flash Glucose Monitoring Report	Mandy Ansell	Members
Sexual Violence and Abuse Joint Strategic Needs Assessment	Ian Wake / Maria Payne / Sareena Gill	Members
Targeted Lung Health Checks Programme	Mandy Ansell / Sam Brown	Officers
Charging Review Adult Social Care Services 2020/21	Roger Harris / Catherine Wilson	Officers
Library Peer Challenge Report	Natalie Warren	Officers
Verbal Update on CCG Merger and Accountable Officer	Roger Harris / Mandy Ansell	Officers
23 January 2020		
HealthWatch	Kim James	Officers
Adult Social Care - Fees & Charges Pricing Strategy 2020/21	Roger Harris	Officers
Services for People with Personality Disorders/ Complex Needs	Mark Tebbs	Officers
Thurrock Health and Social Care Transformation Prospectus	Ceri Armstrong	Officers
Verbal Update on CCG Merger and Single Accountable Officer	Roger Harris / Mandy Ansell	Officers
Verbal Update on Targeted Lung Health Checks	Mandy Ansell / Sam Brown	Members
5 March 2020		
HealthWatch	Kim James	Officers
Primary Care Networks	Mandy Ansell / Rahul Chaudhari	Members
Update on CCG Merger and Accountable Officer	Roger Harris / Mandy Ansell	Officers

Further reports (date to be agreed):

- Integrated Medical Centres

Reports for 2020/21:

- Update on the Whole Systems Obesity Strategy Delivery and Outcomes Framework
- Update on Cancer Waiting Times
- Case for Change 2

Clerk: Jenny Shade
Last Updated: January 2020

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