

**THURROCK BOARD MEETING  
PART I  
30<sup>th</sup> December 2015**

<b>Title of Report:</b>	Thurrock Council Update	
<b>Board Sponsor:</b>		
<b>Prepared by :</b>	Roger Harris, Director of Adults, Health and Commissioning	
<b>Committees previous consulted:</b>		
<b>Executive Summary:</b>	The purpose of the paper is to provide the Board with an update on key issues affecting the local authority – in particular those items which may have a potential impact on the CCG.	
<b>Financial / Resource Implications:</b>	As noted within the report	
<b>Fit with CCG strategy/objectives:</b>		
<b>Risks identified / Outcome / Link to BAF:</b>		<b>BAF Ref:</b>
<b>Actions Required:</b>		<b>When By:</b>
<b>Recommendation to the Committee:</b>	To note the report	

**1. Financial Position**  
 The Comprehensive Spending Review was published on the 25<sup>th</sup> November. At the time of writing this report we don't know the full details of the local government settlement but we should do by the time of the meeting so I will give a verbal update.

With regard to additional funding for Adult Social Care, the Government announced that councils could raise revenue for adult social care through increasing Council Tax by a further 2% - this is in addition to a 2% cap for Council Tax increases above which a referendum is required.

There are issues with this position:

- Local councillors have to first agree to raising Council Tax – and if they do so, it may not be by the full 2%;
- Thurrock Council has a low Council Tax compared to other local authorities, so even if it does increase Council Tax, the revenue accrued will be lower on the whole than other authorities; and
- Increasing Council Tax in Thurrock by 2% will generate less than £1m.

Other pressures on the Council's Adult Social Care budget include increase in demand and also the Living Wage. Officers will recommend to Council that £1m is required during 16/17 for demographic pressures, and £1m is required to offset the Living Wage.

The CSR also announced that the Better Care Fund will be continuing and get further funding from 2017/18 – it is not clear whether this is new money or redirected money at this stage.

## **2. Public Health Grant**

The Government has announced the results of its consultation on how to deliver 2015-2016 in-year cuts to the Public Health Grant. The majority of authorities wanted to take fair share in to consideration, yet the option chosen was a flat rate reduction. For Thurrock, this equates to a £655k reduction from a budget of £9.932m.

Additionally, the Comprehensive Spending Review announced that there would be a 3.9% reduction in the Public Grant year-on-year starting in 2016/17 – 2019/20 (again it is not clear whether this is in addition to the % cut already announced for 2015/16). The final allocation for Public Health will also be received before Christmas.

## **3. Director of Children's Services**

The current Director of Children's Services, Carmel Littleton, has announced her intention to leave the Authority in the new year. Carmel will be taking up a post as Director of Children's Services at Islington Council. Full Council authorised the re-recruitment of the post at its meeting in November.

## **4. Health and Wellbeing Board Development Workshop**

The Health and Wellbeing Board held its development workshop on the 10<sup>th</sup> December. The event was independently facilitated via the Local Government Association. The workshop enabled the Board to review progress to date, and to identify actions designed to strengthen and consolidate the Board of the future.

## **5. Health and Wellbeing Strategy**

The Council and CCG are in the process of refreshing the Health and Wellbeing Strategy. The Strategy will focus on shifting the health and care system towards prevention and early intervention. This includes ensuring sufficient join up with the wider determinants of health – e.g. the place agenda. The Strategy is currently engaging with residents and stakeholders on five draft priorities which are:

- Prevention and early intervention (reduce avoidable ill-health and mortality);
- Build strong and sustainable communities (create physical and social environments which promote health and wellbeing);
- Improve mental health and wellbeing (strengthen emotional health and wellbeing);

*Vision Statement: The Health and care experience of the people of Thurrock will be improved as a result of our working effectively together.*

- Transform health and social care (create a health and social care system which is integrated around the person); and
- Ensure that all agencies work together to deliver services that collectively improve the lives of all children and young people, ensuring that every child regardless of their circumstances has access to the best services and outcomes (significantly improve educational outcomes and employment).

The intention is to ensure that the Strategy is goal-based and that the outcomes to be delivered are clear. An outcomes framework is being developed which will enable the Health and Wellbeing Board to identify whether the Strategy is making the desired impact via a section of targets and indicators.

The Strategy will be taken to full Council and the CCG Board for agreement in March.

### **6. Domiciliary Care**

In my October report, I reported to the Board that domiciliary care provider Sanctuary had given notice on its contract. Since then, the Council has formally terminated its contract with domiciliary provider Temp Exchange after concerns about the quality of care provided. All care provided by Temp Exchange has now been transferred to the Council as it was considered that this was the quickest and safest way to ensure continuity of care was provided.

### **7. LD Health Checks**

The Council along with organisations representing people with learning disabilities continues to be concerned about the level of LD health checks carried out by surgeries having signed up to carry them out. Representatives of NHS England were invited to the November Health and Wellbeing Overview and Scrutiny Committee to discuss the poor level of LD health checks and to identify solutions to improve the situation.