

Improve the Quality of Health and Social Care

Table 2

Objective	Contribution/Input	Stakeholder name:
Improve the quality of primary care:	Physical activity promotion/groups/cessation groups nutrition/education/ schools Smoking cessation	Impulse OASIS/TYPDAS
Improve the quality of secondary care:	Same as above Taster sessions and support Could trouble families look at 3 month fit pass to Impulse Leisure? Self esteem Healthy cooking – Growing veg and cooking meal Alternative methods of cooking	BATIAS TF Thurrock MIND TRUST
Improve the quality of residential and community care:	
Improve the quality of care across the whole system pathway:		

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Strengthen the mental health and emotional well-being of the people in Thurrock
Table 2

Objective	Contribution/Input	Stakeholder name:
People have good mental health:	Troubled families/ EOH – poor self esteem Social deprivation Media bullying Isolation and vulnerability as people lose their traditional networks Community Bridge Builders (CBB’s) in localities - Mental Health promotion	TRUST Thurrock MIND
People with mental health problems recover:	Recovery stars Re-engagement/introduction to community activities Recovery based communities Proposal to have mental health worker based in drug and alcohol service - develop link with probation	Thurrock MIND OASIS Open door
People with mental health problems have good physical health and people with physical health problems have good mental health:	Tilbury Shed Project – Stepping stones Physical activities - individual/group – programmes. Sign posting/arranging groups e.g. Vitality	Thurrock MIND Impulse Leisure Thurrock MIND

People with mental health problems achieve the best quality of life:	Signposting/advocacy service Personal budgets	Thurrock MIND
Strengthen emotional well-being:	

Improve our response to the frail elderly and people with dementia
Table 6

Objective	Contribution/Input	Stakeholder name:
Early diagnosis and support for people living with dementia:	Raise awareness and increase awareness of 'Dementia friends' project Age UK and Alzheimer's Society - raising profile of organisations and involvement in HWBB Upward pressure/lobbying of NHS for National Campaigns	

Make Thurrock a great place in which to grow older:	Housing, bus routes – public transport, access to GP’s Incorporating ‘HAPPI’ principles into house building – Key principles Dementia Awareness week – annually Encourage and commission more dementia schemes e.g. Dementia adventures	
Creating the communities that support health and well-being:	Dementia café in communities – virtual café so that it reaches all of Thurrock and where people would normally go – community hubs More third sector involved in HWBB	
Creating the social care and health infrastructure to manage demand:	NELFT and SEPT- understanding /renewing of their dementia provision University of Stirling – research on needs/requirements of those with dementia diagnosis Personalised budgets/direct payments to encourage choice of ‘service’ (using more of the brokerage provision) Interaction with CQC etc to drive - thinking of current CQC practises that are adaptable and appropriate	

Improve the physical health and well-being of people in Thurrock Table?

Objective	Contribution/Input	Stakeholder name:
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Reduce the prevalence of smoking in Thurrock:	Physical activity promotion/groups cessation groups nutrition Education/schools Smoking cessation	Impulse Oasis/TYPDAS
Reduce the prevalence of obesity in Thurrock:	Taster session and support Could troubled families look at 3 month fit pass to self esteem? Healthy cooking – growing veg and cooking meal Alternative methods of cooking	BATIAS Impulse leisure? TF Thurrock Mind TRUST

Outstanding universal service and outcomes

Table 7

Objective	Contribution/Input	Stakeholder name:
Raise the attainment at the end of all Key Stages with a particular focus on Early Years Foundation Stage, Key Stage One and Key Stage Two:	TAMMS – Intervention services in schools SOS – Schools Outreach Service. Self esteem/bullying etc Developing Targeted school health 2014/15 5-19years Closer working between EWS and health and schools to improve attendance and reduce sickness Support through MAGS panel to improve attainment and attendance Perception of healthy child – consistency of lifetime data.	Open door Health

Promote and improve the health and well-being of children and young people:	Supporting parents in providing healthy nutrition/hydration for children through breakfast clubs, pupil premium Involving children and young people in plans on HWBB Funded directed to primary schools for school sports, accountable through OFSTED Public Health, health partners influence schools quality play and activity for all children.	PHE/Health partners Healthwatch/Youth Cabinet/CICC LA
Ensure progression routes to higher level qualifications and employment:	Ensuring a consistent health/mental health offer to all educational settings Ensuring finance is not a barrier to HE progression Apprenticeship for local people	Health /education/Open door LA Businesses Planners Schools FE

Protection When Needed
Table 8

Objective	Contribution/Input	Stakeholder name:
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Provide outstanding services for children who have been or may be abused:	Reduce current service waiting times Increase specialist service provision – sexual and domestic – not just neglect Increase awareness, better training standards Prevention	SERICC Open Door Police
Provide outstanding services to the most vulnerable children and young people:	Where are the points of contact for YP Troubled families/early offer Monitor and feedback into community Business mentoring - creative thinking	SERICC Open door
Provide outstanding services for children in care and leaving care:	Consult with the children in care council more Business mentoring – creative thinking Housing – emergency and longer term	SERICC Open door

Improve the Quality of Health and Social Care
Table 5

Objective	Contribution/Input	Stakeholder name:
Improve the quality of primary care: <i>GP's</i> <i>Dental</i> <i>Pharmacy</i> <i>Opticians</i>	Active dialogue between primary and secondary providers – leadership role How NHS England will ensure same quality of service, access across patch Including consistency, core level of service similar PPG – Drive consistency/patient pressure Healthwatch – look at culture. Setting patient led standards/drive choice Develop a kite mark SEPT – How can the provider support primary care better, development, training CCG - Own the difficulties/opportunities with time to learn	
Improve the quality of secondary care:	CCG – GP champions on secondary care Clinical leadership provides the strong base to drive this Level of scrutiny increased Working with the regulators – CQC, monitor, Healthwatch CCG's, Essex QSG's – brings all together	
Improve the quality of residential and community care:	Residential care - role of CQC, LA, CCG – Healthwatch evolving - How will we deliver this? Who owns it? Strengthening commissioning/decommissioning/market position Statement needed Healthwatch influence *Transparency and quality of information *Vehicle to cascade primary care concerns to feed in and drive up quality	Day care provider 'quality' – No governance arrangements Outside any contract because budgets to client Safeguarding compliance by whom?
Improve the quality of care across the whole system pathway: <i>LA/Health</i> <i>How do you make joint</i>	Quality surveillance Hub for Thurrock that promotes a whole system pathway Formal and informal stuff – where is info fed back? Healthwatch? Services that out across/system pathways not just health, housing etc	<ul style="list-style-type: none"> • Integrated commissioning • Integrated approach to quality at local level How does the LA work with

<i>commissioning real? (HWBB) money</i>		lead commissioners to drive services like SEPT? Mental Health and the HWBB
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Improve the physical health and well-being of people in Thurrock

Table 4

Objective	Contribution/Input	Stakeholder name:
Reduce the prevalence of smoking in Thurrock:	Repetition of the same consistent messages Work with adults who have/are becoming parents Use quit data to prioritise Signposting cessation services Enforcement of smoke free and underage sales Awareness campaign - link in with CSP Organisations/partners working better together e.g. vitality and impulse Make every contact count training for partners/3 rd sector Work with customs re: illegal tobacco Positive lifestyle promotion – reposition cool as healthy	All PH PH/CCG TC- Public Protection All All PH TC All
Reduce the prevalence of obesity in Thurrock:	Access and signposting to sport and leisure activities Get more people active in everyday life e.g. walking, use parks etc Encourage healthy eating Motivate people to seek advice Look at accessibility issues for sport, look at transport Look at planning with regards to fast food/takeaways – number and location Encourage walking groups in the community Increase understanding of food labels Mechanism for measuring achievements Target large employers to offer health checks Why are our children getting obese? Increase breastfeeding, healthy weaning Education of parents and grandparents	All All All All TC/Impulse/3 rd sector TC Impulse/TC PH PH PH PH

	<p>Education/information about portion size</p> <p>Increase use of parks/open spaces – feelings of safety</p> <p>Diverse activities in schools</p> <p>Community connections LAC/ABCD</p> <p>Look at access issues on pavements etc for running/walking/ car parks</p> <p>Feelings of safety – lighting, increase running/walking groups/buddying up</p>	<p>Council/police/csp</p> <p>All</p> <p>Council</p> <p>Council</p>
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Improve our response to the frail elderly and people with dementia

Table 3

Objective	Contribution/Input	Stakeholder name:
<p>Early diagnosis and support for people living with dementia:</p>	<p>Greater communication/ information in accessible places</p> <p>Clarity around dementia types – diagnosis – other health conditions</p> <p>Outlets could be supermarkets/libraries</p> <p>Joining up with existing initiatives – mapping what’s out there</p> <p>Develop a dementia pack – under information</p> <p>Newspapers/radio/surgeries/libraries/supermarkets</p>	<p>Hospice</p> <p>Social care</p> <p>Older people’s partnerships</p> <p>Libraries project</p>
<p>Make Thurrock a great place in which to grow older:</p>	<p>Dementia friendly communities</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

Creating the communities that support health and well-being:	Ensure good public representation – links with other organisations Carers support	
Creating the social care and health infrastructure to manage demand:	Basildon Hospital – strengthen/support/? crisis and alerts	

Table 1

PC

Issues

1. No of GPs – are there enough?
2. Quality variations ‘same hymn book’
3. Single headed small practices –
 - Lack of choice – Male GP’s only
 - Capacity and flexibility
 - Patient support – no peer review
 - Not fully aware of services – CVS
 - Elderly population not knowing

*Are they equipped to commission

- 4. Quality of premises
- 5. Access
 - appointments
 - opening hours
- 6. Prevention – P in QUIPP *Measles epidemic
 - Health checks
- 7. Reputation of GP's
- 8. Poor communication – information fiving - exaggerate symptoms to get pass gatekeepers

SEC Care

- 1. Reputation – Media coverage
 - Frightens residents
 - Training new doctors
 - Are we going to have second class hospital?
- 2. Safety and quality – the voice of the bed: How do the patients give?
 - Patients eating
 - Very good words and some bad words
- 3. How do patients know consultants are competent
- 4. Must get basic care right
- 5. Power of the Governors must go up

Community and Residential Care

- 1. Dementia care
 - sometimes access
 - information
 - need early sign posting
- 2. Residential care
 - Winterbourne
 - not enough activity to stimulate £
 - longer at home v down in facilities
 - Generally good quality in Thurrock Council

- Exceptional compliance team
 - Age well in the accommodation of choice
3. Speed of adaption's for people coming home
 4. Loneliness – ABCD

Whole System

1. Communication
2. Sharing resources – Police could be better trained regarding Health Issues
3. Work together
Bring it all together

