Thurrock Health and Well-Being Strategy 2013 –16

Part One

'Stronger Together'

Resourceful and Resilient People in Resourceful and Resilient Communities

Improving the Health and Well being of Adults in Thurrock

THURROCK NHS CCG AND THURROCK COUNCIL LOGOS

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	Thurrock Clinical Commissioning Group Board	
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Foreword

Welcome to Thurrock's first Joint Health and Well-Being Strategy. The Strategy is in two parts. Part One (this document) focused on adults and Part Two (hyperlink) focused on children and young people. Both parts require partners to work together to improve health and well-being, to lead the integration of health and social care, to oversee and direct commissioning and to reduce health inequalities within Thurrock's communities.

Our vision for Thurrock is of:

'Resourceful and resilient people in resourceful and resilient communities'

Achieving this requires radical change; strong leadership from General Practitioners (GPs) and Local Government in partnership with the community, identifying and building on strengths as well as confronting and overcoming some deep rooted challenges.

The Strategy has four aims:

- Every child has the best possible start in life;
- People make better lifestyle choices and take more responsibility for their health and well-being;
- People stay healthy longer, adding years to life and life to years; and
- The health and well-being of communities in Thurrock are more equal

This is a very exciting opportunity. I am delighted to have leadership responsibility on behalf of the Council for this agenda. The health and well being of people in Thurrock will be radically improved if everyone plays their part

Cllr Barbara Rice
Portfolio Holder for Health and Adult Social Care and Chair of Thurrock Health and Well Being Board

“A sad soul can kill you quicker than a germ”

(John Steinbeck)

“It is really wonderful how much resilience there is in human nature. Let any obstructing cause, no matter what, be removed in any way, even by death, and we fly back to first principles of hope and enjoyment.”

(Bram Stoker)

Introduction and Overview

Background

The Health and Social Care Act 2012 transforms health and social care commissioning. It introduces new systems, organisations, and arrangements as well as new duties. Detailed information can be found at: (http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf). At its heart, the Act forges a new role for Local Government in partnership with two new organisations: Clinical Commissioning Groups (CCG) and Healthwatch. CCGs are GP-led with responsibility for commissioning to meet local health needs, in partnership with the Local Authority and Healthwatch. The CCG has many (though not all) of the commissioning functions of Primary Care Trusts (PCTs), which are abolished in the Act. Healthwatch is a community-led citizen and patient champion, in place to ensure the health and social care system has, at its heart, the voice of the 'man and woman, the child and the young person, in the street'. The Local Authority assumes new responsibilities for public health and has system leadership responsibility for the health and well being of the whole population of Thurrock.

The Health and Well-Being Board (HWBB) brings partners together to lead the integration of health and well-being services across the NHS and local government, to analyse the community's assets and needs and develop a Health and Well-Being Strategy (HWBS) to improve the health and well being of the community and to reduce inequalities.

The HWBS sets out the vision, aims, and priorities for achieving the best possible health and well-being for all Thurrock residents. It is linked to and/or delivers through a whole range of existing or new strategies and delivery plans, the most significant of which are identified further on in this document.

Thurrock Community Strategy

Thurrock Community Strategy sets out the vision and priorities for Thurrock and its communities. It was refreshed in 2012. Its vision for Thurrock is:

> *'A place of opportunity, enterprise and excellence, where individuals, communities and businesses are healthy and flourish'*

Thurrock's Community Strategy has five priorities:

- Create a great place for learning and opportunity;
- Encourage and promote job creation and economic prosperity;
- Build pride and respect to create safer communities;
- Improve health and well-being; and
- Protect and enjoy our clean environments.

All of the priorities within the Community Strategy impact upon health and well-being and the HWBS will impact upon all five priorities however Part One of the HWBS is the principle delivery vehicle for the priority 'Improve health and well-being', and Part Two the principle delivery vehicle for the priority 'Create a great place for learning and opportunity'.

Thurrock Health and Well-Being Board (HWBB) believes that we are 'stronger together'. Its vision is of:

'Resourceful and resilient people in resourceful and resilient communities'

Its four aims are that:

1. Every child has the best possible start in life (Part Two – hyperlink);
2. People make better lifestyle choices and take more responsibility for their health and well-being (Part One);
3. People stay healthy longer, adding years to life and life to years (Part One); and
4. The health and well-being of communities in Thurrock are more equal (Part One).

Core Principles

The core principles that will shape the delivery of this Strategy and the plans that underpin it are:

1. Prevention and early intervention;
2. Partnership working;
3. Integration and joint working between housing, health and social care, statutory, public private and voluntary sectors;
4. Shift to community-based solutions;
5. Choice, empowerment, and control; and
6. Personal responsibility.

Part One: Improving the Health and Well-Being of Adults in Thurrock

We have four objectives to strengthen the health and well-being of adults in Thurrock over the next three years and to reduce health inequalities between Thurrock's communities. The objectives will be reviewed and refreshed annually:

1. Improve the quality of health and social care;
2. Strengthen the mental health and emotional well-being of people in Thurrock;
3. Improve our response to frail elderly people and people with dementia; and
4. Improve the physical health and well-being of people in Thurrock (initial focus on reducing the prevalence of smoking and obesity)

Part Two: Improving the Health and Well-Being of Children and Young People in Thurrock

The Marmot Review of Health Inequalities in England post 2010 urges all authorities to prioritise giving 'every child the best start in life'. Marmot is unequivocal:
'disadvantage starts before birth and accumulates throughout life. Action to reduce health inequalities must start before birth and follow the life of the child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken'.

Hence the HWBB's decision to keep a separate focus on children and young people and to retain the very successful Children and Young People's Partnership (CYPPartnership) as the second arm of the HWBB, delivering the Children and Young People's Plan (CYPPlan).

We have four aims for children and young people. Each aim has three objectives:

1. Outstanding universal services and outcomes
    - Raise attainment at the end of Early Years Foundation Stage, Key Stage 1, and Key Stage 2;
    - Promote and improve the health and well-being of children and young people; and
    - Ensure progression routes to higher level qualifications and employment
2. Parental and family resilience
    - Early offer of help;
    - Reduce and mitigate the impact of child poverty; and
    - Strengthened communities.

3. Everyone succeeding
    a. Promote the attainment and achievement of underachieving children;
    b. Promote and support inclusion; and
    c. Narrow health inequalities for children and young people
4. Protection when needed
    a. Provide outstanding services for children who have been or may be abused;
    b. Provide outstanding services to children in trouble; and
    c. Provide outstanding services for children in care

Context

Thurrock - overview

- Thurrock's current population is 157,700 (2011 Census) and is projected to be 207,300 by 2033
- Thurrock has a relatively young population, with 32,300 in 2011 set to increase to 39,400 by 2036
- The number of over 85 year olds is set to double by 2033
- Life expectancy rates for men (78.6) is four years less than women (82.6)

Further information on Thurrock can be found in the Thurrock profile:
http://www.thurrock.gov.uk/i-know/profile/pdf/our_thurrock_201207.pdf

Health and Well-Being in Thurrock

Thurrock has huge resources and resilience on which it can build further.
The Council, on behalf of the HWBB, in partnership with the voluntary sector and communities themselves, is mapping the resources in the community. The utilisation of all the communities' resources is critical to the achievement of good health and well-being outcomes for people and a key lever to achieve the outcomes contained within this Strategy.

Thurrock's Strengths:

Children and Young People

- Educational attainment and outcomes are improving in Thurrock;
- Thurrock has narrowed the gap between the lowest achieving 20% in early years' foundation stage and the rest by 7% over the past three years. In 2011, the gap was 29.7% which places Thurrock in the second quartile nationally for this ;
- Attainment in secondary schools has risen significantly from well-below national averages to comfortably above in the past three years;
- GCSE results continue to rise. In 2012 87.6% of pupils achieved 5 A*-C grades. This compares to 82% nationally;

- Attainment at age 16 has continued to improve and reflects the wide range of education and training opportunities for young people. Thurrock benefits from an outstanding 6th form college and also the developing 6th form provision in our schools;
- Continued success in the number of young people in education, employment or training (EETs) through targeted work and the provision of sector specific training opportunities including retail, logistics and construction;
- The outcomes of recent inspections including our two unannounced inspections of safeguarding, adoption, and young offending service inspections have all been strong; and
- We have a strong youth offending team and have implemented triage which has led to a reduction in first time offenders.

Adult Social Care

- Early intervention and prevention services in Thurrock continue to promote independence and well-being and successfully prevent further illness;
- In 2011-12, 91% of people discharged from hospital into reablement or rehabilitation services were still living independently after 90 days. Use of interim care beds enabled 56% of people to return home and 67% to avoid a residential care placement. There has been a steady increase in the use of telecare as a means of helping people to remain independent in their own homes;
- Thurrock is performing better than the national average and that of our comparator councils in reducing delays on discharge from hospital. In 2011-12 Thurrock reduced the number of delays from acute hospital admissions by 90% and from non-acute hospital admissions by 88%; and
- Adult social care services and support are helping keep people safe. In 2012 83% of people who use adult social care support and services said that this support made them feel safe and secure. This places Thurrock among the top performers in the country and significantly above the national average of 75%.

Community Safety

- Violent crime in Thurrock is below the England average;
- Violence indicators for Thurrock are all above national averages and mostly above regional averages;
- Criminal damage is below most similar family group average and is a key indicator for quality of life factors;
- The Community Safety Partnership has worked closely with the Council's Adult Social Care department and Lifestyle Solutions social enterprise, to promote safe living within the learning disabled community;

- We have reduced distraction burglaries through strong partnership work across Trading Standards, Adult Social Care, and Essex Police;
- We have a multi-partnership Alcohol Strategy spanning the areas of prevention, enforcement, and treatment; and
- We are piloting and alcohol worker in Probation to work with non-statutory offenders as well as those on licence to Probation.

Drugs and Alcohol Treatment

- All bar one of alcohol indicators within the local alcohol profile show Thurrock as being better than England averages, and that majority of indicators are similar to or better than regional averages;
- Prevalence of opiate and crack users in Thurrock is below England averages;
- Reductions in use of opiate and crack are higher than England averages;
- Thurrock's DAAT is recognised to be one of the highest performing DAATs by the National Treatment Agency;
- Our completions rate is better than national and regional averages;
- We have 30% of clients in treatment completing treatment with a successful outcome as against the national average of 15%; and
- In terms of length of time in treatment Thurrock has an average 1.4 years whereas the average nationally is 2.9 showing timely and effective treatment delivery.

Joint Strategic Needs Assessment

Thurrock's Joint Strategic Needs Assessment www.shapingthurrock.org.uk/health provides an in-depth analysis of the Borough's health and well-being needs. It identifies the key health and well-being issues for Thurrock which include:

- There are differences in life expectancy between men and women living in different areas of the Borough – for example, a girl born in Orsett has a life expectancy of 84 years. This is 11 years more than a boy born in Tilbury and 4.5 years more than a girl born in Tilbury. Similarly, a boy born in Tilbury has a life expectancy of 73 years – 11 years less than the girl born in Orsett and 8.3 years less than a boy born in Orsett;
- Some areas of Thurrock experience higher levels of deprivation (Belhus, Tilbury, Chadwell, Grays Riverside, Ockendon and West Thurrock/Purfleet), with 12.4% of people living in the 20% most deprived areas in England;

- Smoking and obesity rates are significantly higher than national and regional rates – 11% of children are obese by the age of five – increasing to 25.1% by the age of eleven, and 28.1% of adults in Thurrock are obese;
- 23.2% of adults in Thurrock smoke, which is significantly higher than national and regional averages, as are smoking-related deaths;
- In Thurrock, alcohol levels for higher risk drinkers are similar and binge drinkers slightly above regional levels but 37.4% of adults alcohol clients in treatment are drinking more than 600 units of alcohol per month which is well above the regional average;
- 20% of children are living in poverty (Thurrock Child Poverty Strategy http://democracy.thurrock.gov.uk/CmisWebPublic/Binary.ashx?Document=17162); and
- Long-term unemployment in Thurrock is significantly worse than the England average.

National Context

Health Service Reform

In 2010, the Government launched the NHS White Paper 'Equity and Excellence: Liberating the NHS'. The White Paper provided the framework for health reforms, enacted in the Health and Social Care Act 2012. Key changes include:

- Primary Care Trusts abolished;
- GP-led CCGs to commission the majority of health services locally;
- Strategic Health Authorities abolished;
- NHS Commissioning Boards to oversee Clinical Commissioning Groups, undertake specialist commissioning, and directly commission primary care and offender health services;
- A new patient and public champion 'HealthWatch' introduced in each local area;
- Public Health responsibilities transferred from PCTs to local authorities and Public Health England established;
- Commissioning Support Units established to provide 'back office' support to CCGs; and
- Health and Well-Being Boards established in each area to improve health and well-being and reduce inequalities; lead integration between health and social care; and oversee and direct the development of commissioning.

As a consequence in Thurrock on 1st April 2013:

- The Council assumes responsibility for public health;
- Thurrock's HWB is fully operational;
- HealthWatch Thurrock, the local public and patient health and social care champion is in place; and
- South Essex Primary Care Trust is abolished – replaced by the NHS Commissioning Board and its local arm, Essex Local Area Team, and the Thurrock NHS Clinical Commissioning Group.

Marmot Review of Health Inequalities in England post 2010: 'Fair Society, Healthy Lives'

In 2008, Sir Michael Marmot was commissioned by the Government to undertake a review of Health Inequalities in England. The review, published in 2010, was called 'Fair Society, Healthy Lives'. The review recommended six policy objectives that if achieved would be fundamental to addressing health inequalities. The recommendations are a key part of the Government's reforms to reduce health inequalities. The six policy objectives recommended by Marmot are:

- Give every child the best start in life;
- Enable all children, young people, and adults to maximise their capabilities and have control over their lives;
- Create fair employment and good work for all;
- Ensure a healthy standard of living for all;
- Create develop healthy and sustainable places and communities; and
- Strengthen the role and impact of ill-health prevention.

Five of the six recommendations have been adopted by the Government and feature in a range of national policy documents. The recommendation 'ensure a healthy standard of living for all' was not adopted.

National Deficit and Public Sector Savings

The Government's Comprehensive Spending Review (CSR) 2010 was designed to reduce the national deficit. The CSR has significantly reduced funding for the public sector and is a key driver of health reforms. In this context, effective and creative partnerships are the key to making the best possible use of all the resources available.

Thurrock Response

The following sets out Thurrock's response to existing and future challenges.

Financial challenges in Thurrock

Reduced resource is a challenge across England, and Thurrock is no different. Alongside a reduction in available resource, the pressure for demand-led services continues to rise. This is particularly true for social care – both adult and children's services; and for NHS treatment which is costly both due to advances in medicine but also as a result of the impact of lifestyle choices. Locally, the health reforms provide partners with the opportunity to do and look at things differently – including how strengths and assets already contained within the community can be better utilised. Improving outcomes against the backdrop of reduced resource will be a key challenge for the HWBB.

Building Positive Futures

This programme will be at the forefront of the transformation of Adult Services and will:

- tackle the issues that cause poor health such as poor housing, social isolation and fragmented services;
- enable neighbourhoods to become more self supporting, and older people to remain active later in life; and
- manage demand for health and social care more effectively by reaching people before a crisis occurs.

Building Positive Futures will transform the relationship between Public Services and citizens, offering a new deal between individuals and communities exercising more control over their lives. It will change perceptions of older and vulnerable people:

- they are a great asset and have massive untapped potential to contribute to our communities and improve the quality of life for all generations;
- they are not a 'demographic time bomb' threatening the future sustainability of Council services.

Building Positive Futures commits the Council and its partners to:

- **Creating the communities that support health and well-being (hyperlink);**
- **Creating the homes and neighbourhoods that support independence (hyperlink); and**
- **Creating the social care and health infrastructure to manage demand (hyperlink).**

Community Hubs

Thurrock is in the process of deploying Community Hubs – the first, a pathfinder, will be in South Ockendon. Learning from the pathfinder will shape the roll out across the borough. Community Hubs embody the principles of Asset Based Community Development. They mark the changing relationship between public services and citizens – with a shift to empowering individuals to support themselves. Community Hubs will represent shared leadership between the community and Council, to realise and deploy all of a community's resources to build resilience and readiness for a harsher economic future both nationally and locally.

Hubs will be designed to meet the specific needs of each community. Amongst other things, they will create a community space and provide universal information and advice.

The structure, governance and work of the Health and Well-Being Board (HWBB)

The purpose of the HWBB is to ensure that, by working together, all parts of the system are joined in the common cause of improving the life chances and health and well being of Thurrock's people.

The Board meets at least six times a year, involving all partners in developing and delivering the vision, aims, and priorities contained within the Joint Health and Well-Being Strategy. The Board reviews performance against the Strategy. It will consider issues which may not be contained within the Strategy but that are critical to the delivery of better health and well-being outcomes for people in Thurrock. The Health and Well-Being Executive Committee meets monthly to ensure delivery of the Strategy and the implementation of Board decisions. The Executive Committee is responsible for forward planning, ensuring items of strategic importance are brought to the Board's attention.

The Health and Well-Being Board is a statutory partnership and must be understood as a whole system. It has delegated responsibility for improving the life chance of children and young people in Thurrock to the Children and Young People's Partnership.

Delivery

Each priority will be supported by a one year delivery plan. The delivery plan will be monitored by the Executive Committee on behalf of the Board. Part Two (Children and Young People) will be monitored by the Children and Young People's Partnership with exception reporting to the HWBB.

Supporting Strategies

The delivery of Thurrock Health and Well-Being Strategy is supported by a number of linked strategies and plans. The key strategies and plans that underpin the HWBS are:

- Building Positive Futures Programme (add hyperlink)
- South Essex Mental Health Strategy (add hyperlink)
- Southend, Essex, and Thurrock Dementia Strategy (add hyperlink)
- Commissioning Strategy for Primary and Community Care Services in South West Essex (add hyperlink)
- Thurrock Council and Thurrock NHS CCG Joint Commissioning Intentions (hyperlink)
- Housing Strategy (add hyperlink)
- Thurrock Council Service Plans (add hyperlink)
- Violence Against Women and Girls Strategy (add hyperlink)
- Thurrock NHS Integrated Plan (add hyperlink)
- Thurrock Carers' Strategy (add hyperlink)

Monitoring and Evaluation

A Health and Well-Being Performance Framework has been developed to enable effective monitoring and evaluation. The Framework incorporates measures linked to the Strategy's priorities, and assesses the indicators key to improving health and well-being and reducing health and well-being inequalities. The measures read across to national outcomes frameworks for adult social care, the NHS, public health, and children's services. The Performance Framework includes a risk and resilience matrix.

Health and Well-Being Performance Framework (add hyperlink)

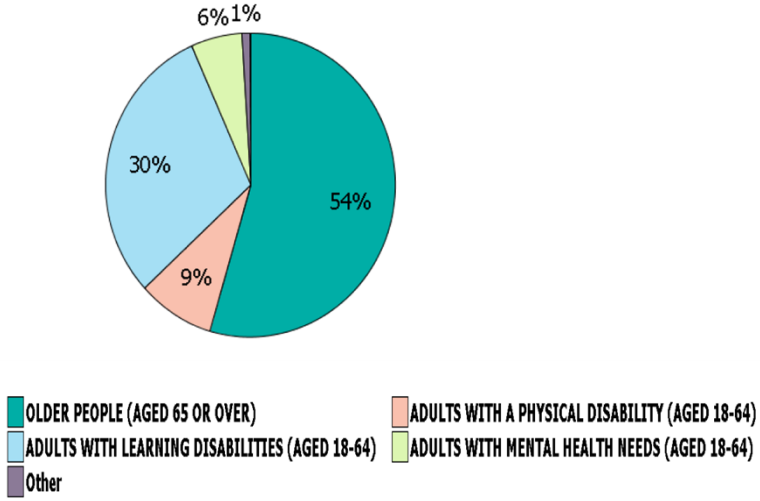
Resources

The Council spends 26% of its money on adult social care services. In 2010-11 this amounted to £47.6 million gross.

Thurrock Council faces cuts on a scale not previously seen. The Council has had to reduce its spending by £25 million over the last two years 2011/12 and 2012/13, with further savings planned over 2013/14 and 2014/15 (hyperlink to Medium Term Financial Strategy). These savings directly affect people - residents, service users, staff and partner organisations.

The savings coupled with growing demand (more older adults and other vulnerable people living in the community with increasingly complex needs) demands a new social contract and a new relations between the citizen service user the community and the state. We must create an adult social care system that is sustainable and can meet the needs of our local community.

The proportion of all spending by client group



The resources of Clinical Commissioning Groups along with savings requirements are captured within the Integrated Plan and the QIPP. This details how the whole health system will make productivity saving without compromising patient care. Until 2013/14, the QIPP plan has been across NHS South West Essex. Between 2011/12 and 2014/15, NHS South West Essex has to deliver

savings of £167.5 million. Thurrock CCG's allocation of this target from 2013/14 is x. Many of these savings will be delivered through opportunities for increased productivity and by doing things differently – including joint and integrated working.

The QIPP plan focuses on five distinct areas:

- Planned Care: planned in advance, i.e. surgery that a patient has been booked in for, and any rehabilitation that may follow;
- Unplanned Care: care given to patients at short notice;
- Children and maternity: services for children and young people aged 0-19;
- Mental health; and
- Infrastructure: management and estates costs.

The Council and the CCG are fully committed to delivering the QIPP savings programme in particular reducing the demand on the acute/hospital sector by developing appropriate, evidence based services within the community.

Successes 2010 – 2013

This Strategy is the first Health and Well-Being Strategy. However it builds upon successes achieved in the period preceding 2013 which include:

- Putting People First:
  - More than 30% of eligible service users/carers have a personal budget;
  - Universal Information and Advice Service Strategy in place;
  - User Led Organisation implemented;
- Local Area Co-ordination pilot to implement Asset Based Community Development in place;
- Joint Early Intervention and Prevention Team implemented; and
- Project Board set up to deliver solutions across adult social care and housing.

Since the Health and Social Care White Paper was published in 2010, partners have been embedding health reform requirements locally. Key successes are:

- Thurrock's Health and Well-Being Board was established in shadow form in April 2011 and has developed robust arrangements for April 2013 when the Board receives statutory status;

- Local authorities become responsible for public health from April 2013. The Council in partnership with the PCT, has ensured the smooth transition of these responsibilities, including sharing a Director of Public Health with neighbouring Southend Borough Council;
- Thurrock NHS Clinical Commissioning Group was established as a sub-committee of the PCT in April 2011. It is working towards authorisation in a complex context. It has close working with the Council and co-located in January 2013; and
- The Council, working closely with the voluntary sector through Thurrock CVS, has a good HealthWatch model which was live in April 2013.

Priorities and Outcomes

Part One – Adult Health and Well-Being

The tables that follow set out the HWBB's aims and objectives, showing where we are now, where we want to be in three years time, and how we will know we are getting there.

Our Aims:

- Improve the quality of health and social care;
- Strengthen the mental health and emotional well-being of people in Thurrock;
- Improve our response to frail elderly people and people with dementia; and
- Improve the physical health and well-being of people in Thurrock (initial focus on reducing the prevalence of smoking and obesity).

Improve the Quality of Health and Social Care

Objective	Where are we now?	Where do we want to be?	Key milestones
Improve the Quality of Health and Social Care			
Improve the quality of primary care	Areas of Thurrock suffer from too few doctors (under-doctored) – these are mostly the deprived areas of the Borough (which wards?) 18 of 36 practices fall in to the 'under-doctored' category (i.e. number of patients per GP is above national average of 1800 patients per full-time GP) Whilst results from the Patient Experience Survey are similar to the East of England Average, there are stark differences between practices, with some significantly below average – 3 practices in SW Essex (2011) are in the bottom deciles for GP access satisfaction – this was previously 10. All three practices are in Thurrock. South West Essex is the third worst performing PCT in the East of England for 'access' indicators – poor satisfaction is often linked to poor 'access'. Some disease registers have poor completion in a significant minority of practices – which may link to unnecessary emergency admissions	Provide consistent, accessible, and good quality information and advice Increase the number of integrated care pathways and joint areas of work Enable individuals to better manage their health conditions – in particular long-term health conditions Ensure an adequate number of GPs in all areas of the Borough All GP practices scoring on or above the East of England average for patient satisfaction – including access indicators Improve the consistency of clinical quality – e.g. disease registers, diagnoses, immunisation, screening Increased focus on early intervention and prevention Extend role of the community	Further development and integration of a Joint Integrated reablement between health and social care by Development and implementation of a Thurrock-specific Quality of Primary Care Plan Development and implementation of a Joint Commissioning Intentions between Council and Thurrock CCG Working with the National Commissioning Board to ensure that there is inner-practice referral systems in place so that all patients have equal access to a full range of primary care services where some practices are unable to

Objective	Where are we now?	Where do we want to be?	Key milestones
	Unplanned hospital admissions are too high and need reducing – strong link with quality of primary care. Early intervention and prevention initiatives patchy – e.g. via voluntary sign-up to Learning Disability Health Checks. There is variable sign-up to a range of DES and LES agreements.	pharmacist Reduce unplanned admissions Strengthen the service through providing GPs with greater options – e.g. rapid response and assessment service; and early intervention.	directly provide all services themselves
Improve the quality of secondary care	The majority of residents requiring secondary care receive that care from Basildon and Thurrock University Hospitals Foundation Trust – some residents will receive care from Queens Hospital in Romford, and Southend Hospital Health and care regulator CQC have undertaken unannounced inspections which have identified repeated concerns at Basildon Hospital in particular. Improvements required relate to: • Standards of caring for people safely and protecting them from harm • Standards of staffing • Standards of quality and sustainability of management	Greater provision of secondary care services in a community setting Consistently meeting CQC standards of care Improving particular areas of concern related to the quality of care: • Pressure Ulcers • Mandatory Training and Staffing • Emergency readmissions • Patient Experience • Complaints • Clinical Quality Reduction of ambulance handover times	Thurrock CCG to identify how it will monitor quality of care provided by BTUH in particular – whilst keeping a watching brief on Queens and Southend Hospitals – this includes key indicators such as legionella, serious untoward incidents (SUI), pressure ulcers, and hospital-related infections (e.g. MRSA) - Jane Foster-Taylor Delivery of QIPP action plans (Mandy Ansell) – in particular admission avoidance

Objective	Where are we now?	Where do we want to be?	Key milestones
	Thurrock CCG, in conjunction with Basildon CCG, as commissioners of secondary care for Thurrock and Basildon residents are responsible for monitoring performance. Key current concerns currently relate to Legionella and Accident and Emergency Triage. Emerging concerns include handover times from the East of England Ambulance Service to Basildon Hospital Emergency Admissions	Delivering savings whilst maintaining quality of care	
Improve the quality of residential and community care	Residential and Community Care within Thurrock consists mainly of traditional models of service. The Residential Care current service provision being offered does not maximise opportunities to maintain peoples independence and support them to continue to live within their local communities. Many people accessing residential care are required to relocate away from local networks and in to larger purpose built residential homes and this can result in a loss of independence. Although Community Care services are commissioned to delivered outcomes, service providers still have service models based on time allocation – often based on the availability of the carer.	Provision of a diverse selection of residential and community care services available to residents. Preventative services that can be accessed in people's local communities which enable people to take control of their needs much earlier and allow them to manage their own care and support whilst remaining in their immediate community – this applies to all care groups (e.g. learning disabled people supported to live in the community) People remaining independent for longer and accessing public funded services much later, if at all. Less demand for high level public	Market Position Statement in place communicating a clear vision around the changes received in the Social Care Market. Engagement with Service Providers over future business planning opportunities. Community Agent Pilot to be commenced to start facilitating the more to localised options for managing care. Good quality information to be made available to residents around local care

Objective	Where are we now?	Where do we want to be?	Key milestones
	Current service delivery models are based on supporting a large customer base across a large geographical area which does not effectively support people to stay connected to their local community. Staff resource issues are impacting on the ability of providers to meet care requirements. Staff recruitment and retention for carers working with in the older adults sector is a particular challenge.	funded/commissioned services and those that do exist remodelled to meet needs of people with very high and complex levels of needs. Public funded services will be providing very specialist services. No contractual default action being taken against providers as performance is of consistent satisfactory performance levels Well trained residential and community care workforce meeting the needs of the Thurrock community Full use of support available to recruit, develop and retain the workforce including National Minimum Data Set (NMDS-SC)	and support options available. To support residents to take control of their care and support needs and assist them in making informed decisions. Review of pay rate structure for residential care. Commence partnership working with ECC around a joint up approach to commissioning specialist residential care services. Review of our internal contract compliance processes and implement resulting changes that bring about improved outcomes Consideration of a grading system, explore if an incentive scheme could be attached to the grading system in order to drive up quality of service provision. Introduction of published information on care and support provision available

Objective	Where are we now?	Where do we want to be?	Key milestones
			within local communities. Annual submission of NMDS data
Improve the Quality of Care across the whole system pathway	Stronger focus on quality of care e.g. too many avoidable pressure ulcers in the health economy. Different organisations responsible for monitoring elements of the health and social care system. Potential for this to be disjointed (e.g. Monitor, CQC, CCGs, NCB, Council, Quality Surveillance Groups) Need a joined-up approach to the monitoring and identifying of quality across the health and social care economy locally. Joint Reablement Team in place – but more work to be done to get to the position where this is a fully joint service. Rapid Response and Assessment Service (joint between Thurrock Council and health partners) in place – but requires further embedding.	By developing a local quality framework our aim is the elimination of all avoidable pressure ulcers. Effective monitoring of quality and strengthening of data sharing to ensure appropriate action taken – including across partners. Joint Reablement Team as a fully joint service. Progression to meeting moderate needs at initial referral stage which will start to address the early intervention agenda. Rapid Response and Assessment Service with extended hours of provision to meet demand. Reduced early reliance on costly health and social care provision through linking in to Intermediate Care Service – which works on a reablement model. Focus on technologies across health, children's and adults that manages conditions, keeps people safe, offers choice and control, and keeps more	Development of partnership approach across secondary, community, and primary care Development of Information Sharing Protocol between CCGs, NCB, and Council HWBB Performance Management Framework in place and enabling effective monitoring Development and delivery of Joint Reablement Team project Further development and delivery of Rapid Response and Assessment Service (Allison Hall) – milestones?

Objective	Where are we now?	Where do we want to be?	Key milestones
		people in their own homes. Skilled, effective and trained workforce able to respond to meet reablement needs of the community	

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

Objective	Where are we now?	Where do we want to be?	Key milestones
Strengthen the mental health and emotional well-being of people in Thurrock			
People have good mental health People with mental health problems recover People with mental health problems have good physical health and people with physical health problems have good mental health	1 in 6 people experience mental health problems at any one time in their lives 72,049 adults are predicted to have Common Mental Health Disorders (CMD0 and 5,349 adults are predicted to have Psychotic illnesses in South Essex Mental Health illness prevalence is projected to rise by 2.7% by 2020 Many of the risk factors for mental health link to deprivation – 6.8% of Thurrock residents live in the most deprived quintile nationally Local high risk groups include Black and Minority Ethnic populations and Travellers Local people who experience mental ill-health say that they want different responses focusing on recovery, ease of access, consistency, and a focus on their individual needs Current model of service is not fit for purpose – it has a number of limitations: • Lack of primary care in reach to	Develop a new model of service that ensures the following outcomes: • People have good mental health • People with mental health problems recover • People with mental health problems have good physical health and people with physical health problems have good mental health; and • People with mental health problems achieve the best quality of life A model of service that incorporates the following principles of integrated working: • Local Area Coordination will facilitate easier access and appropriate support for vulnerable people. • Mental Health Commissioning will be for a whole-system approach not just specialist mental health services; • Strategic leadership of a jointly	South Essex Mental Health Strategy and Thurrock implementation plan in place New model of service developed to deliver the four mental health outcomes Local Area Coordination Pilot sites established with commitment to roll out across Thurrock if the pilots prove to be effective. Development and implementation of a comprehensive DAAT-led mental health framework (via implementation of Drugs Strategy) Emotional health and well being strategy refreshed and implemented Development and

Objective	Where are we now?	Where do we want to be?	Key milestones
	manage the onset of mental health problems or mental health as a long-term condition • A narrow single point of access from the Community Access Service (CAS) in to secondary care, managed by a single monopoly provider • Block contract arrangement will ill-defined secondary care pathways • Too heavy a reliance on Accident and Emergency as the pathway for crisis interventions from primary care – especially out of hours • Social care services are delivered through community mental health teams rather than individually purchased services through a personal budget Approximately 75% of drug users and 85% of alcohol users in services have some level of problematic mental health issues. A high number of people seeking help with mental health problems also have problems with alcohol or are using illegal drugs in ways linked to their mental health. 1 in 10 children and young people have a diagnosed mental illness which can follow	agreed outcomes framework; • Informed by service user-needs at population and locality level; • Commissioning of service through best-value principles including integrating commissioning support resources and shared information; • Driving up performance and delivering improved mental health outcomes; • Commissioning which addresses the specific issues of age transition and LD/CAMHS/Substance Misuse • Commissioning which reduces fragmentation by age and allows for services to be delivered effectively to children and adults with complex needs; • Commissioning with workforce skills fit for the future – including enhanced business and market analysis skills, provider negotiating skills; and • Integrated commissioning for individuals through a jointly contracted assessment service or strengthened management of commissioning for individual care.	implementation of CAMHS Strategy including: • Care pathway for CAMHS, including for vulnerable groups established and embedded; and • Comprehensive Tier Two and Tier Three CaMHS service contracts are in place that deliver evidence based therapeutic interventions that aid recovery.

Objective	Where are we now?	Where do we want to be?	Key milestones
	them into adult life with a further 1 in 10 children and young people having a mental health problem.	Improve our ability to provide alternatives that keep people from requiring acute-sector interventions – e.g. management of condition prior to an individual reaching crisis. This includes the increased ability to provide supported-living options and early intervention. Dual Diagnosis services exist for those with sever and enduring mental health issues but a more comprehensive pathway is needed to include those with less intensive mental health needs All referrals including children and young people and families know where they can get support with whatever level of emotional wellbeing need they may have and understand the basic nature of the services on offer in the area (including specialist support). Children, young people and families make positive health choices to support their emotional well being. The delivery of these services contributes to the mental health and wellbeing of children and young people in schools and as a result supports their educational attainment and attendance.	

Objective	Where are we now?	Where do we want to be?	Key milestones
		Children and young people with both a learning disability and a mental health disorder have access to appropriate child and adolescent emotional wellbeing and mental health services. All relevant professionals are fully trained in early identification of mental health issues and low emotional wellbeing, so that situations can be prevented from deterioration.	
Strengthen Emotional Well-Being	We have a focus on Mental ill-health via the Mental Health Strategy, but our approach to Emotional Well-Being needs developing. Loneliness is a key issue for older people in Thurrock – yet we do not currently know the extent of the problem. Binge drinking and widespread 'recreational' use as well as significant misuse of drugs/alcohol is an indication of and has significant for the mental health and emotional well-being of Thurrock residents.	Develop an understanding of Emotional Well-Being in Thurrock and what promotes and influences good emotional well-being. As a first step in our approach to developing an understanding of emotional well-being, facilitate solutions that reduce loneliness or the likelihood of loneliness in older people LAC and ABCD approaches designed to strengthen connections and social networks within communities More awareness of the wider determinants and social consequences	Development and implementation of an Emotional Well-Being Plan for Thurrock Development of plan and options for addressing the issue of loneliness as part of the Emotional Well-Being Plan LAC & ABCD Pilots run and evaluated – and started in other locations if successful Implementation of workforce development to enable staff

Objective	Where are we now?	Where do we want to be?	Key milestones
		of drug and alcohol misuse both in treatment and other services.	to engage with clients with complex needs, joint work and multi-disciplinary approaches across services. Further development and implementation of recovery pathways.

Improve our response to the frail elderly and people with dementia

Objective	Where are we now?	Where do we want to be?	Key milestones
Improve our response to the frail elderly and people with dementia			
Early diagnosis and support for people living with dementia	Raising Awareness – public and professional awareness and understanding of dementia needs to be improved and the stigma associated with it addressed Early diagnosis and support – only 36% of people estimated to have dementia receive a diagnosis Living well with Dementia – improved quality of care for people in the community and care homes	Encourage help-seeking and create a dementia-friendly community that knows how to help Increase diagnosis rates through memory clinics (SEPT) Development of an effective, trained and skilled workforce	Thurrock signing up to and evidence of becoming more dementia-friendly Awareness-raising activities in the local community that complement the national campaign Development and implementation of an action plan to improve diagnosis rates Delivery of training courses for staff in the Adult Social Care and Private and Voluntary Sector
Make Thurrock a great place in which to grow older Creating the communities that support health and well-being Creating the social care and health infrastructure to	Inclusive Neighbourhoods and The Local Area Coordination Network describe the current reactive social care and health care system as one which: ▪ Waits for people to fall into crisis; ▪ Makes people compete for limited resources; ▪ Assesses people based on deficits and need – an assessment of misery;	In response to these challenges, Thurrock Council has developed a vision for promoting the independence, health and well-being of older adults. Building Positive Futures comprises three major elements which, combined will make Thurrock a	Implementation of Building Positive Futures programme Implementation of Dementia Strategy Implementation of Carers' Strategy

Objective	Where are we now?	Where do we want to be?	Key milestones
manage demand	▪ Makes people 'wait in negativity'. Many services are based on a 'traditional' model – however we have a programme in place to transform the local offer for local people In residential care, high dependency high cost packages have increased The prevalence of people with dementia in Thurrock is increasing – particularly in the over 65s The number of people over 65 living with dementia is set to rise 13% by 2015 The increase is particularly evident in the over 85 population group – with a rise of over 17% expected The increase in people living with dementia is resulting in an increased demand on services The role and impact that informal carers (e.g. family members) have is huge – 15,000 people are estimated to be carers in Thurrock, but with just under 500 assessed (2009/10 – more up to date figures?) The impact of loneliness on the health and well-being of older people is significant – and can impact on the numbers of older people requiring health and social care services Estimates state that public spending on social	great place in which to grow older: ▪ Creating the homes and neighbourhoods that support independence ▪ Creating the communities that support health and well-being ▪ Creating the social care and health infrastructure to manage demand Thurrock in the future will consist of communities that support health and well-being – achieved through an Asset Based Community Development approach. The achievement of this approach will result in: • More people live longer, healthy, independent lives – only requiring limited periods of intensive support (hospital/nursing/residential care) as a result of; a medical emergency such as a heart attack or stroke; end of life care; • More people live with compressed morbidity rates (i.e. living longer, free from disease/infirmity for a longer	Implementation of Asset Based Community Development Pilot Implementation of Local Area Co-ordination Further embed and extend Rapid Response and Assessment Service Further develop and embed Joint Reablement Service

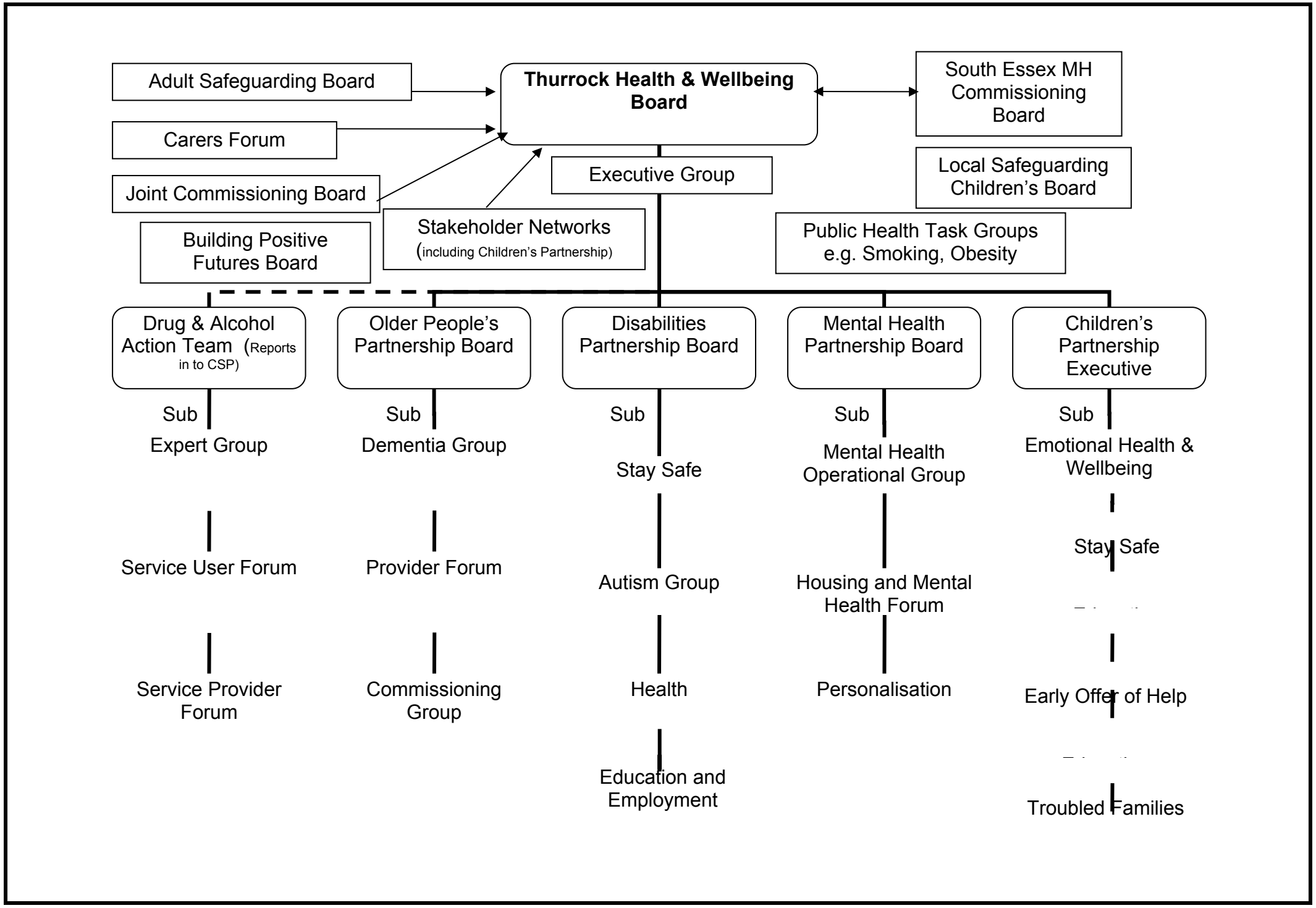
Objective	Where are we now?	Where do we want to be?	Key milestones
	care will need to triple over the next 20 years to keep pace with the ageing population, and; Already over half of NHS spending in Britain is on people over 65 Without better housing choices, many more people will be forced to seek unnecessary, expensive and often undesirable health and social care interventions or to move into institutional care.	period); • More people with dementia feel supported and secure in their own communities; • Fewer people prematurely move into residential care or languish in acute medical settings as a result of common and avoidable/treatable conditions such as falls, or incontinence; • Fewer people in old age report depression and loneliness; • Fewer people with dementia withdraw from everyday activities and outside contacts because they no longer feel confident. • Significantly changing the experience of residential care to one that supports service users to remain in control and encourages independence	

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

Objective	Where are we now?	Where do we want to be?	Key milestones
Improve the physical health and well-being of people in Thurrock			
Reduce the prevalence of smoking in Thurrock	All age, all cause and premature death rates in Thurrock are significantly greater in Thurrock than the rest of Essex and the East of England Health inequalities exist between parts of the Borough with the life expectancy being very different between the 10% most deprived areas and 10% most affluent areas Many early deaths are linked to lifestyle factors – which are greater in the most deprived areas of the Borough. This includes smoking, obesity, and low physical activity Thurrock has a significantly greater prevalence of obese adults and children than both the national and regional averages Physical activity amongst both adults and children living in Thurrock is significantly lower than regional and national rates. Additionally, compared to its nearest neighbours, Thurrock has low levels of sporting and leisure facilities and low levels of satisfaction with provision. The prevalence of smoking and smoking-related deaths is significantly greater than national and regional comparators There are other key issues linked to the	Preventing young people from starting smoking A range of options to motivate and encourage current smokers to stop – particularly in areas where smoking is most prevalent Protect families and communities from the harm caused by smoking http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_111789.pdf	Consultation with residents and people working in Thurrock by December 2012 Analysis of results of consultation by January 2013 Development of a Thurrock Tobacco Control Strategy by April 2013 Commissioning plans in place to support individuals and communities to make better lifestyle choices.
Reduce the prevalence of obesity in Thurrock		Promote a downward trend in obese adults and children by: • Empowering individuals to make healthy affordable choices • Delivering a 'whole systems approach' which is integrated across partnerships and departments –	Consultation with residents and people working in Thurrock by December 2012 Analysis of results of consultation by January 2013 Development of a Thurrock Healthy Weight Strategy by

Objective	Where are we now?	Where do we want to be?	Key milestones
	physical health and well-being of people in Thurrock, e.g. alcohol consumption, but smoking and obesity are issues of highest priority and most requiring focus. We currently do not have a Tobacco Control Strategy or a Healthy Weight Strategy in Thurrock.	• Development of good practice – based on evidence of what works • Commissioning a variety of interventions to support individuals and communities to make better lifestyle choices • Develop and promote a better sporting and leisure infrastructure	April 2013 Commissioning plans in place to support individuals and communities to make better lifestyle choices. Refresh Thurrock's Sport & Leisure Strategy by June 2013

Glossary of Terms and Abbreviations


Adult Safeguarding Board
Carers Forum
Joint Commissioning Board
Building Positive Futures Board
Thurrock Health & Wellbeing Board
Stakeholder Networks (including Children's Partnership)
Executive Group
South Essex MH Commissioning Board
Local Safeguarding Children's Board
Public Health Task Groups e.g. Smoking, Obesity
Drug & Alcohol Action Team (Reports in to CSP)
Older People's Partnership Board
Disabilities Partnership Board
Mental Health Partnership Board
Children's Partnership Executive
Sub
Expert Group
Service User Forum
Service Provider Forum
Sub
Dementia Group
Provider Forum
Commissioning Group
Sub
Stay Safe
Autism Group
Health
Education and Employment
Sub
Mental Health Operational Group
Housing and Mental Health Forum
Personalisation
Sub
Emotional Health & Wellbeing
Stay Safe
Early Offer of Help
Troubled Families

Appendix 2

Performance Management Framework (hyperlink)

Appendix 3

Equality Impact Assessment (hyperlink)