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

“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)

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Contents

Foreword

Welcome to Thurrock's first Joint Health and Well-Being Strategy. The Strategy supports the delivery of Thurrock's Community Strategy - its vision of 'a place of opportunity, enterprise and excellence where individuals, communities and businesses flourish', and its priority to 'improve health and well-being'.

The Health and Well-Being Strategy is in two parts and has been jointly developed by Thurrock Council and Thurrock NHS Clinical Commissioning Group. Part One of the Strategy focuses on adults and Part Two (hyperlink) focuses 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 Health and Well-Being vision for Thurrock is:

'Resourceful and resilient people in resourceful and resilient communities'

Achieving this requires radical change; and 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;
- Ensure people stay healthy longer, adding years to life and life to years;
- Reduce inequalities in health and well-being;
- Empower communities to take responsibility for their own health and well-being

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

Introduction and Overview

Background

The Health and Social Care Act 2012 (the Act) 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 assess 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 delivered through a range of both existing and new strategies and delivery plans.

Thurrock Community Strategy

Thurrock Community Strategy sets out the vision and priorities for Thurrock and its communities. Its vision for Thurrock is:

'A place of opportunity, enterprise and excellence, where individuals, communities and businesses 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, responsibility and respect to create safer communities;
- **Improve health and well-being**; and
- Protect and promote our clean and green environments.

The priority 'improve health and well-being' has three specific objectives that this Strategy will deliver:

- Ensure people stay healthy longer;
- Reduce inequalities in health and well-being; and
- Empower communities to take responsibility for their own health and well-being.

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'.

Previous iterations of Thurrock's Community Strategy had not made specific reference to health and well-being. Health and well-being is now firmly embedded within the Community Strategy and is a reflection of progress and the determination to embed health and well-being fully within the priorities for Thurrock's communities.

Thurrock HWBB believes that we are 'stronger together'. The Board's vision is of:

'Resourceful and resilient people in resourceful and resilient communities'

Its four aims are that:

- Every child has the best possible start in life (Part Two – hyperlink);
- People stay healthy longer, adding years to life and life to years;
- Inequalities in health and well-being are reduced; and
- Communities are empowered to take responsibility for their own health and well-being.

There are a number of core principles that will shape the delivery of this Strategy and the plans that underpin it. These are prevention and early intervention; partnership working; integration and joint working between housing, health and social care, statutory, public, private and voluntary sectors; shift to community-based solutions; choice, empowerment, and control; and personal responsibility.

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

We have four priorities to strengthen the health and well-being of adults in Thurrock over the next three years and to reduce health inequalities that exist in Thurrock's communities. These priorities 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'.

This underpins 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 (CYPP) as the second arm of the HWBB, delivering the Children and Young People's Plan (CYPPlan).

We have four priorities for children and young people. Each priority 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
    - Promote the attainment and achievement of underachieving children;
    - Promote and support inclusion; and
    - Narrow health inequalities for children and young people
4. Protection when needed
    - Provide outstanding services for children who have been or may be abused;
    - Provide outstanding services to children in trouble; and
    - 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 42,038 under 19 in 2011, 34,298 under 16, and 38,415 under 18;
- The average age of someone living in Thurrock is 36.8 years;
- The number of over 85 year olds is set to double by 2033 – there are currently 2626 people in Thurrock over 85 (2011 Census); and
- Life expectancy rates for men (78.6) is four years less than women (82.6) based on life expectancy from birth 2008-10.

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. This includes Thurrock's Adult Safeguarding arrangements. 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 better than national averages and mostly better than regional averages;
- Criminal damage is below most similar family group average and is a key indicator for quality of life factors;
- Partners have promoted safe living and anti-bullying strategies within the learning disabled community; and

- Distraction burglaries have decreased through strong partnership work across Trading Standards, Adult Social Care, and Essex Police.

Drugs and Alcohol Treatment

- All but one alcohol indicator within the local alcohol profile show Thurrock as being better than England averages, and the majority of indicators are similar to or better than regional averages;
- Prevalence of opiate and crack users in Thurrock is below England averages and reductions in use of opiate and crack are higher than England averages;
- Thurrock's Drug Alcohol Action Team (DAAT) is recognised to be one of the highest performing by the National Treatment Agency (NTA);
- Our completions rate is better than national and regional averages; and
- 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.

Regeneration and Growth

Thurrock has an ambitious and wide-ranging growth agenda as set out within its 10-year Community Regeneration Strategy. One of the aims of the Strategy is to ensure that local people gain significant benefit from the regeneration programme. The Strategy and its implementation is key to improving health and well-being and reducing inequalities in health and well-being through its ability to improve and enhance the opportunities available to local people. Key aspects of the growth and regeneration agenda are:

- Promotion of the delivery of 18,500 new homes and 26,000 new jobs by 2021;
- Delivery of 5 growth hubs – Grays, London Gateway, Lakeside Basin, Purfleet; and Tilbury;
- Neighbourhood action plans for areas falling outside of the 5 growth hubs – including economic development activity; and
- A series of economic development and environmental programmes.

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 – 10% of children are obese by the age of five – increasing to 21.1% 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 (19.9%), 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, with 9.8% of those in the 18-24 years bracket in Thurrock without work, compared to 7.3% in the East of England, and 8.4% across England.

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 (the Act). Key changes include:

- Primary Care Trusts (PCTs) abolished;
- GP-led Clinical Commissioning Groups (CCGs) to commission the majority of health services locally;
- Strategic Health Authorities (SHAs) abolished;
- NHS Commissioning Boards (NHSCB) to oversee CCGs, undertake specialist commissioning, and directly commission primary care and offender health services;
- A new patient and public champion 'HealthWatch' introduced in each local area to replace Local Involvement Networks (LINk);
- Public Health responsibilities transferred from PCTs to local authorities and Public Health England (PHE) established;
- Commissioning Support Units (CSUs) established to provide 'back office' support to CCGs; and
- Health and Well-Being Boards (HWBB) established in each top-tier authority 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 system leadership responsibility and a range of public health responsibilities;
- Thurrock's HWBB becomes a formal statutory body reporting to Full Council;
- HealthWatch Thurrock, the local public and patient health and social care champion is in place; and
- South Essex PCT is abolished – replaced by the Thurrock NHS CCG and the NHSCB's local arm, the Essex Local Area Team (Essex LAT).

Thurrock's shadow HWBB has been in place since April 2011. This has built excellent local partnerships and has given Thurrock a good head start. Thurrock NHS CCG was in the final wave (wave four) for authorisation. The CCG authorisation focus has ensured that all partners are clear about the areas that require further development.
For further information on how the health and care system is changing, please click on the following link:
https://www.wp.dh.gov.uk/healthandcare/files/2012/09/final-system-overview.pdf

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. A focus on early intervention and prevention will be central to prolonging healthy lives, reducing a reliance on service provision, and ensuring resource is able to match demand. Improving outcomes against the backdrop of reduced resource will be a key challenge for the HWBB.

Transformation of Adult Services: 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; and
- 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;**
- **Creating the homes and neighbourhoods that support independence; and**
- **Creating the social care and health infrastructure to manage demand.**

You can find out more on the Building Positive Futures Programme here: 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 are invest to save models embodying 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.

You can find out more about Thurrock's Community Hubs project here: HYPERLINK

Violence Against Women and Girls

The Council has a five-year Violence Against Women and Girls Strategy (VAWG) HYPERLINK. This is in recognition of the impact of gender-based violence on health and well-being. The Strategy is a partnership document and is key to reducing inequalities in health and well-being – physical, emotional, and psychological. The implementation of the VAWG Strategy is key to the delivery of Thurrock's Health and Well-Being Strategy.

Alcohol Misuse

Whilst smoking and obesity are the two issues most responsible in Thurrock for early mortality and are key contributors to the Borough's health inequalities, the harm caused by alcohol misuse to both individuals and society is also significant. For example, 26% (2011) of reported domestic violence incidents in Thurrock involved the perpetrator being under the influence of alcohol, and alcohol was a factor in 8% (2011) of anti-social behaviour incidents. Whilst not a priority within the HWBS, the HWBB will maintain

a ‘watching-brief’ on the health impact of alcohol misuse. Thurrock has an Alcohol Strategy HYPERLINK in place and this is overseen by Thurrock Community Safety Partnership.

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 HWBB meets every other month, involving all partners in developing and delivering the vision, aims, and priorities contained within this 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 HWBB 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 (CYPP).

The Board’s governance arrangements are attached at appendix 1.

Delivery

Each priority will be supported by a one year delivery plan (appendix 3). The delivery plan will be monitored by the Executive Committee on behalf of the Board. Part Two (CYP Plan) will be monitored by the CYPP with exception reporting to the HWBB.

Supporting Strategies and Plans

The delivery of Thurrock HWBS is supported by a number of linked strategies and plans. The key strategies and plans that underpin the HWBS are:
Strategies:

- Thurrock Carers' Strategy (add hyperlink)
- Commissioning Strategy for Primary and Community Care Services in South West Essex (add hyperlink)
- Southend, Essex, and Thurrock Dementia Strategy (add hyperlink)
- Housing Strategy (add hyperlink)
- Thurrock Community Regeneration Strategy http://www.thurrock.gov.uk/regeneration/pdf/regenerating_thurrock_201202.pdf
- South Essex Mental Health Strategy (currently in development)
- Violence Against Women and Girls Strategy (add hyperlink)

Plans:

- Building Positive Futures Programme (add hyperlink)
- Thurrock Council and Thurrock NHS CCG Joint Commissioning Intentions (hyperlink)
- Thurrock Council Service Plans (add hyperlink)
- Thurrock NHS Integrated Plan (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.

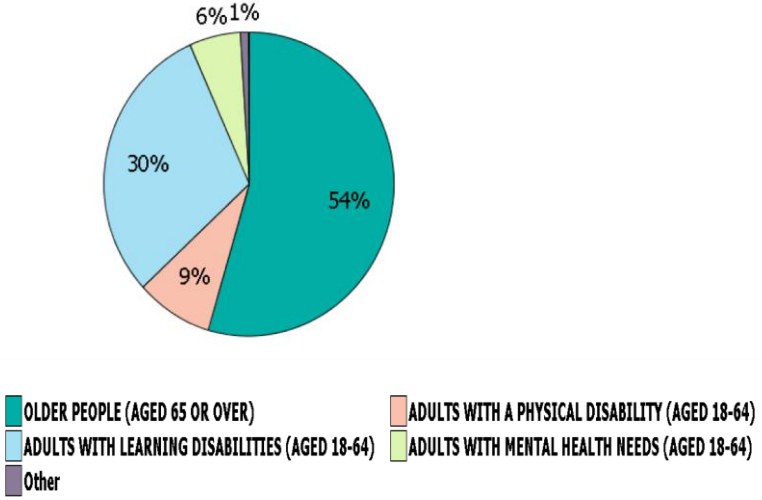
Resources

The Council spends a high proportion of its money on adult social care services. In 2011-12 this amounted to £44.8 million gross.

Local authorities face cuts on a scale not previously seen. Thurrock Council is no exception . 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 Adult Social Care



The resources of CCGs along with savings requirements are captured within the Integrated Plan and the QIPP (Quality, Innovation, Productivity, and Prevention). This QIPP and Integrated Plan 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. Thurrock has its own QIPP efficiency target, and for 2013/14 this is £6.1 million – 3.1% of the CCG's overall budget of £175.3 million. Many of the

required savings will be delivered through opportunities for increased productivity and by doing things differently – including joint and integrated working.

Thurrock's QIPP challenges focus on five distinct areas:

- Acute
- Mental Health
- Children and Continuing Health Care
- Community Services; and
- Prescribing.

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.

Workforce Development

The HWBB recognises that a well-skilled, well-placed workforce is central to the Strategy's delivery. It is vital that partners have a suitably skilled workforce who are retained and developed to effectively meet the challenges and delivery the priorities contained within the Strategy. The workforce is a valuable resource without whom the aspirations for Health and Well-Being in Thurrock will not be achieved. Workforce requirements will be considered as part of the delivery of the Strategy.

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 (LAC) pilot to implement Asset Based Community Development (ABCD) in place;
- As a consequence of the NHS Health reforms, GPs in Thurrock are working closely together to inform the best care pathways for residents of Thurrock;

- More care is taking place in the community – particular for people with increasing health needs;
- Establishment of the Rapid Response and Reablement Services which has assisted in the achievement of no delayed transfers of care; and
- Violence Against Women and Girls Strategy has been developed and launched..

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 HWBB 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 a number of public health responsibilities 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 CCG 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 including co-location during 2013; and
- The Council, working closely with the voluntary sector through Thurrock CVS, has a good HealthWatch model which went live in April 2013.

Priorities and Outcomes

The four priorities to achieve our ambitions for Adult Health and Well-Being in Thurrock 2013-2016 are:

1. **Improve the quality of health and social care;**

2. **Strenthen the mental health and emotional well-being of the 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 the people Thurrock (initial focus on reducing the prevalence of smoking and obesity)**

Each priority has objectives. For each we set out where we are now, where we want to be in 2016, and the milestones that we need to achieve in order to reach our ambition.

Improve the Quality of Health and Social Care

Improve the quality of primary care	Improve the quality of secondary care	Improve the quality of residential and community care	Improve the quality of care across the whole system pathway
We will:	We will:	We will:	We will:
Develop sustainable primary care services that provide consistent, accessible, and good quality information and advice	Work towards the greater provision of secondary care services in a community setting	Provide a diverse selection of residential and community care services	Effectively monitor quality and strengthen data sharing to ensure appropriate action is taken
Provide consistently good primary care delivery and quality	Work with providers to ensure improvements are made and sustained in areas the CQC have identified as particular areas of concern	Local and accessible community services that enable individuals to remain independent and manage their own care	Further develop the Joint Integrated Reablement Pathway
Enable individuals to better manage their health conditions – in particular long-term health conditions	Work with providers to ensure that CQC standards of care are being met and met consistently	People remaining independent for longer and accessing public funded services later	Continued development of the Rapid Response and Assessment Service
Ensure equity of access to primary care services	Work in partnership to improve early warning systems	Implement initiatives that reduce demand for high level public funded commissioned services	Strengthen the focus on telecare and telecare solutions
Improve the focus on early intervention and prevention		Ensure that vulnerable people receive safe, appropriate, high quality care	Ensure a skilled, effective, and trained workforce

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 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 – GP Patient Survey results published in December 2012 showed that there were 6 practices in South West Essex in the lowest 10% for patient satisfaction. 4 of these were in Thurrock and all located in deprived wards. 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	Primary Care services that are sustainable in to the future Provide consistent, accessible, and good quality information and advice Good intelligence gathering systems Provide consistent primary care delivery and quality 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	Development of a quality mark for general practice that rewards good practice in Primary Care by March 2014 Improve Patient Experience: No practice in Thurrock in the bottom 10% practices in the country with 'poor access' (Patient Experience Survey) 2015/16 Further development and integration of a Joint Integrated reablement pathway between health and social care: • Scoping paper concerning the move to moderate needs in reablement Sept 2013 • Service review March 2014 • Agree model and pathways March 2014 • Full integration achieved

Objective	Where are we now?	Where do we want to be?	Key milestones
	admissions 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 Direct Enhanced Services (DES) and Local Enhanced Service (LES) agreements.	quality – e.g. disease registers, diagnoses, immunisation, screening Increased focus on early intervention and prevention Reduce unplanned admissions Strengthen the service through providing GPs with greater options – e.g. rapid response and assessment service; and early intervention. Ensure the 'hard to reach' are able to access good quality health care (e.g. transient population including gypsies and travellers, offenders etc.)	September 2015 Development and implementation of a Thurrock-specific Primary Care Quality Improvement Plan : GPs to self-assess and registered with CQC Apr 2013 CQC to assess practices 2013/14 Improvement plans in place as result of CQC and Self-Assessment 14/15 Development and implementation of Joint Commissioning Intentions between Council and Thurrock CCG – incorporating the CCG's QIPP and Integrated Plan: Development April 2013 Implementation by March 2014
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	Greater provision of secondary care services in a community setting Consistently meeting CQC standards of care	Paediatric Service Review completed Whole systems review of paediatric pathway (CCG, BTUH, Thurrock Council,

Objective	Where are we now?	Where do we want to be?	Key milestones
	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 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 Accident and Emergency, Paediatric Service, Medicine Management, Mortality data. There are concerns that the Hospital's reputation could suffer long-term damage should improvements not be sustained	Improving particular areas of concern related to the quality of care: • Paediatric Service • Medicine Management • Accident and Emergency • Mortality data Innovative solutions to delivering savings whilst maintaining quality of care Improvements embedded and sustained BTUH enjoys a good reputation from professionals and patients Improved early warning systems	Basildon Hospital, NELFT) March 2014 Year on year delivery of QIPP action plans (Mandy Ansell) – in particular admission avoidance Extensive Review of Accident and Emergency by x Review of Hospital Mortality Data Recovery plans for all reviews
Improve the quality of residential and community care	Residential and Nursing Care options 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	Provision of a diverse selection of residential and community care services available to residents. Preventative services that are accessed in local communities and enable the individual to remain independent and manage their own care.	Market Position Statement in place communicating a clear vision around the changes required in the Social Care Market June 2013 Good quality information to be made available to residents around local care and support options

Objective	Where are we now?	Where do we want to be?	Key milestones
	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. 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.	People remaining independent for longer and accessing public funded services much later, if at all. As part of this: supporting residents to take control of their care and support needs and assisting them to make informed decisions. Less demand for high level public funded/commissioned services and those that do exist remodelled to meet needs of people with very high and complex levels of needs. 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) The recently published report on Winterbourne View Hospital will act as a prompt to ensure our contract compliance processes are rigorous and fully implemented	available: Scoping 13/14 Development of options 14/15 Implementation 15/16 Within the principles of a fair price for care explore the options of commissioning providers who pay the local 'Living Wage' rates Commence partnership working with ECC around a joined up approach to commissioning Learnng Disabilities residential care services: Scoping June 2013 Joint Market Position Statement published April 2014 Using the lessons learnt from the Winterbourne View Report, undertake a review of our internal contract compliance processes and implement resulting changes that bring about improved outcomes March 2014 Develop a refreshed Contract Compliance Framework. Within that,

Objective	Where are we now?	Where do we want to be?	Key milestones
		Vulnerable people, particularly those with Learning Disabilities and Autism, receive safe, appropriate high quality care (Winterbourne Report) Services are local and people remain in their communities (Winterbourne)	consideration of a grading system and explore if an incentive scheme could be attached to drive up quality of service provision: Scoping April 2013 Implementation September 2013
Improve the Quality of Care across the whole system pathway	It is a priority of the newly formed Thurrock CCG to have a strong focus on quality and focus on the following areas: • Different organisations responsible for monitoring elements of the health and social care system. Potential for this to be disjointed (e.g. Monitor, CQC, CCGs, NHSCB, 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 not being used by all GP practices and health referring agencies	Effective monitoring of quality and strengthening of data sharing to ensure appropriate action taken – including across partners (including via Quality Surveillance Group). Rapid Response and Assessment Service with extended hours of provision to meet demand – this will be a priority for the joint reablement funding Stronger focus on telecare and telecare solutions across health and social care, across children's and adults that manages conditions, keeps people safe, offers choice and control, and keeps more people in their own homes – this will be a priority for the joint reablement funding Skilled, effective and trained workforce able to respond to meet	Continue to improve partnership approach across secondary, community, and primary care via GP leadership: • Lead GP assigned to specific clinical areas – including quality and patient safety Apr 2013 • Leadership embedded 2013/14 Further development and integration of a Joint Integrated reablement pathway between health and social care: • Scoping paper concerning the move to moderate needs in reablement Sept 2013 • Service review March

Objective	Where are we now?	Where do we want to be?	Key milestones
	• Services are not always geared towards being fully accessible to disadvantaged groups – e.g. learning disabled, transient communities	reablement needs of the community All residents receive equitable and accessible care services across health and social care, including those residents who are most vulnerable or at most risk of being excluded – e.g. learning disabled, those from transient communities	2014 • Agree model and pathways March 2014 • Full integration achieved September 2015 Continued development and delivery of Rapid Response and Assessment Service through: • Development of a RRAS model by March 2014 • Commissioning of the RRAS as a mainstream service by March 2015

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	People with mental health achieve the best quality of life	Strengthen emotional well-being
We will: Develop a new model of service that ensures delivery against the four outcomes				**We will:** Develop an understanding of emotional health and well-being in Thurrock

Incorporate within the model of service the principles of integrated working	Strengthen communities
Improve our ability to provide alternatives that keep people from requiring acute-sector interventions	Facilitate initiatives that help more people to be supported by their communities and to feel connected
Develop more comprehensive pathways that incorporate those with less intensive mental health issues	Develop and embed Local Area Co-ordination and Asset Based Community Development approaches
Ensure that children and young people with both a learning disability and a mental health disorder have access to appropriate child and adolescent emotional well-being and mental health services	

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	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	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	South Essex Mental Health Strategy and Thurrock implementation plan in place April 2013 New model of service developed to deliver the four

Objective	Where are we now?	Where do we want to be?	Key milestones
with physical health problems have good mental health People with mental health problems achieve the best quality of life	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 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	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 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	mental health outcomes: • Pilots 14/15 • Pilot assessment and implementation 15/16 Local Area Coordination Pilot sites established by April 2013 Evaluation of LAC pilots March 14 Dependent upon evaluation, roll-out of LAC as a way of working 14/15 Development and implementation of CAMHS Strategy including: • Care pathway for CAMHS, including for vulnerable groups established March 2014 and embedded March 2015; and • Comprehensive Tier Two and Tier Three CAMHS service contracts are in place March 2014.

Objective	Where are we now?	Where do we want to be?	Key milestones
	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 them into adult life with a further 1 in 10 children and young people having a mental health problem. High number of offenders with mental health needs.	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. 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 severe and enduring mental health issues but a more comprehensive pathway is needed to include those with less intensive mental health needs	

Objective	Where are we now?	Where do we want to be?	Key milestones
		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. 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.	Develop an understanding of Emotional Well-Being in Thurrock Less people are feeling lonely	Emotional health and well being strategy: Developed 13/14 Implemented 14/15

Objective	Where are we now?	Where do we want to be?	Key milestones
	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.	Communities are strengthened More people are supported by their communities and feel connected LAC and ABCD approaches are embedded	As part of Strategy development: establish a way of measuring emotional well-being Development of plan and options for addressing the issue of loneliness as part of the Emotional Well-Being Plan 2013/14 LAC & ABCD Pilots as above

Improve our response to the frail elderly and people with dementia

Early diagnosis an support for people living with dementia	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 manage demand
We will:	**We will:**	**We will:**	**We will:**
Encourage help-seeking and create a dementia-friendly community that knows how to help	Create homes and neighbourhoods that support independence	Develop and implement Local Area Co-ordination	Further development and integration of a Joint Integrated Reablement Pathway between health and social care
Increase diagnosis rates through memory clinics	Develop and implement a loneliness plan with more people socially connected and less people lonely	Develop and implement Asset Based Community Development	Continued development and delivery of a Rapid Response and Assessment Service
Develop an effective, trained and skilled workforce	Development and implementation of Local Area Co-ordination and Asset Based Community Development	Recognise and support the role of carers through the implementation of Thurrock Carers' Strategy	

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 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	Implementation of Dementia Strategy Action Plan: Setting up of a Thurrock Dementia Alliance 2013/14 Organisations existing within communities have undergone awareness training 2014/15 Delivery of training courses for staff in the Adult Social Care and Private and Voluntary Sector 2015/16
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 manage demand	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; ▪ 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 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 great place in which to grow older: ▪ Creating the homes and neighbourhoods that support independence ▪ Creating the communities that	Implementation of Building Positive Futures programme: Implementation of Asset Based Community Development Pilot April 2013 Evaluation of ABCD pilot 2013/14 Roll-out ABCD dependent upon evaluation 2014/15 Establish LAC pilot April 2013

Objective	Where are we now?	Where do we want to be?	Key milestones
	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 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	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 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	Evaluation and assessment of pilot 2013/14 Implementation of Local Area Co-ordination dependent upon pilot 2014/15 Continued development and delivery of Rapid Response and Assessment Service through: • Development of a RRAS model by March 2014 Commissioning of the RRAS service by March 2015 Further development and integration of a Joint Integrated Reablement pathway between health and social care: • Scoping paper concerning the move to moderate needs in reablement Sept 2013 • Service review March 2014 • Agree model and pathways March 2014 • Full integration achieved September 2015

Objective	Where are we now?	Where do we want to be?	Key milestones
	people will be forced to seek unnecessary, expensive and often undesirable health and social care interventions or to move into institutional care.	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	Development and implementation of a Thurrock-specific Primary Care Quality Improvement Plan Implementation of Carers' Strategy: Embed new outsourced Carers Support, Information, and Advice Service Mar 2014 Development and implementation of loneliness plan (as part of Emotional Health and Well-Being Strategy) 2014/15 Also see Dementia milestones

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

Reduce the prevalence of smoking in Thurrock	Reduce the prevalence of obesity in Thurrock
We will:	**We will:**
Identify and implement actions and initiatives to prevent young people from starting smoking	Empower individuals to make healthy affordable choices
Ensure a range of options to motivate and encourage current smokers to stop smoking	Initiatives that encourage and increase physical activity
Protect families and communities from the harm caused by smoking	Deliver a 'whole systems approach'
Develop approaches that use prevention, treatment and enforcement – particularly in restricting the supply of tobacco products to minors	Develop and implement best practice
	Facilitate and provide a range of interventions to support individuals and communities to make better lifestyle choices

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	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 Compliant with legislation around 'point of sale' ban and working with	Development of a Thurrock Tobacco Control Action Plan by March 2014 Delivery of a Tobacco Control Action plan through a 'whole systems approach' by March 2016

Objective	Where are we now?	Where do we want to be?	Key milestones
	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 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; mostly the conditions responsible for the life expectancy gap in Thurrock (circulatory diseases and cancer) have smoking and/obesity as key risk factors). We currently do not have a Tobacco Control Strategy or a Healthy Weight Strategy in Thurrock.	partners to eradicate counterfeit and illicit tobacco sales An approach that uses prevention, treatment, and enforcement – particularly in restricting the supply of tobacco products to minors.	
Reduce the prevalence of obesity in Thurrock		Halt the rise in adult and childhood obesity and promote a downward trend by: • Empowering individuals to make healthy affordable choices • Delivering a 'whole systems approach' which is integrated across partnerships and departments – • 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 and to achieve a healthy weight • Develop and promote a better sporting and leisure infrastructure, which encourages and increase in physical activity	Refresh Thurrock's Sport & Leisure Action Plan by June 2013 Development of a Thurrock Healthy Weight Action Plan by March 2014 Delivery of a Healthy Weight Strategy and Implementation Plan through a 'whole systems approach' by March 2016

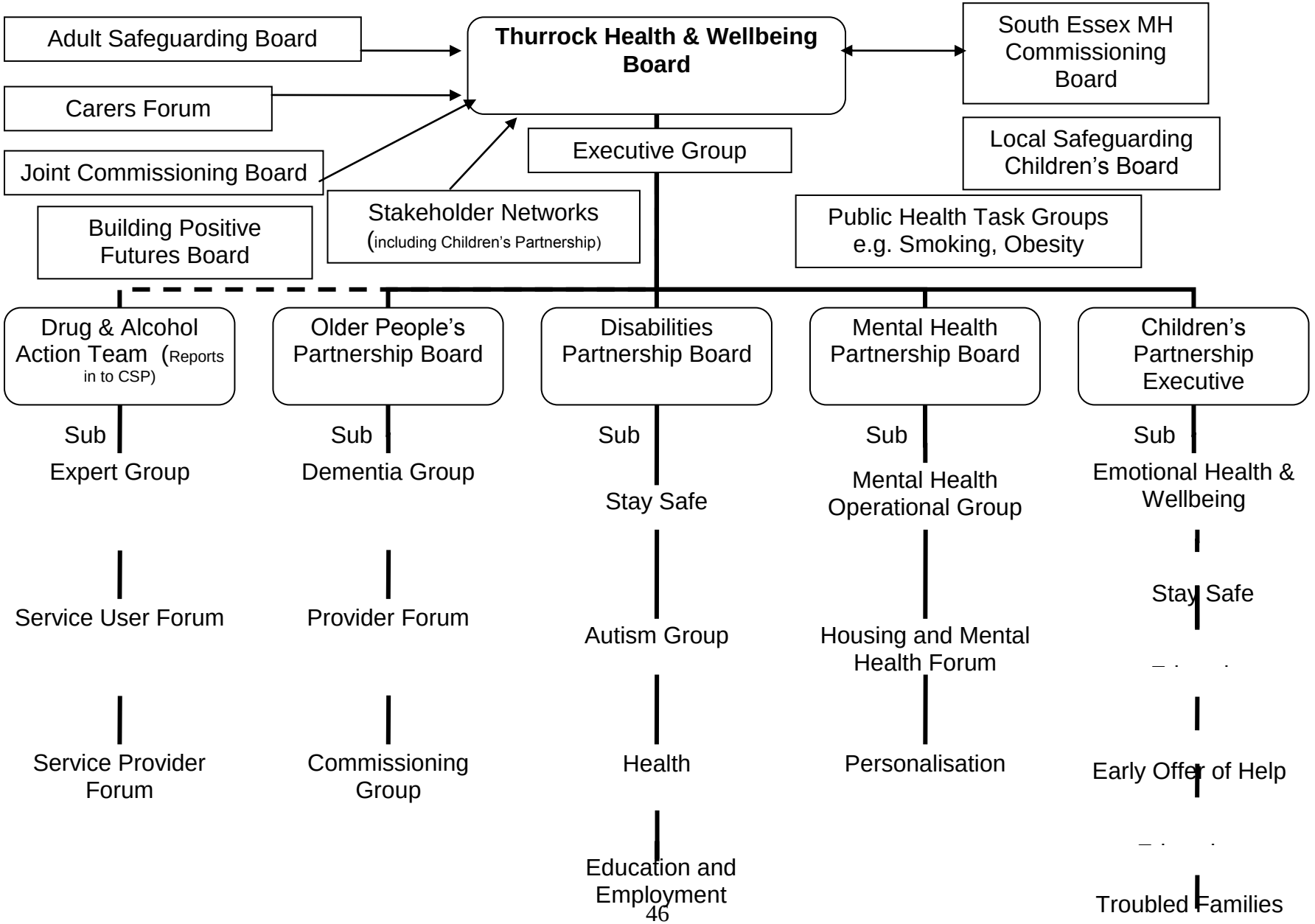
Objective	Where are we now?	Where do we want to be?	Key milestones
		• Enforce food labelling legislation to ensure fat, salt and sugar levels are declared accurately and to ensure there are no misleading health claims on products	

Priorities and Outcomes Part 2 – Children and Young People

Hyperlink

Glossary of Terms and Abbreviations

Term	Meaning
ABCD	Asset Based Community Development
CAMHS	Children and Adolescent Mental Health Service
BTUH	Basildon and Thurrock University Hospital
CAS	Community Access Service
CCG	Clinical Commissioning Group
CMHD	Common Mental Health Disorder
CQC	Care Quality Commission
CSR	Comprehensive Spending Review
CVS	Council for Voluntary Service
CYP Plan	Children and Young People's Plan
CYPP	Children and Young People's Partnership
DAAT	Drug and Alcohol Action Team
DES	Direct Enhanced Service
ECC	Essex County Council
EET	Education Employment or Training
HWB	Health and Well-being Board
HWBS	Health and Well-being Strategy
LAC	Local Area Co-ordination
LD	Learning Disabilities
LES	Local Enhanced Service
NELFT	North East London Foundation Trust
NHS	National Health Service
NHSCB	National Health Service Commissioning Board
NMDS	National Minimum Data Set
PCT	Primary Care Trust
RRAS	Rapid Response and Assessment Service
SEPT	South Essex Partnership Trust


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

1-year Delivery Plans (hyperlink)

Appendix 4

Equality Impact Analysis (Hyperlink)